SUMMARY

NPS-care
Understanding New Psychoactive Substance (NPS) use in Belgium from a health perspective

Tina Van Havere (University of Applied Sciences and Art Ghent), Freya Vander Laenen (University of Ghent, IRCP), Charlotte Colman (University of Ghent, IRCP), Peter Blanckaert (Sciensano), Lies Gremaux (Sciensano), Sarah Simonis (Sciensano), Anton Van Dijck (University of Applied Sciences and Art Ghent)
NPS-care
Understanding New Psychoactive Substance (NPS) use in Belgium from a health perspective

Contract - DR/02/79

SUMMARY

PROMOTORS:  dr. TINA VAN HAVERE (University of Applied Sciences and Art Ghent)
Prof. Dr. FREYA VANDER LAENEN (University of Ghent, IRCP)
Prof. Dr. CHARLOTTE COLMAN (University of Ghent, IRCP)
Dr. LIES GREMAUX (Sciensano)
Dr. PETER BLANKAERT (Sciensano)

RESEARCHERS:  SARAH SIMONIS (Sciensano)

PRINCIPAL RESEARCHER:

ANTON VAN DIJCK (University of Applied Sciences and Art Ghent)
Published in 2020 by the Belgian Science Policy Office (BELSPO)
WTCIII
Simon Bolivarlaan 30
Boulevard Simon Bolivar 30
B-1000 Brussels
Belgium
Tel: +32 (0)2 238 34 11 - Fax: +32 (0)2 230 59 12
http://www.belspo.be
http://www.belspo.be/drugs

Contact person: Aziz Naji
Tel: +32 (0)2 238 35 72

Neither the Belgian Science Policy Office nor any person acting on behalf of the Belgian Science Policy Office is responsible for the use which might be made of the following information. The authors are responsible for the content.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without indicating the reference:

Table of contents

1. INTRODUCTION ......................................................................................................................... 6

2. THEORETICAL FRAMEWORK UNDERPINNING RESEARCH CONCLUSIONS .................. 6
   2.1. The nature and scope of the use of NPS .................................................................................. 6
   2.1.1. NPS in a nutshell ............................................................................................................... 6
   2.1.2. Conceptual issues: ‘newness’ .......................................................................................... 6
   2.1.3. Sign of the times .............................................................................................................. 7
   2.2. The influence of NPS on drug policy and legislation ............................................................ 7

3. THE USER’S PERSPECTIVE ON NPS ........................................................................................ 8
   3.1. Who are the users of NPS and what do NPS mean to them? .................................................. 8
   3.1.1. Characteristics of the user’s sample .................................................................................. 8
   3.1.2. User’s semantics and role of NPS .................................................................................... 8
   3.1.3. Motivations for NPS use .................................................................................................. 8
   3.2. Guinea pigs ............................................................................................................................. 9
   3.3. Health needs of the NPS users .............................................................................................. 9
   3.3.1. The social and legal (policy) aspects of NPS use ............................................................... 9
   3.3.2. NPS targeted needs concerning prevention according to the users ............................... 9
   3.3.3. NPS tailored needs of harm reduction nature according to the users ............................ 10
   3.3.4. Treatment needs related to NPS use according to the users ........................................... 10

4. THE USE OF NPS THROUGH THE EYES OF THE HEALTH CARE PROFESSIONALS (HCPS) 10
   4.1. Inventory the main needs in terms of NPS tailored prevention, harm reduction and care .... 10
   4.2. Ranking of the inventory of professional needs according to importance .......................... 11
       4.2.1. The NPS care survey .................................................................................................... 11
       4.2.2. The sample of survey respondents ............................................................................. 11
       4.2.3. The ranked list of professional NPS-targeted needs in prevention, harm reduction and care .... 11
   4.3. Primary needs related to NPS use according to the health care professionals ................. 12

5. RECOMMENDATIONS ................................................................................................................ 13
   1. Selective and indicated prevention should focus on all substance use, including legal substances, based on objective information and combined with a non-judgmental attitude. .................................................................................................................. 13
   2. Implementing and developing drug checking services as a monitoring (pharmacovigilance) and harm reduction tool for NPS and other drugs, embedded in existing European networks. .................................................................................................................. 13
3. Specialized treatment services shift to encompass offer for NPS users

4. Offering general ‘on demand’ NPS oriented information to professionals and advanced training to frontline and specialized HCPs according to specific needs.


6. Stimulate attention to sexualized drug/NPS use in research and in the health care field.

7. Reduction of morbidity/mortality in (NPS) users of opiates and synthetic opioids by developing initiatives of naloxone distribution.

8. Realise involvement of NPS users in policy making

9. The 2017 generic legislation on NPS: raising awareness among professionals and users

10. Monitoring and evaluation of the 2017 generic law on NPS

11. The generic legislation on NPS in Belgium should incorporate amendments that aim to avoid added harms resulting from criminalizing possession of NPS.

12. Develop epidemiology of NPS use through triangulation of methods/data

13. Extend monitoring capacity of the Belgian Early Warning System (EWS) by collecting all data on NPS related intoxications in emergency settings (emergency department hospitals, crisis detox services, poisons centre, etc) and presenting them for consulting by clinical professionals.

14. Developing research on (long term) health risks of NPS use
1. Introduction

In this chapter, we wrap up all earlier chapters of the NPS care project in a concise way that aims to be comprehensible and comprehensive at once. What did we find in literature and what did we get out of exploring the knowledge and needs of both users of NPS and the professional health care field?

This final chapter is a summary of the results of all Work Packages and translates them into recommendations. The overarching framework consists of two axes: first, the health aspects of NPS use in terms of prevention, harm reduction and treatment and second, the local, i.e. Belgian, context. More specifically, ‘what can we learn from the different WPs in order to develop Belgian health care interventions to cope in an appropriate way with quickly changing developments on NPS?’ (BELSPO-DR/02/79, 2016).

2. Theoretical framework underpinning research conclusions

2.1. The nature and scope of the use of NPS

The object of this research, the use of New Psychoactive Substances (NPS), is scarcely documented in (inter)national research, partly for obvious reasons. Since the use of NPS is a relatively recent phenomenon, available scientific data are limited by default. This is especially the case when scrutinizing the health aspects of the issue (Griffiths et al., 2013). However, in the end we look at the use of (illicit) substances, something that is well documented in literature. Pointing out the differences between both, i.e. the use of NPS and that of ‘classic’ illicit substances, is not a straightforward matter as reflected in the needs (further below).

2.1.1. NPS in a nutshell

No formal definition of NPS is universally accepted (EMCDDA, 2016b). Throughout this work, we used the most widely cited description of NPS, namely: ‘A new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the 1961 United Nations Single Convention on Narcotic Drugs or the 1971 United Nations Convention on Psychotropic Substances, but which may pose a public health threat comparable to that posed by substances listed in these conventions’ (EMCDDA, 2006). In short, NPS is a ‘catch-all’ term for substances that are chemically designed to mimic the effects (and thus including health risks) of traditional illicit drugs (cannabis, cocaine, etc.) while trying to evade international drug laws.

Since their emerging around 2005, almost 700 of NPS are reported in Europe (EMCDDA, 2019b). Such numbers attract a lot of (media) attention but do not reflect the nature and size of the NPS issue. At this point there is no reason to assume that the use of NPS is widely popular and/or problematic in most European countries, including Belgium. Country estimates of NPS use vary between 0,1 and 0,9% (UNODC, 2018b). Therefore, NPS related health problems have less to do with prevalence of use than with the obscurities surrounding the substances in question. Simply put, since most NPS are produced clandestinely and used only recently, we have no idea about their composition, effects and (acute/chronic) health hazards.

2.1.2. Conceptual issues: ‘newness’

The acronym NPS gives the impression of being a well-defined object (or class of objects) characterised by its novelty or ‘newness’. However, we found that the term resists easy definition. NPS such as mephedrone or GHB for instance, are not new but were synthesized ages ago. Looking at NPS as a well-
circumscribed entity singularizes something that is not. On the contrary, NPS are highly complex and diverse in number, chemical class, effects, forms, dosage, etc. Or, as Sumnall, Hamilton, and Monaghan (2017) put it: ‘it is too simplistic to consider [NPS] as one class of drug, although they are often (...) discussed as such’.

A consequence of such a singular view, is that it ‘obscures difference’ (M.J. Barratt et al., 2017); differences in ‘routes into, through and out of use’, for example (Soussan & Kjellgren, 2016). We propose to look at NPS as the fluid phenomenon of substance use that took off around 2008 and includes old, new, legal and illegal substances as well as newly emerged usage patterns and use (sub)cultures. Examples are MDPV (3,4-methylenedioxypyrovalerone) use in chemsex rituals or the use of ketamine as a ‘club drug’.

2.1.3. Sign of the times

In our view, instead of seeing NPS as a separate class of substances we should understand it as the next chapter in the history of drug use; as a part of a wider drug landscape including traditional illicit drugs and legal ‘human enhancement’ drugs like steroids, melatonin, etc. (G. R. Potter & Chatwin, 2017). We can identify similarities with classic illicit drug use, such as NPS use among vulnerable groups as a symptom of socio-economic deprivation. We also see differences with classic illicit drugs, for instance in the case of experimental NPS use in online communities of ‘psychonauts’, active on user fora and sharing experiences through ‘trip reports’.

In fact, the issue of NPS cannot be understood without acknowledging the bigger picture of a late modern society that is rapidly changing in terms of technological possibilities, information sharing and globalisation. The internet is a game changer in this respect, influencing every aspect of our lives, including the way psychoactive substances are produced, traded and consumed (cf. recent study CRYPTODRUGS by Prof. dr. Charlotte Colman).

2.2. The influence of NPS on drug policy and legislation

The number of emerging NPS and the speed at which they enter(ed) the market, has put unrivalled pressure on the (inter)national drug control system. It is on a national level though that NPS have profoundly changed the landscape of drug policies (Wilkins et al., 2017). An increasing number of European countries rushed to revise drug laws or designed new ones. In Belgium, authorities opted for a new, generic legislation targeting NPS in September 2017 (BS/MB, 2017).

In practice, this means that all NPS became illegal in Belgium like in many European countries (UK, Ireland, Poland, Sweden, etc.). In theory, this comes down to stricter, prohibition-oriented approaches, which seems surprising given what Das and Horton (2019, p. 1489) describe as ‘the welcome shift in recent years towards more humane drug policy and support for decriminalising drug use and possession by among others, the UNODC and INCB’.

What this evolution means to the market and to the use of NPS itself, has been widely criticised by some scholars (Beltgens, 2017; O’Hagan, 2019). Stricter legislative control has shown to be a key driver for NPS, resulting amongst others in increasing prices and substance displacement (Kavanagh & Power, 2014; Neicun et al., 2019). In this sense, the political/legislative tools developed to curb the flow of NPS are at the same time the very stimulants of NPS innovation; a paradox described by Measham and

---

1 We found this term coined by O. Corazza (2017).
Newcombe (2016, p. 579) as ‘running with the hare and hunting with the hounds’.

3. The user’s perspective on NPS

3.1. Who are the users of NPS and what do NPS mean to them?

3.1.1. Characteristics of the user’s sample

The study sample of 45 interviewed NPS users is heterogeneous in several ways. Overall, we distinguished three user’s ‘profiles’, based on knowledge/experience of people and the nature of NPS use. The majority of the interviewed NPS users are experienced users. They stand out by their expertise and knowledge about many NPS. Well-informed, they apply harm reduction measures and use in a social setting. Their entourage also functions as a source of information and informal control. The occasional users typically limit their use to few NPS and to specific occasions such as parties or nightlife settings. They control their use of NPS, which function mainly as a ‘social lubricant’. The smallest category are the deprived users. Substance use is omnipresent but should be considered in a wider, vulnerable socio-economic context. NPS use is interwoven with the use of alcohol, cocaine, etc. and can be considered ancillary or ‘episodical’. A limited number of NPS are used (e.g. GHB, ketamine) by the latter group.

3.1.2. User’s semantics and role of NPS

The definitional inconsistency of the term NPS is reflected in the interviews with users. None of the respondents uses the term ‘NPS’. Instead, they refer to ‘designer drugs’, ‘RC’s’ (Research Chemicals) or – in most cases - simply (short)name the substance they are talking about (e.g. ‘ket’ or ketamine).

Overall, the interviewed users paint a complex picture of their NPS use, attributing different functions to different substances depending on what they look for and on the (social) context they find themselves in. In practice, this means that virtually all interviewees do not limit themselves to the use of one substance and all of them are familiar with the ‘classic’ counterparts of NPS. The idea that NPS will replace traditional illicit drugs is not supported by our respondents (Semków, 2019; J. B. Zawilska, 2015). To them, NPS are not replacing but rather complementing existing drugs. They see NPS as another array of drugs to choose from; sometimes advantageous to, sometimes a far cry from ‘the original’ (a classic illegal drug).

3.1.3. Motivations for NPS use

Why do people use NPS? Our findings confirm those of other studies: for reasons no different than other psychoactive substance use (Kettner, Mason, & Kuypers, 2019; McLeod et al., 2016; Soussan & Kjellgren, 2016). The most cited internal motivation of our respondents is ‘pleasure’ (‘because it is fun’) followed by reasons such as increasing energy, social bonding and mind exploration (‘altered states of consciousness’). Other users mention pain-relief, to relax or to cope with everyday life.

An important external motivator has to do with ‘more convenient use’ of NPS, compared to classic drugs, mainly conditions related to the easy access via the online market. A subgroup of users sources their products online, stressing perceived advantages of anonymity, quality or price and a sense of safety they do not find in street markets.

To conclude, for a majority of NPS users, positive internal motivations spark their use. NPS and other drug use occurs in a social context, often in nightlife, at specific occasions and to counterbalance a stressful working life. Although some of them have known problems, often because of alcohol use, most
of our respondents’ use of NPS can be considered integrated and/or recreational. The deprived users are characterised by more problematic use: they experienced addictions, contact with justice, stigma and use classic illicit drugs in combination with NPS, dependent on the availability. Their most important motivation to use NPS (or other drugs) is coping with daily life and responsibilities.

3.2. Guinea pigs

When asked what they are concerned about, NPS users gave a recurring answer: the scarcity of information about the substances they use (notably composition and/or quality) and the unknown effects of many NPS on their health, particularly on long term. They are aware of the risks involved in substance use and they actively try to minimize those risks. However, in the end they express the feeling of being a ‘guinea pig’ when it comes to using NPS.

In practice this means that 75% of the sample tries to inform itself to the extent possible, looks for and shares information online as well as among friends and has developed harm reduction strategies. Examples vary from ‘start with the smallest dose possible’, ‘never use alone’, over ‘do not combine with alcohol’, ‘having a sober driver’, to ‘use your own clean needles or other equipment’. The deprived users get their information through friends, however, they don’t adopt health or harm reduction measures.

3.3. Health needs of the NPS users

Before outlining the primary needs of the interviewed NPS users along the prevention/care continuum, it is important to point out that for many of them, wider social and policy considerations were the first things that came to mind. More specifically, society’s or public opinion on drug use (stigma) and current NPS (drug) policy and legislation.

3.3.1. The social and legal (policy) aspects of NPS use

Many users showed to be preoccupied with the biased public perception of substance use and the attached stigma. In their experience, stigmatizing users results in specific, added harms. It creates a barrier to seeking help when needed or it can compromise people’s future because of a criminal record. The most vulnerable users encountered, most notably, experience stigma as a daily reality that negatively influences many aspects of their life. According to the interviewees, a public debate focused on the normalisation of drug use, including NPS use, is essential. This is a debate which cuts the perceived link between drug use and ‘deviancy’ based on rational, evidence-informed information.

Virtually every user we spoke to has a negative view of Belgian drug policy and drug laws, including the generic one. Prohibition policies are labelled ‘counterproductive’, ‘unethical’ and a ‘free pass’ for criminal organisations. The idea that they are lawfully viewed as ‘criminals’ is unacceptable to our sample of NPS users. In summary, a large majority of NPS users proposes a change in drug and NPS policy, including regulatory approaches. They call for a redistribution of competences to health and social authorities to guide such policies.

3.3.2. NPS targeted needs concerning prevention according to the users

Based on the interviews with NPS users and on the outcomes of the focus group we conducted with users, prevention needs/methods oriented towards NPS can be summarized in the following principles. Firstly, most users find that prevention interventions tailored to NPS are quasi non-existent and need developing. Secondly, users stress a general principle when organizing prevention initiatives based on
accepting the reality of NPS use, offer objective information (i.e. including positive effects/benefits) while stressing the risks and uncertainty about health effects of many NPS. Thirdly, and specifically when young people are a target audience, it is important to address the wider social context (e.g. pointing to phenomena such as ‘peer pressure’ or ‘group conformism’).

3.3.3. NPS tailored needs of harm reduction nature according to the users

Harm reduction is overall considered crucial, specifically when dealing with NPS due to their often unknown source and composition. More specifically, the NPS users we interviewed as well as the ones present during the focus group are looking for tangible, practical and useful harm reduction tips when it comes to using different NPS (e.g. interactions between different substances, sound information about the health risks of NPS and how to minimize them, etc.).

However, the one need with a harm reduction character that prevails for virtually all NPS users we spoke to during this project is the implementation of drug checking services. Quality control and substance (composition) information through drug checking interventions is felt to be critical from a health point of view. Such services should operate preferably on various locations and should also be offered on locations where NPS use is more prevalent (e.g. at festivals).

3.3.4. Treatment needs related to NPS use according to the users

Suggestions at this point mostly originated in a minority of our sample, i.e. people having (had) problems due to their NPS use. For issues such as addiction, users highlight the similarity of things (whatever the substance involved) while for others, NPS use requires specific needs in the treatment sector. These specific needs can be summarized as: a lack of knowledge on NPS in existing specialized services, suggesting training of staff, non-identification with clients using classic drugs pointing to the need for tailored trajectories and/or services and finally, several interviewed users as well as focus group members suggested exploring the employment of people with lived experience (i.e. NPS use) in care services.

4. The use of NPS through the eyes of the Health Care Professionals (HCPs)

4.1. Inventory the main needs in terms of NPS tailored prevention, harm reduction and care

To incorporate the views and needs of the professional field (prevention, harm reduction and care), we recruited 31 professionals (especially from specialised prevention, harm reduction and treatment organisation) for conducting NGTs, assigning them to inventory the initiatives that are lacking when it comes to NPS (use).

The most important needs revolve around the following themes:
- Increasing the weight of harm reduction in drug and NPS policy;
- Reforming drug/NPS legislation to minimize harms resulting from criminalizing substance use;
- Stimulate scientific research into the NPS phenomenon;
- Interaction between professionals and NPS users, including involvement of the latter in NPS policy;
- Formation and/or training about NPS for the health care field (from general to specialized);
- Collecting and updating sound information on NPS use, potentially integrated in an online
- Developing a drug/NPS checking network as a harm reduction measure and monitoring tool.

4.2. Ranking of the inventory of professional needs according to importance

4.2.1. The NPS care survey

After setting up a list of 21 specific professional needs, we inserted the list in a short, online survey for distribution in the broader health care field. The questionnaire was set up on an anonymised basis, asking no identifiable data and ultimately sent out by our project partners.

We used the survey as a tool to end up with a ranked inventory. In other words: respondents collectively attributed a score to each of the items to end up with a ranking of the most important professional requirement up to the least important one.

4.2.2. The sample of survey respondents

We received a total of 272 valid answers (147 French/125 Dutch) given by an equal proportion of 50% women and men, professionally active in (non-)specialized care, harm reduction or prevention. Roughly one third of all respondents is older than 45 years, another third is between 34 and 45 years old. Together, the provinces of Antwerp and Brussels (capital) are the professional home to nearly one in three respondents. Most respondents, i.e. 171 (63%) individuals, turned out to be specialized HCPs. Half of them work in treatment-, 30% in harm reduction- and 20% in prevention settings.

4.2.3. The ranked list of professional NPS-targeted needs in prevention, harm reduction and care

All valid returns basically replied to two questions: firstly, they selected five critical needs and secondly, they ranked these five by scoring each one, based on (personal) importance. We deconstructed all 272 answers according to each of the 21 needs, resulting in the following ranking of the 10 primary NPS-targeted requirements of the (surveyed) health care sector.

<table>
<thead>
<tr>
<th>RANK</th>
<th>NEED</th>
<th>RESPONDENTS (%)</th>
<th>SCORE (Σ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Decriminalisation of use and possession of drugs</td>
<td>93 (34)</td>
<td>335</td>
</tr>
<tr>
<td>2.</td>
<td>Development of drug checking interventions (easy access, quick, anonymous)</td>
<td>96 (35)</td>
<td>309</td>
</tr>
<tr>
<td>3.</td>
<td>Exchange of knowledge, info and practice on NPS among professionals/services</td>
<td>101 (37)</td>
<td>307</td>
</tr>
<tr>
<td>4.</td>
<td>Offering tailored formation on NPS to (non) specialized professionals</td>
<td>93 (34)</td>
<td>276</td>
</tr>
<tr>
<td>5.</td>
<td>Online information database on NPS (user friendly, fast, updated) for everyone</td>
<td>85 (31)</td>
<td>256</td>
</tr>
<tr>
<td>6.</td>
<td>Forum for dialogue &amp; interaction between professionals and NPS users</td>
<td>76 (28)</td>
<td>250</td>
</tr>
<tr>
<td>7.</td>
<td>Launch non-political, fact-based public debate on NPS and drug use</td>
<td>69 (25)</td>
<td>224</td>
</tr>
<tr>
<td>8.</td>
<td>Stimulate NPS user participation &amp; peer support in policy, practice and research</td>
<td>77 (28)</td>
<td>215</td>
</tr>
<tr>
<td>9.</td>
<td>Scientific research into NPS on products (Drug), users (Set) and context (Setting)</td>
<td>67 (25)</td>
<td>197</td>
</tr>
<tr>
<td>10.</td>
<td>Medical, (psycho)pharmacological, etc. information hub on NPS for clinical HCPs</td>
<td>69 (25)</td>
<td>195</td>
</tr>
</tbody>
</table>

We mention the number of respondents who selected each need/the frequency of votes for each need.
or in other words, to what extent an idea is shared. Secondly, we summed all scores for each need and based the ranking above on these scores.

4.3. Primary needs related to NPS use according to the health care professionals

A rough comparison between the inventory of professional needs as determined by a limited number of HCPs and the ranking of the inventory by 272 surveyed professionals, reveals similarities in high-priority issues. The most important NPS targeted needs for the prevention, harm reduction and care field, are the implementation of drug checking interventions and a change in policy and/or legislation on the matter. As illustrated above, both issues are highly important to the users of NPS as well.

Based on the insights of both the NPS users and the HCPs we questioned during this study and on data presented in scientific literature, we can formulate a number of recommendations or health-oriented interventions with regard to the use of NPS in our country.
5. Recommendations

1. Selective and indicated prevention should focus on all substance use, including legal substances, based on objective information and combined with a non-judgmental attitude.

NPS-tailored prevention was addressed throughout this project. The users of NPS expressed more concerns about this topic, both in interviews and the focus group and this was often triggered by personal experience. A summary of their thoughts:

- NPS/drug prevention requires knowledge combined with a non-judgmental attitude;
- Users and HCPs propose a ‘just say know’ over a ‘just say no’ approach. Objective information, including positive/beneficial effects is dubbed ‘critically important’ by both groups;
- Drawing attention to the incongruence between legal status and potential harm of substances, thereby focusing equally on alcohol, tobacco, medication, steroids, etc. (Lievens et al., 2017);
- Explaining the generic law on NPS is necessary as well as the term ‘legal highs’ and its connotation of innocence (see also O. Corazza, Demetrovics, van den Brink, & Schifano, 2013);
- Exploring the potential of online prevention approaches.

Several interviewees were subjected in high school to prevention interventions which exclusively focused on the negative aspects of drug use. EMCDDA (2017a) refers to such approaches as ‘ineffective but popular’. There is more evidence for prevention narratives that tell the whole story and adopt a wider framework based on social skills and general behaviour.

2. Implementing and developing drug checking services as a monitoring (pharmacovigilance) and harm reduction tool for NPS and other drugs, embedded in existing European networks.

The implementation and development of drug checking services turned out to be the most important theme according to professionals taking part in the NGTs. The survey respondents ranked it as the second most important need. Drug checking interventions are initially understood by HCPs as building blocks of an overarching prevention and harm reduction policy. In other words, such projects should be accompanied by information/education and counselling. Secondly, they can function as monitoring tools to collect information about a drug market for public health purposes (pharmacovigilance). This function applies particularly to NPS due to their novelty and often unclear composition.

Drug/NPS testing points were also the first thing interviewed users thought of when asked what their needs are. The focus group of users unanimously supported drug checking as well, as a harm reduction measure of high urgency. According to the group, testing services should meet the following conditions: anonymous and easily accessible (low threshold), fast and quantified results and not limited to locations associated with existing care or prevention services in order to reach a maximum of users (including in recreational settings such as clubs, free parties, etc.). The cost for users remained open to debate: paying for such services is evident to some, to others it is not.

In a report commissioned by the EMCDDA, Brunt (2017), among others mentions the following considerations in support of drug checking services as a health promotion/harm reduction strategy:

- It reaches the - hard to reach - young recreational users;
- It is appreciated by users, resulting in a willingness to participate in a dialogue about prevention
and harm reduction with by peers and professional staff; 
- It is believed that the personal contacts are more effective for behavioural change 
- 25 to 100% of users discards its drugs/NPS if their composition proves harmful; 
- Drug checking systems do not increase (prevalence of) drug use and/or incite use among non-drug users.

Ultimately, the EMCDDA describes ‘early warning systems and monitoring of substances being consumed, including drug-checking services’ as good practice in nightlife settings.

Based on these arguments and knowing that drafting a legislative framework as well as technical requirements, operational costs and staffing of NPS/drug checking sites are big (financial) hurdles to take, we propose a step-by-step approach. A first step can be the design of a legislative framework and a system of funding (cf. free service is the best choice to avoid the threshold). Subsequently, a national network of pharmacovigilance can be realized (c.f. the Drugs Information and Monitoring System (DIMS), allowing Belgian practice to become part of international initiatives such as the Trans European Drug Information (TEDI) network and enables us to evaluate these kinds of interventions.

3. Specialized treatment services shift to encompass offer for NPS users

The evolution of NPS use has fuelled the debate on specialized care services for NPS use. Some support the adaptation and implementation of NPS treatments needs in current specialized treatment while others favour the creation of new, NPS-only treatment services (O Bowden-Jones, Fitch, Hilton, Lewis, & Ofori-Attah, 2014; Tracy, Wood, & Baumeister, 2017). Still, a combination of both ideas seems the realistic option (Campbell, O’Neill, & Higgins, 2017).

Throughout the NGTs, we found various indications pointing to the need for specific care interventions. The consensus reached on the importance of developing NPS tailored psychosocial interventions (NGT1). At the same time, the subsample of interviewed users that actively looked for help in the context of its NPS use (at some point in life) made the following suggestions:
- The feeling of being more knowledgeable on NPS than the caregivers; 
- Being treated as an outcast, by staff and by other clients (so called ‘intra-group stigma’); 
- Underlying non-identification with existing services (c.f. O Bowden-Jones et al., 2014; Pirona, 2017).

However, we should not forget that most NPS-users also use other classic illicit drugs. Therefore, we propose an integrated offer. We based our recommendations on the recommendations drafted by Ralphs and Gray (2018). Translated to the Belgian context, we withheld the following elements:
- Developing a custom and/or targeted approach by existing services to include NPS using groups, starting with training (part of) the staff to detect and access people with NPS related problems;

---

2 See also Van Havere, Tutenges, De Maeyer, Broekaert, and Vanderplasschen (2015) 
6 http://www.safernighlife.org/tedi
- Enhancing skills in terms of use of technology is essential. Examples: monitoring internet and darknet to gain insights into nature, price, supply etc. of NPS (Fletcher, Tasker, Easton, & Denvir, 2015) (cf. SCANNER project of Sciensano which is recently implemented);

- Focusing on (joint) problems of mental health and NPS use. Several interviewed users confirmed this, struggling with mental health issues as it is, only to find them worsened by prolonged NPS use;

- From a broader perspective, the integration of services (a so called ‘multidisciplinary approach’) could be improved (mental health, sexual health, housing organisations, etc.) including recovery oriented treatment.

Finally, exchanging information and practices among colleagues and services can save time and build experience. Scherbaum, Schifano, and Bonnet (2017) add the need for constantly updated information (cf. infra).

4. Offering general ‘on demand’ NPS oriented information to professionals and advanced training to frontline and specialized HCPs according to specific needs.

NPS targeted formation or training was omnipresent during the NGTs and (professional) survey respondents ranked it as the fourth most important need. In an Italian study from 2013, more than 60% of addiction doctors and specialized psychiatrists rated their expertise on NPS as ‘poor’ or ‘basic’ (P. Simonato et al., 2013). Owie et al. (2017) present comparable conclusions from a survey among psychiatrists in the UK. The same goes for a group of emergency nurses and physicians in London (Wood, Ceronie, & Dargan, 2016).

Therefore, we would present an online or face-to-face course in a modular form, from introductory information on substances to acute and chronic harms of all NPS, qualitative data on market and culture of use, etc.

- We refer to a tool developed by Public Health England (PHE) for people active in general or specialized youth work, education, care, etc., called ‘Resource Pack for Informal Educators and Practitioners’ (Home Office, 2016);

Further inspiration can be found in the NEPTUNE project (UK) and its ‘guidance for clinical management of NPS users’, specifically the e-training package. Translation into French and Dutch is preferable.


NPS are believed to be popular among detainees, among other because they are not picked up by existing screening instruments (EMCDDA, 2018b; Norton, 2015). Unlike in countries such as the UK, in Belgium only anecdotal reports document NPS use in prisons (Duke, 2019; EMCDDA, 2018b).

---

7 An example is the REACH clinic (UK), a partnership between the Hathersage Sexual and Reproductive Health service and an integrated drug/alcohol service [https://www.thenorthernsexualhealth.co.uk/Chemsex-Support](https://www.thenorthernsexualhealth.co.uk/Chemsex-Support)

8 see [http://neptune-clinical-guidance.co.uk/](http://neptune-clinical-guidance.co.uk/)
After French-speaking HCPs addressed the issue of drug use in detention during the NGT’s, almost a quarter (23%) of survey respondents selected the need ‘prevention and harm reduction policy in prisons’. Also, two participants of the Flemish focus group of NPS users who had been detained in the past, stressed the importance of collaboration between (specialized) care ‘outside’ and ‘inside’. They criticised the lack of a uniform policy across prisons on substitution treatment (cf. also (F Vander Laenen et al., 2013)), among other things and the group expressed its support for harm reduction measures in prisons.

Adding to this advice, we would like to cite a good practice/response option recommended by the EMCDDA (2018b): ‘Developing support and training to empower professionals in existing services to recognise how their skills and competences can be applied to responding to problems associated with NPS’. We looked at specific interventions applied in the UK (see PHE, 2017) and suggest developing training modules for prison staff. Inspiration is found in the ‘NPS in prisons; a toolkit for prison staff’, developed by Public Health England (2016) and covering issues such as product information, administration modes and effects of NPS and guidance for interventions in case of NPS related problems, based on the principle ‘treat what you see’.

Applied to our country, we propose to embed this tool in a broader training, covering classic drugs as well, and integrated in a prison-wide policy focused on prevention and harm reduction messages and interventions. We follow the WHO and EMCDDA in their most important responses to the incarcerating of PWUD: alternatives to punishment, equivalence of care inside to that provided in the community and continuity of care between community and prison on admission and after release (EMCDDA, 2018b; Vandevelde, Vander Laenen, Vanderplasschen, & al., 2016).

6. Stimulate attention to sexualized drug/NPS use in research and in the health care field.

Research shows a higher prevalence of NPS use in groups such as Men who have Sex with Men (MSM) and the chemsex scene in general (Desai, Bourne, Hope, & Halkitis, 2018). Chemsex is associated with high-risk drug and sexual behaviour (injecting, unprotected sex, sex with multiple partners) potentially resulting in hospitalization, overdoses, Sexually Transmitted Infections (STI) and HIV/HCV-infection (EMCDDA, 2017a).

We recommend creating tools to reach and address these groups, for instance promoting harm reduction tips on practices such as ‘slamming’. An example is a website like ‘Monday / Friday’ or Exaequo with their network on chemsex. Furthermore, information on prevention/treatment of bloodborne viruses and STI’s should be offered (including screening possibilities). Finally, citing Macfarlane (2016), ‘to provide training to sexual health services and specialist drug centres’ can be part of the practice.

---

10 Which is also in accordance with the Belgian Basic Law explicitly that determines the right to healthcare in detention and care equality between the community and the prison context (Vander Laenen, F. & Eechaudt, V. (2018). Gelijkwaardigheid van de gezondheidszorg in detentie: de wet is er, nu nog de toepassing, Fatik, 35(160), 3-6.)
11 Definitions of ‘slamming’ share three characteristics: injection, sexual party, psychostimulant drugs (based on Giraudon, Schmidt, & Mohammed, 2018).
12 https://www.fridaymonday.org.uk
7. Reduction of morbidity/mortality in (NPS) users of opiates and synthetic opioids by developing initiatives of naloxone distribution.

Synthetic Opioids (SO) target similar receptors as their classic counterparts (e.g. heroin) but tend to be more potent, significantly increasing the risk to overdose (Drummer, 2018). SO, including new fentanyl analogues, remain a concern for the EMCDDA (2018a), with ten notifications in 2017. In Belgium as well, recent alerts from the Early Warning System (EWS) involved U-47700 and fentanyl analogues (Blanckaert, 2017). Besides this, we encountered the use of both these substances in our research sample of interviewed NPS users. Against this background and based on the following arguments, we recommend the uptake of so called ‘Take Home Naloxone’ (THN) programmes in our country making it possible to provide this antidote to specific groups of users.

Naloxone is medication used to temporarily reverse the effects of any opiate/opioid due to its antagonist properties. It is non-toxic, safe to use and has no side- or adverse effects (Peprah & Frey, 2017). ‘Take home’ programmes consist of training of PWUD by professionals, followed by distributing naloxone to PWUD and their close social environment (friends, partner, social worker, etc.). The rationale is to prevent overdoses by people likely to be present at such an event, who recognize the danger and are able to administer an antidote (EMCDDA, 2016e). Finally, numerous studies confirm the benefits of naloxone projects, including saving lives of PWUD using ‘classic’ or new opioids (McAuley, Aucott, & Matheson, 2015; Naumann et al., 2019).

Our recommendation is supported by the fact that the EMCDDA (2016e) includes THN projects in her best-practice portal, listed as ‘likely to be beneficial’14. Furthermore, in the context of the focus groups, both professionals and NPS users were in favour of implementing analogue initiatives in Belgium.

In conclusion, the pilot THN-project, initiated by the GIG-project15 at Free Clinic in Antwerp and presented during the focus groups, is a valuable resource to build upon. At present though, clouds of legal nature cover the project, illustrating the need for a clear legislative framework and cooperation between justice- and health care fields. We suggest evaluating and potentially replicating GIG’s pilot project throughout the country, with adaptation to local contexts, as is essential for (other) harm reduction strategies (F. Vander Laenen et al., 2018).

In 2020, the SO –PREP study started, funded by the European Commission, to gain a better understanding of the current synthetic opioids situation in Europe. During this study, the SO health system response capacity in Europe will be evaluated and a model SO preparedness as well as a Toolkit for Member States will be developed.

8. Realise involvement of NPS users in policy making

User activism has historically been an important element in the development of drug and/or harm reduction policy (Rhodes & Hedrich, 2010). Despite the ‘lagging behind’ (Greer & Ritter, 2019) of user’s participation to policy, the importance of including ‘lived experience’ in policymaking as a primary source of knowledge seems to gain acceptance (Head, 2016; Monaghan, Wincup, & Wicker, 2018; F. Vander Laenen, Favril, & Decorte, 2016). In a current article on evidence based strategies, we read that

---


15 The GIG acronym points to ‘Health Promotion and Injecting Drug Use’.
‘the voices and experiences of PWUD are crucial’ and that ‘stigma and discrimination deter health care access (...) and reduce treatment entry/retention’ (Degenhardt et al., 2019, p. 1492).

Professionals taking part in this study strongly seek dialogue with NPS users and see it as an added value to involve them on different levels, e.g. in research, practice and policy. NPS user involvement ended up as the second most important theme in the NGTs and survey results confirmed the weight of this topic. Particularly the novelty of NPS and their use, has made professionals aware of the benefits ‘first-hand experience’ could offer.

- To answer the request of HCPs for a ‘platform for dialogue exchange’ with NPS users, we suggest turning to an online solution. Interesting work has been done by Rosino and Linders (2015).

- As inspiration for Belgium, we return to ‘Psychoactif’ (also illustrated during focus groups) who mention as a goal on their website ‘to transfer information to the professional health care field’.

In general, we align with the EMCDDA (2017a), that recommends user involvement in prevention and care interventions and in their research-based guidelines. We look to countries such as Australia, Sweden or Finland in this respect. In Finland, a national network of frontline workers, including HCPs, policy makers, NGOs and a user’s organisation share expertise on a regular basis (Leppo & Perala, 2009). In Ireland, a new health led ‘National Drug Strategy’ was presented which took shape through a ‘cross-discipline committee’, including family support network and representatives of PWUD (Comiskey, 2020).

9. The 2017 generic legislation on NPS: raising awareness among professionals and users

Belgium, just like some other European Member States has opted to develop a legislative response to the rapidly evolving NPS market (Emcdda, 2016d). Belgium opted to list defined ‘generic’ groups of substances, rather than defining individual drugs as done previously.

The Belgian generic legislation on NPS cannot be considered acquired knowledge among professionals and users. Therefore, we recommend issuing more information about its content and implications. Targeting HCPs, this could form a specific topic in (online) formation or training. To inform users, we think of leaflets and online initiatives.

Based on our population samples, the need to raise awareness about the current illegal status of all NPS appears to be most urgent in Brussels and Wallonia. We noticed a knowledge gap between the Flemish speaking and French speaking professional groups who took part in the NGTs. Flemish professionals were without exception well-informed about the change in NPS legislation, including its underlying rationale. The opposite is true for French-speaking professionals: in two out of three NGTs, all members turned out to be unaware of the Royal Decree of 2017. A similar conclusion surfaced from the French speaking sample of interviewed users.

We stress that these findings only apply to the samples of users and professionals we questioned and cannot be generalized. Nevertheless, we feel that the generic legislation deserves more explanation to HCPs and users of NPS, given its unique character, potential effects and the complex legal questions surrounding it (see also J. van Amsterdam et al., 2013).

---

16 Psychoactif is a French self-support organization of users who built an information site receiving 23 000 visits a day in 2017. [https://www.psychoactif.org/forum/index.php](https://www.psychoactif.org/forum/index.php)
10. Monitoring and evaluation of the 2017 generic law on NPS

The Belgian generic NPS law can arguably be considered a step towards prohibition by exactly defining which compounds are illegal, thereby including most psychoactive substances and abandoning a case-by-case ‘risk assessment’ of each potential new drug (J. van Amsterdam et al., 2013). It goes without saying that this innovative generic law enables law enforcement actors to better respond to this rapidly evolving NPS market from their point of view. At the same time however, scientific evidence stresses the potentially unintended consequences of prohibitionist laws and several European policy practices (UK, Ireland, etc.) that rely on such laws, include specific, well-described exceptions and/or amendments.

The Belgian law (Royal Decree) has the benefit of clarity and its rationale, i.e. keeping legislation up to pace with rapidly emerging NPS, is relevant. The implementation of the generic law though, is riddled with concerns; not in the least of a constitutional nature (Beltgens, 2017; Nutt, 2011). An example is the uncertainty about whether a future substance is subject to the law or not, potentially violating the right to ‘due process’. Other (public health) concerns are illustrated after the banning of mephedrone in the UK: use did not significantly decrease, prices increased and purity decreased (Beltgens, 2017). One thing we did find in our sample is that laws do not affect the (motivation for) use of the interviewees. 96% of our sample admits that the legal status of a drug is not related to current use (intention). This observation is not new and has been illustrated in many studies (a.o. Doessel & Williams, 2008; MacCoun, 1993; S. Taylor, Buchanan, & Ayres, 2016).

Based on these arguments, systematic monitoring of the situation is necessary to ensure an evidence-based public health response tailored to the needs and context of Belgian users. Scientific evaluation of the effects of the generic NPS law on drug demand and supply reduction is desirable. Does the Decree succeed in countering production and use of newly emerging drugs? Or will it trigger other, more complex NPS that do not fall within its boundaries? Two of many questions that need answering.

11. The generic legislation on NPS in Belgium should incorporate amendments that aim to avoid added harms resulting from criminalizing possession of NPS.

A considerable body of literature has stockpiled on the costs, adverse effects and health hazards of a solely prohibitive drug policy; both on drug users and on society (MacCoun, 1993; Nutt, 2011). Recently, also United Nations (UN) agencies called for a decriminalisation of drug use and -possession for personal use based on the principle of proportionality (Degenhardt et al., 2019). In all phases of our study as well, a similar debate appeared at the forefront. To professionals and NPS users, public health and law enforcement efforts can be complementary, provided the latter mainly target the supply side of the market while NPS possession for personal use are de facto exempted from criminal law.

The item of decriminalising possession of NPS was brought forward as a high priority need in four of five NGTs. Subsequently, the broader professional field added weight to the issue by ranking ‘de-criminalisation of possession of drugs’ as the most urgent need in the survey. Among NPS users, alternative drug legislation was arguably the most debated topic. According to all interviewees, a change in policy is a priority based on their view that the harms resulting from criminalizing the user

17 “anyone whose action may be subject to criminal sanction ought to have clear notice of what is and what is not forbidden” (cited in Beltgens, 2017)

18 Although use as such is included as a punishable offence in the Belgian Drug Law.
outweigh the harms from substance use itself. A consensus on this topic was also reached in the user’s focus group. In the end, (de facto) decriminalising possession of substances was considered realistically achievable, analogue to policy practices in various European countries (UK, Poland, etc.).

As a recommendation, we recognise that a decriminalisation of possession for personal use is an issue to be evaluated by legislative experts and to be part of a (political) debate. All technical possibilities at this point - without jeopardising adherence to international treaties and European regulation - should be considered.

12. Develop epidemiology of NPS use through triangulation of methods/data

Three NGTs reached a consensus on the importance of epidemiological data on NPS use. However, presently it is sheer impossible to produce quantitative data on NPS use in the general population due to low prevalence levels along with aspects of terminology (Korf et al., 2019). Other challenges are the varying names/products and the rapid (dis)appearance of NPS (Young, Dubeau, & Corazza, 2015). Therefore, at present a ‘triangulation’ of methods is advisable to obtain maximum clarity on NPS use in Belgium (Wood & Dargan, 2012). The EMCDDA (2017b) for instance, mentions:

- Online techniques and internet monitoring (e.g. online discussion fora, market sales, etc.);
- Monitoring through drug checking;
- Proactive approaches such as residue testing (e.g. Escape project19) and outreach work;
- Wastewater analysis and pooled urine collection (Bijlsma, Celma, López, & Hernández, 2019);
- Convenience sampling, in situ or in subgroups (e.g. festivals) (Sumnall et al., 2013);

Acknowledging the limitations of each method, we call for attempts to integrate available data sources on the use of NPS in Belgium to the extent possible and explore further research and monitoring tools, including online methodology (e.g. by Sciensano).

13. Extend monitoring capacity of the Belgian Early Warning System (EWS) by collecting all data on NPS related intoxications in emergency settings (emergency department hospitals, crisis detox services, poisons centre, etc) and presenting them for consulting by clinical professionals.

Several demands of -predominantly- professionals gave rise to this recommendation. This recommendation is based on:

- A distinct, recurring question from medical/clinical professionals (specialized doctors, emergency physicians) for tailored information on NPS, including practices (c.f. NGTs);
- The fact that ‘exchange of knowledge, information and practice on NPS’ came out as third most important survey result;
- The substantial attention given in one NGT to expanding the Early Warning System (EWS);

We suggest the possibility to link the need for well-circumscribed clinical information and practice related to NPS (use) with the existing EWS. Concerns of economic (cost) and practical nature (the network already exists) add to this. A starting point can be found in the work that has been done in

19 Method focused on injecting drug use by analysing the content of used syringes in six European cities, for example collected in containers or harm reduction services (see, EMCDDA, 2019a).
the context of the Euro-DEN network (e.g. by the University Hospital of Ghent) that aims to register recreational substance use in hospital admissions (Dines et al., 2015). Finally, a professional online platform is needed that makes it possible to consult and/or to insert clinical information and practices on NPS use in Belgium. Speed, (all-)inclusion and continuous updating should be key features. This could be added to the platform of EWS that is being hosted by Sciensano.

14. Developing research on (long term) health risks of NPS use

Unsurprisingly, stimulating more research on NPS is generally cited as an urgent priority (EMCDDA, 2017a; UNODC, 2018a; Zanda & Fattore, 2017). After all, the lack of knowledge about NPS seems a logical consequence of their novelty and complexity in terms of number/diversity (Peacock et al., 2019).

The need for information on NPS appeared to be essential in all parts of our study as well, translated into advocacy for research by both users of NPS and professionals. 25% of professional survey respondents selected ‘scientific research’ as a highly important need. Predominantly the experienced users of NPS, mention the constant search for more insights into the functioning and adverse health effects of different substances. Overall, the main information need of all NPS users relates to (adverse) health consequences of NPS use, notably in the long term. In practice this means further developing research on NPS, i.e. toxicology, (psycho)pharmacology, etc. in first instance and combining them with clinically acquired data (Green & Nutt, 2014).
References


Corkery, Orsolini, Papanti, & Schifano. (2017). From concept(ion) to life after death/the grave: The ‘natural’ history and life cycle(s) of novel psychoactive substances (NPS). Hum Psychopharmacol, 32(3). doi:10.1002/hup.2566


Progress in Neuro-Psychopharmacology and Biological Psychiatry, 39(2), 221-226 %U


EMCDDA. (2016c). Legal approaches to controlling new psychoactive substances. Retrieved from


EMCDDA. (2017b). High-risk drug use and new psychoactive substances; Results from an EMCDDA trendspotter study. Retrieved from Luxembourg:

EMCDDA. (2017c) Synthetic cannabinoids in Europe. In, Perspectives on Drugs (Update 6. 6 2017 ed.): EMCDDA.
EMCDDA. (2018a). *Fentanils and synthetic cannabinoids: driving greater complexity into the drug situation; An update from the EU Early Warning System*. Retrieved from Luxembourg:


EMCDDA. (2019a). *Drugs in syringes from six European countries_results from the ESCAPE project 2017*. Retrieved from


Green, A. R., & Nutt, D. J. (2014). Pharmacology should be at the centre of all preclinical and clinical studies on new psychoactive substances (recreational drugs). *Journal of Psychopharmacology, 28*(8), 711-718.


Norton, A. (2015). ‘Spicing up the subject’ The recorded experiences of prisoners and prison staff on the subject: New psychoactive substance use in a North West Prison. (John Sunley Prize winning masters dissertation), Manchester Metropolitan University, Manchester UK.


Rychert, M., & Wilkins, C. (2016). What products are considered psychoactive under New Zealand's legal market for new psychoactive substances (NPS, 'legal highs')? Implications for law enforcement and penalties. *Drug Test Anal, 8*(8), 768-778.


UNODC. (2018a). *Understanding the synthetic drug market: the NPS factor*. Retrieved from Vienna, Austria:  

https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf

https://www.unodc.org/LSS/Page/NPS

VAD. (2017). *Factsheet Nieuwe Psychoactieve Stoffen (NPS)*. Retrieved from Brussels:  
http://www.vad.be/materialen/detail/factsheet-smartdrugs--nieuwe-psychoactieve-stoffen


