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CICAD

Secretariat for Multidimensional Security

FIFTY-EIGHTH REGULAR SESSION November 11 - 13, 2015 Trujillo, Perú OEA/Ser.L/XIV.2.58 CICAD/doc.2215/15 9 November 2015 Original: English

NEW PSYCHOACTIVE SUBSTANCES



New Psychoactive Substances





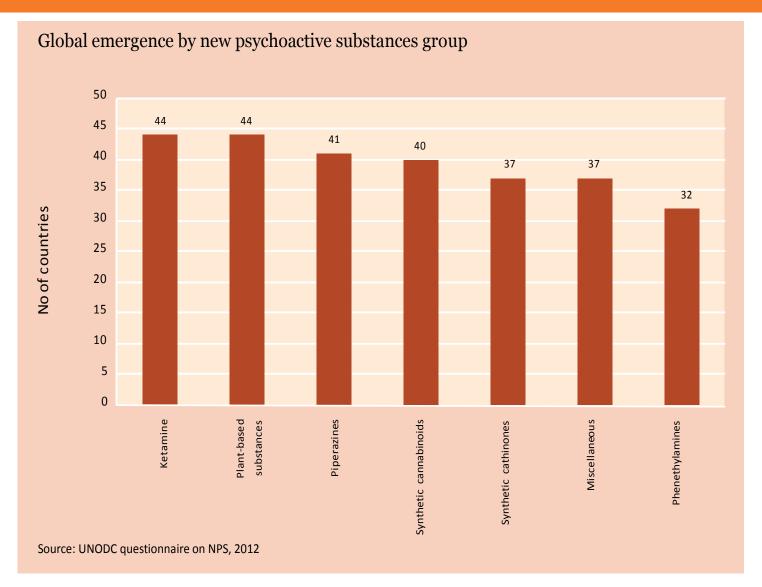
What New Pyschoactive Substances do we know or have we seen in our countries?



CLASSES OF NPS

- Synthetic Cannabinoids
- Synthetic Cathinones
- Ketamine
- Phenethylamines
- Piperazines
- Plant-based Substances







GENERAL FACTS

- The number of NPS available globally exceeds the number of psychoactive substances controlled at the international level.
- Some of the NPS also contain classified compounds
- There is significant variation in the content of "legal high" products
- Many are untested and have unknown psychological and toxicological effects.



GENERAL FACTS

- The appeal of NPS may be linked to the poor quality of the current, more established illicit substance available.
- The rise in use of NPS coincided with the ability to purchase drugs online.
- NPS content is a constantly moving target.



SYNTHETIC CANNABINOIDS

- Street names include SPICE, CHRONIC and K2, labeled "Not for human consumption."
- Largest group among NPS over 200
- Some functional similarity to THC but more potent and heterogeneous
- Do not have mitigating compound of cannabidiol
- Average between 2 and 3 compounds per product, not consistently distributed in herbal mix





SYNTHETIC CANNABINOIDS

- Mild to Moderate Intoxication
 - Hydration
 - Monitoring
 - If needed, benzodiazepines and anti-psychotic medications
- Severe intoxication
 - Manage symptoms
 - IV fluids
 - Supplemental oxygen





SYNTHETIC CATHINONES

- Street names include Bubble, Meow, Meph, Flakka, Mcat, Bath salts
- Many are already controlled substances
- Classified as stimulant drug, no safe dose determined
- Similar to active ingredient derived from Khat
- Often used with other drugs to mitigate negative effects or enhance perceived benefits



SYNTHETIC CATHINONES

Acute intoxication

- Treat symptoms with benzodiazepine
- Use caution with anti-psychotics, can increase seizures
- Manage possible seratonin syndrome
- Assess suicide risk (hanging)





KETAMINE

- Dissociative drug, distorting perceptions of sight and sound and creating feelings of detachment from self and the environment
- Potent medical anesthetic and analgesic
- Not considered "appropriate" for international control by WHO
- Likely produces dependence: Tolerance is shown, but withdrawal is not clear
- Street names include K, Special K, Vitamin K, Ket, Kit-Kat, Cornflakes



KETAMINE

Acute intoxication:

- Supportive care, with special attention to cardiac and respiratory functions
- Benzodiazepines if agitated
- Consideration of co-ingested drugs
- Removal of person from auditory and visual stimulation



PHENETHYLAMINES

- Higher levels of use in region: 251, 25Cu, NBOMe
- Closely related to amphetamines/LSD
- Being sold as LSD, primarily to college students
- Effects are not homogeneous
 - On a continuum of stimulant, hallucinogenic and euphoriant effects



PHENETHYLAMINES

- Acute harm is affected by:
 - Dose/Frequency of Use
 - Route of Administration
 - Environmental conditions (temperature, fluid intake, physical activity, stress)
 - Individual variations and characteristics, such as gender, age, poly use)
- Raise blood pressure and constrict blood vessels, possibly leading to stroke
- Hyperthermia can lead to fatal complications



PIPERAZINES

- BZP most commonly used (1-benzylpiperazine)
- Stimulant class drug
- Often passed of as XTC
- Usually in form of tablet
- Street names include pep pills, social tonics, party pills. Others include Jax, A2, Benny Bear, Flying Angel, Legal E or Legal X, and Pep X, Pep Love or Nemesis





PIPERAZINES

- Acute harm similar to amphetamines
- Can cause toxic seizures, respiratory acidosis, hyperthermia
- All can lead to fatal complications
- Ensure adequate ventilation
- Monitor for cardiac arrest



PLANT-BASED SUBSTANCES

- Most commonly used is Salvia (Salvia Divinorum), although also seeing use of floripondio, ayahuasca, peyote
- Concentration of active ingredient Salvinorin A varies according to what section of plant is used and growing conditions







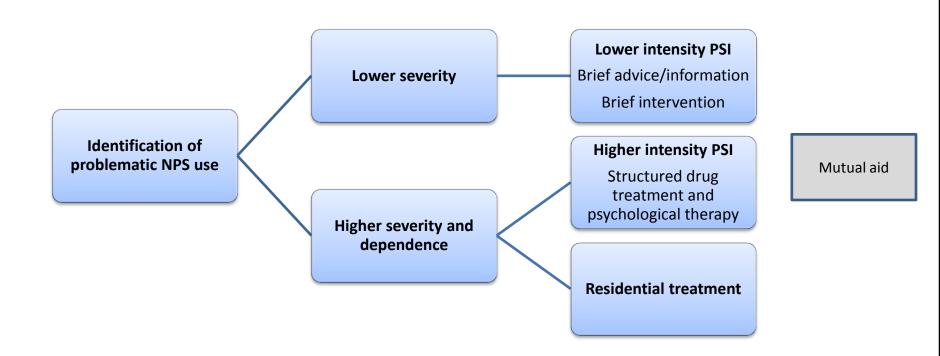
LEVELS OF INTERVENTION

	Detection	Assessment	Brief Intervention	Complex Intervention (acute)	Complex Intervention (chronic)
Primary Care				X	X
Emergency Department					X
Sexual health site				X	X
Substance Use Treatment				√X	



PSYCHOSOCIAL INTERVENTIONS

Support behavior change





PSYCHOSOCIAL INTERVENTIONS

- Brief interventions
 - Advice and Information
 - Personalized feedback
 - Motivational interviewing (OARS)
 - Referrals to self-help groups



FRAMES

- Feedback on personal risk
- Responsibility and choice
- Advice to change
- Menu of options
- Empathy
- Self-efficacy and optimism



REFERRALS TO DRUG TREATMENT AND OTHER PSYCHOSOCIAL INTERVENTIONS

- Current injecting of any substance
- Self-report of inability to make changes to NPS use when attempted
- Repeated presentation with drug-related harm
- Self-identification of needing specialist help or request for referral to drug treatment services



IN-DEPTH PSYCHOSOCIAL INTERVENTIONS

- Cognitive Behavioral Therapy (CBT)
- Contingency Management (CM)
- Community Reinforcement Approach (CRA)
- Relapse Prevention



CURRENT CHALLENGES

In light of the constantly changing world of NPS:

- Assessment systems
- Screening tools
- Prevention models
- Training
- Treatment
- Monitoring
- Funding



QUESTIONS?

Thank you

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