

Information Bulletin

SUMMARY OF MAIN FINDINGS FROM THE EMERGING THREATS PROJECT: NEW PSYCHOACTIVE SUBSTANCES, HEROIN, FENTANYL, AND OTHER OPIOIDS



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01

INTRODUCTION

This bulletin summarizes key findings from the Emerging Threats Project: New Psychoactive Substances (NPS), Heroin, Fentanyl, and Other Opioids. The objective of this project was to identify how opioids and other emerging drugs are impacting in Latin American countries. Due to the concern caused by the opioid epidemic, which has become a public health crisis in Canada and the United States, at the end of 2018 the Inter-American Observatory on Drugs (OID, by its Spanish acronym) of the Inter-American Drug Abuse Control Commission (CICAD, by its Spanish acronym) of the Organization of American States (OAS), called on Member States to present research projects to investigate the problem of opioids in Latin America. By the beginning of 2019, five countries responded to this call: Argentina, Mexico,¹ Peru, the Dominican Republic, and Uruguay.

CICAD carried out research under the leadership and coordination of the national drug observatory in each participating country, which in turn received technical support from the OID. Findings in this bulletin are presented by country and include a summary of the objectives of each study, main findings, conclusions, and recommendations. The full reports submitted by the participating countries were prepared, reviewed, and approved by their respective drug commissions prior to submission to CICAD.

1 The summary of the Mexico report will be included in the next bulletin, which will focus specifically on the opioid problem in the countries of North America.

02

SUMMARY OF MAIN FINDINGS FROM THE EMERGING THREATS PROJECT: NEW PSYCHOACTIVE SUBSTANCES, HEROIN, FENTANYL, AND OTHER OPIOIDS

ARGENTINA

INTRODUCTION

In 2019, the Secretariat for Comprehensive Drug Policies of Argentina (SEDRONAR, by its Spanish acronym), with the support of CICAD/OID, implemented the project “Emerging Drug Threats” through two lines of research on opioids. The first line of research describes the care options available for the treatment of opioid substance use disorders (SUDs), and the second describes the socio-demographic profile and the health of people in treatment for opioid dependence, in selected facilities.

The first line of research sought out the expert opinions of professionals who treat opioid SUDs: psychiatric, toxicological, and clinical physicians, psychologists, social workers, and directors of therapeutic communities, through semi-structured interviews. The study employed an intentional sample using the “snowball” technique, by which initial contacts in the field of addiction were interviewed and then asked to refer other professionals with experience in treating opioid addictions. Interviewees were selected from different care facilities in the country: public, private, and/or part of the social security system.

The second line of research analyzed the characteristics of the population receiving treatment for opioid use. The study took a cross-sectional design, and applied a structured questionnaire which the field professional

then administered to individuals they were treating. This strategy provided access to people receiving treatment in public settings and was also applied to one patient in a private setting.

OBJECTIVES

General objective of the first line of research: Describe the care options available for the treatment of opioid SUDs.

General objective of the second line of research: Describe the socio-demographic profile of opioid use and the health of users in treatment for dependence on opioid substances in selected facilities (public, private, or in the social security system) in the country.

MAIN FINDINGS

The information collected, both from interviews with treatment professionals and surveys among patients in treatment,² established that demand for opioid treatment is low in Argentina overall; however, there is a sizeable demand for treatment for opioid SUDs among health care workers. Many health care workers in treatment for SUDs

2 In both cases, information was obtained using non-probabilistic samples, which are not representative of the entire population.

reported that they began misusing opioids early in their careers or during medical training at a young age.

The study identified four common characteristics among patients in treatment for opioid SUDs, which are not mutually exclusive.

1. Persons who originated from or had lived in countries with a high prevalence of opioid use.
2. Persons who were health care workers with easy access to opioid substances.
3. Persons who had previously been treated with opioids for a medical condition and continued to use even when they no longer needed to.
4. Persons who had histories of long-term poly-drug use.

Patients who sought treatment for opioid use tended to be over 30 years old and predominantly male. When looking at the people who developed opioid dependence following medical treatment with opioids, a higher proportion of this group were women as opposed to men.

The study indicated that mental health comorbidities might be more prevalent among opioid dependents than among those dependent on other psychoactive substances. Specifically, the study observed antisocial disorder and other personality disorders were more common among people with opioid SUDs. Antisocial disorder can act as a deterrent to treatment, as it tends to be associated with situations involving violence and other transgressions that undermine the therapeutic connection.

According to SEDRONAR, the circulation of illicitly manufactured opioids such as heroin, new psychoactive substances with opioid effects, or other substances of this kind seems to be rare in Argentina. Interviewees reported that those who used heroin did so outside the country.

These patients, either foreigners or Argentines who had lived abroad, came from European or North American countries, where opioid use is much more common.

Most opioids used without a prescription in Argentina are pharmaceuticals intended for medical use that originate in the legal market. Subjects in the study reported obtaining opioids through clandestine purchases in pharmacies without a prescription, or through the purchase with a falsified prescription.

Tramadol and morphine were the substances most cited as used without a prescription. Various sources also described the use of capsules (known on the street as *pituto* or *cucú*) that are prepared and sold covertly in pharmacies and contain traces of opioid substances and other psychoactive drugs. Interviewees also mentioned oxycodone, hydrocodone, meperidine, nalbuphine, and codeine. Among people outside the health sector, the use of fentanyl or its derivatives without a medical prescription was practically nonexistent; administration by injection was also rare. In this group, the primary means of administration was oral. By contrast, the misuse of fentanyl and its derivatives was common among patients who were also healthcare workers. These patients also reported injecting opioids.

Argentina has a diverse range of treatment options for opioid SUDs. The types of facilities that treat this problem include public hospitals, therapeutic communities, outpatient care centers, and other public and private treatment centers. All these facilities take an interdisciplinary approach and include the presence of mental health professionals.

The approach used to treat opioid SUDs is, for the most part, no different than that used for SUDs associated with other psychoactive substances. The only exceptions to this were the cases of substitution treatments using methadone or buprenorphine, as well as the cases of healthcare workers receiving treatment.

The withdrawal syndrome from opioid substances was described by health professionals as much more severe than that seen with other psychoactive substances, and adherence to treatment seemed to be lower. Few cases, where substitution treatment was available, proved to be highly effective in improving adherence, in addition to being highly valued by patients. This finding is consistent with research on the treatment of opioid SUDs and recovery.

Some health professionals who were asked about substitution treatment questioned the central role that methadone plays in long-term maintenance. Health professionals said that obtaining a prescription for methadone is a bureaucratic ordeal, and there is little understanding of the medical benefit of methadone as a substitute for heroin. However, other health professionals interviewed in this study cite cases in which minimal doses of methadone, prescribed indefinitely, have significantly improved patients' quality of life.

Despite the doubts expressed about the role of substitution therapy for long-term maintenance, the health professionals interviewed indicated that relapse is common. Relapse is considered part of the recovery process and is addressed in therapy. Some institutions administer urine tests to detect relapses, while others rely on what patients tell them. Nevertheless, rarely do relapses jeopardize the continuation of treatment.

CONCLUSIONS AND RECOMMENDATIONS FROM THE ARGENTINA STUDY

Demand for opioid treatment is low in the general population in Argentina; however, there appears to be a problem of opioid misuse among healthcare workers. The majority of patients in the study seeking treatment for opioids are men over 30 years old. Among those patients who develop an opioid dependence, however, a higher proportion were women, and most of those women had become dependent after being treated with opioid medications. Opioid use among health care workers, as well as the dependence created by a legitimate treatment, are cause for concern over deficiencies in the health

system, restrictions to opioid access, and the practices of healthcare professionals.

Heroin is not a drug with high demand or prevalence of use in Argentina. The study findings indicated that those who used heroin did so outside Argentina, mainly in Europe or the United States.

Tramadol and morphine were the opioids most often used without medical prescription or supervision, and are most commonly taken orally. Fentanyl use was observed among workers in the healthcare sector. People who reported using fentanyl and its derivatives without medical prescription or supervision also reported to have done so often, and by mode of injection.

The approach used to treat opioid SUDs is no different from that used for SUDs for other psychoactive substances. Substitution treatment with methadone or buprenorphine is an exception, and presently, the only patients that can access substitution treatment are the healthcare workers receiving treatment for opioid SUDs.

The health authorities should monitor the population where opioid use has been detected and establish specific treatment standards for maintenance therapy with methadone, buprenorphine, or other medications for opioid substitution programs under medical supervision.

PERU

INTRODUCTION

In 2019, the National Commission for Development and a Drug-Free Life (DEVIDA), with the support of CICAD/OID, implemented the research project, "Emerging Threats: Opioids, NPS, and other New Phenomena in Peru." The study aimed to provide information to develop evidence-based policies in response to the growing problem of heroin, fentanyl, and other opioids in the region, by implementing appropriate techniques and tools for research in hidden populations and identifying key areas for intervention.

The research team conducted ten focus groups with secondary school students in schools from four regions of the country (four groups in Lima-Callao and two each in Trujillo, Tacna, and Ucayali). The research team also performed 36 semi-structured individual interviews with institutional leaders and service operators (26 in Lima, three in Pucallpa, five in Tacna, and two in La Libertad). Seven of the 36 interviewees were representatives of non-governmental organizations (NGOs) or therapeutic communities. The rest of the participants were managers, directors, or specialists at government agencies.

OBJECTIVE

General objective: Understand the use of heroin, fentanyl, and other opioids in Peru.

MAIN FINDINGS

Focus groups with secondary school students

Participants in the focus groups have less information about and direct experience with opioids than with other drugs such as marijuana or cocaine derivatives; however, the information they have seems to vary depending on where they live. There is greater awareness about opioids and their risks in the cities of Lima and Tacna.

Young students reported that their main sources of information about opioids are social media, television, and movies. Likewise, the vast majority of the students believe that opioids are less accessible than other illicit drugs, due to their cost and the nature of the available supply. The students are aware that these drugs can be found both at music events and nightclubs, or purchased at pharmacies, that dispense medications without a prescription, which is illegal in Peru. A large percentage of those interviewed believe that opioids and other new drugs are more dangerous and potent than the substances they are more familiar with in the local drug market. The students did not consider a particular population or group as being at a higher risk than others. This seems to be because they did not have enough information on the topic.

Most of the interviewees expressed negative opinions or emotional reactions toward people who use opioids or other drugs; however, those responses varied depending on their relationship and distance from the user. Based on most of the responses, the interviewees believe that the support provided to drug users should be proportionate to the users' interest in treating their addiction. Many of the effects perceived by the interviewees corresponded to those observed in users of other drugs. Almost all the interviewees associated the use of opioids and other emerging drugs with the development of addictions and the implied effects at the personal, family, and community level.

Interview with technical experts and public officials

The technical experts interviewed emphasized the risk to which young people are exposed. They warned about the increasingly younger ages of drug use initiation in general, which is further encouraged by access to a variety of places and information sources that promote drug use.

Specialists and public officials that were interviewed agreed that current opioid use is well below that of drugs such as marijuana and cocaine derivatives. However, they were divided in their opinions about the extent to which these drugs could become a problem in the country in the future. Some believed that the globalization of opioid use culture, paired with a gradual reduction in prices, could increase the levels of use in Peru. Others expressed the opinion that the cost of opioids, the difficulties in obtaining them, and the type of reaction they generate would continue to keep levels of use low. According to most of the specialists and public officials interviewed, there are three critical factors associated with using these types of drugs: 1) socioeconomic status, 2) attending events where these drugs are used, and 3) prior use of other substances. Accordingly, most of them believe that those most affected are people from the middle and upper classes because they have more purchasing power and can attend events where these drugs circulate, such as raves.

Regarding prevention initiatives, interviewees noted that priority is given to other illicit drugs, and that there

is competition between prevention programs within the education and health sectors. In the case of treatment programs for users of opioids and other emerging drugs, they stressed that therapeutic communities tend to lack experience and professionally trained staff.

CONCLUSIONS AND RECOMMENDATIONS FROM THE PERU STUDY

According to the information provided by the interviewees, the level of use of opioids or NPS in Peru is not perceived to be high today. Nevertheless, there is also a considerable lack of awareness in the country about these types of substances. The students who were interviewed believed that these new drugs are being used by specific groups of people, particularly poly-drug users or those who have already been using many types of drugs for a long time. Technical experts and public officials disagree about whether these drugs will become more prevalent in the future throughout the country. Some consider this a latent possibility, given the widespread global culture around opioid use and a potential decrease in prices once the drugs are more available in the market. Other specialists affirm that the difficulty in accessing the drugs and the type of reaction generated by opioids will continue to serve as a deterrent.

It is important to mention that technical experts and specialists in health or education do not always have adequate information on opioids and other emerging drugs. Therefore, this study recommends that agencies with direct jurisdiction over these issues provide training to the relevant personnel from the various institutions that could play a role in this area.

The interviewees also believed that opioids have a greater biochemical impact on users, producing greater effects on the nervous system and causing cognitive damage. They agreed on the need for more information to be provided mainly to four types of groups involved: (a) students, (b) parents, (c) school psychologists, and (d) local authorities.

The technical experts and public officials suggested developing updated diagnostic assessments, and stressed the need to both follow interinstitutional strategies, as well as collect more evidence at the national scale.

DOMINICAN REPUBLIC

INTRODUCTION

The National Council on Drugs (CND) of the Dominican Republic, with the support of CICAD/OID, carried out a study on the use of heroin and other opioids in two cities in the country, Santo Domingo and Santiago.³ The study used a quantitative-qualitative descriptive design to look at illicit demand for heroin and other opioids, along with the treatment available for these substances.

The study comprised:

1. A census of fifty-four heroin users^{4,5} (forty-eight men and six women, in outpatient or residential programs) from the ten treatment centers that participated in the study.

3 National Council on Drugs (CND) – Inter-American Drug Abuse Control Commission (CICAD). *Estudio de Caracterización del Consumo de Heroína y otros Opioides en dos Ciudades de la República Dominicana* [Study Characterizing the Use of Heroin and Other Opioids in Two Cities in the Dominican Republic], 2019:

<http://www.consejodrogasrd.gob.do/transparencia/index.php/publicaciones-t/category/371-investigaciones>

4 The census was conducted in September and October of 2019.

5 The heroin users surveyed gave their verbal consent to respond voluntarily to the questionnaire. Their anonymity was respected in all cases.

2. A non-probabilistic survey of 109 heroin users who were not in treatment centers, most of whom were surveyed in areas near places where heroin is sold.⁶

The 2019 study used questionnaires that were comparable to those applied in the 2012 study on heroin use carried out in the Dominican Republic.⁷

Based on information from the ten treatment centers visited, the study developed a characterization of treatment centers for heroin users in the Dominican Republic.

In addition, using qualitative research techniques, the study interviewed 12 heroin users in treatment centers, 11 heroin users not in treatment centers, and 10 professionals or healthcare providers in treatment centers.

OBJECTIVES

General objective:

Describe the current use of heroin and illicit use of other opioids in two cities in the Dominican Republic, and propose solutions.

Specific objectives:

Describe the population of opioid users, including those both in treatment and not in treatment, and the availability of treatment for opioid users in the country; describe the levels of satisfaction of opioid users who receive treatment in the different centers; identify opioid users' reasons for dropping out of treatment; identify opioid users' reasons for not seeking treatment; and identify any proposals from opioid users to make the treatment available in the country more effective.

MAIN FINDINGS

The opioid users in treatment centers who participated in the study have been in treatment an average of four times: 55.8% had been in treatment two to three times, and 26.8% six or more times. This points to a high relapse rate. However, more than 90% of heroin users in treatment said they were very satisfied or satisfied with the program they were in.

The study also indicated that opioid users use the different types of treatment offered. The ones reported as being most effective, or at least where patients completed the treatment, have two main characteristics: 1) they offer assisted medication with some type of opioid agonist to counteract withdrawal or *mono*; and 2) they offer an inpatient residential setting. Eight of the ten treatment centers studied allowed or provided heroin replacement medications, while the other two did not allow opioid agonist therapies. The average time in treatment was eight months, with 61% of patients in outpatient treatment and 39% in a residential setting.

The average age of the heroin users surveyed in treatment centers in 2019 was 52 years old; this was an increase from the average age of 44 found in the 2012 survey of patients in treatment centers. In most cases, heroin was the fourth or fifth drug of use. In both the 2012 and 2019 surveys, more than 90% of heroin users were Dominican nationals. Of those surveyed, 72% indicated that finding heroin in the Dominican Republic was very easy or easy; however, 70% had used heroin for the first time in the United States, compared with 24% who did so in the Dominican Republic. It is therefore important to note that in 2019, one in four heroin users began using heroin in the Dominican Republic.

6 Those surveyed were asked to recommend peers who could respond to the survey, applying the snowball technique.

7 Estévez, G. *Censo y caracterización de usuarios de heroína en centros de tratamiento de la República Dominicana* [Survey and Characterization of Heroin Users in Treatment Centers in the Dominican Republic]. Organization of American States (OAS), Inter-American Drug Abuse Control Commission (CICAD), 2013.

One of the most commonly used opioid agonists is Suboxone. However, the availability of this medication among patients in treatment has led to its existence on the black market. Some patients were selling Suboxone on the illegal drug market to obtain doses of heroin. The health services reacted to this situation by restricting the dosage, but this restriction seems to have increased illegal sales, as users were unable to obtain the medication directly at treatment centers. This study demonstrated that the restrictions that were applied did not necessarily stop the illegal sale of these drugs.

The number of heroin users experiencing homelessness went down in 2019 compared with 2012, among users who were not in treatment centers. Most of the treatment centers said they accept homeless users, but if the family does not get involved and buy the medicine each patient needs, the centers do not have the resources to provide it for free.

The study found that the province of Santiago was the geographical area of the country with the most heroin users. The survey of opioid users who were not in treatment centers found the majority surveyed lived in Santiago rather than in Santo Domingo. However, the non-probabilistic type of sample used for this study is inconclusive regarding this aspect.

The 2019 study provides evidence that a local use of heroin and opioids has appeared and may be on the rise in the Dominican Republic. This demonstrates an important change since the 2012 study, which indicated most heroin and opioid at that time users began using abroad and returned to the Dominican Republic. Repatriated Dominicans are no longer the only ones who use heroin in the Dominican Republic; however, repatriated individuals appear to represent approximately half of all heroin users. The study also observed that repatriated individuals are more likely to seek out and go to treatment than local users.

Among users who are not in treatment centers, the frequency of daily heroin use has increased. Users report increases in daily use, and this is supported by indicators such as the amount of money spent on heroin. Repatriated Dominicans perceive the risks associated with heroin use to be lower than those associated with other drugs. Local users, by contrast, are more likely to perceive opioid use as dangerous.

The study noted that very few opioid users report sharing needles, thereby helping to prevent the spread of HIV and other blood-transmitted infections. While this is a good sign, other clinical tests of heroin users indicate the presence of health conditions that are not being treated, neither in treatment centers, nor by the users themselves.

The majority of heroin users identified in the study were male. Heroin use among women is less common and appears to be associated with their partners' use. However, it is important to take into account that only four of the treatment centers accepted women users into treatment; the other six only accepted men. Authorities cited physical infrastructure limitations and the small number of women seeking treatment as reasons for fewer services for women.

CONCLUSIONS AND RECOMMENDATIONS FROM THE DOMINICAN REPUBLIC STUDY

This study found a high rate of relapse among people in treatment for opioid use; however, more than 90% said they were very satisfied or satisfied with the program in which they participated.

Patients mainly complete their treatment in residential programs that offer assistive medication with some type of opioid agonist to counteract withdrawal. Suboxone use is highly valued among users treated with this medication.

Opioid users are mostly individuals with a long history of drug use, where heroin is their fourth or fifth drug of use. Most opioid users begin using abroad: 70% used heroin for the first time in the United States, but one in four did so in the Dominican Republic.

The diversion of opioid agonists to the illicit market needs to be monitored, as it is detrimental to those who benefit from this opioid substitution treatment. In addition, the health authorities must establish specific treatment standards for maintenance therapy with Suboxone or other medications for opioid substitution programs under medical supervision.

In recent years, a local heroin market has emerged in the Dominican Republic. This market caters to a cohort of aging consumers, who mostly began using heroin in the United States, combined with a new cohort of young users, who began using heroin in the country.

A policy of restricting substitution treatment with Suboxone has failed, as the substance has had the unintended result of being diverted into the illicit drug market. Additionally, the governmental restrictions did not necessarily stop the illegal sale of Suboxone or other opioid agonists.

It is necessary to be cautious about the observation that fewer women than men access treatment, since it is very likely that this is due to a lack of treatment offered to women and oriented to the specific needs of women. For example, there is no treatment center with childcare or flexible scheduling that would facilitate access to treatment.

URUGUAY

INTRODUCTION

The Uruguayan Observatory on Drugs (OUD, by its Spanish acronym), with the support of CICAD/ ODA, conducted a thorough study at the national level, which included the following institutions: Department of Toxicology of the Toxicological Information and Guidance Center (CIAT, by its Spanish acronym); the Controlled Substances Division (DISCO, by its Spanish acronym) of the Ministry of Public Health; and the Chemical and Toxicological Laboratory Department of the Technical Forensic Institute (ITF, by its Spanish acronym) of the Judiciary. The study, which included 12 lines of research,⁸ titled “Emerging Drug Problems: Opioids in Uruguay”.⁹

OBJECTIVES

1) Analyze the chemical composition of the opioids that have been seized; 2) identify the socio-demographic and profile of people who use heroin, fentanyl, and other opioids; and 3) estimate the extent to which these drugs are used in Uruguay.

MAIN FINDINGS

The study performed an integrative analysis of the data obtained, identifying three basic aspects of the opioid phenomenon in Uruguay: 1) the epidemiological situation of opioid use at the national level; 2) the local availability of opioids used for medical and recreational purposes; and 3) the health consequences of opioid use in Uruguay. This section provides a summary of the key points of that analysis.

8 Each line of research had its own general and specific objectives.

9 Presidency of the Republic of Uruguay, National Drug Board, Uruguayan Observatory on Drugs - Inter-American Drug Abuse Control Commission (CICAD). Emerging Drug Problems: Opioids in Uruguay, Final Report, February 2020: <https://www.gub.uy/junta-nacional-drogas/comunicacion/publicaciones/problemas-drogas-emergentes-opioides-uruguay>

I. Epidemiological situation of opioid use in Uruguay

An estimated 230,000 people between the ages of 15 and 65 have used controlled prescription opioids at some time in their life in Uruguay. Lifetime prevalence (use of opioids with or without a prescription) is 13% in the general population, which is significantly lower than the levels of lifetime prevalence seen for alcohol, tobacco, and marijuana. Opioid use is also more common among women than among men. While the perception of risk associated with opioid misuse is higher for opioids than other drugs in the general population, the perception of risk is higher among women than men. At the same time, opioid use is more prevalent among women than among men. Based on the results of the study, it can be concluded that the use of opioid substances is not very widespread among the population of Uruguay, compared with other drugs; however, there are some unusual characteristics associated with opioid use, especially among women.

The vast majority of people who have used opioid medications at some point in their lives said they had done so with a medical prescription. Use of opioids without a medical prescription in the general population is 0.9% (estimated at approximately 16,000 people). Assuming the same ratio of use with and without a prescription, past year prevalence of opioid use without a prescription is estimated at 0.3% among the general population in Uruguay.

Lifetime use of other opioids, such as heroin, has historically held at 0.1%, both in the general population and among secondary school students in Uruguay. In fact, among secondary school students, estimates of opioid use have always been below 1%; morphine without a prescription being the highest lifetime prevalence, at 0.7%. Despite the low prevalence, the study calls for monitoring the use of these psychoactive substances among adolescents in

school, particularly due to the specific risks they face at their stage of development.

The data show that the use of opioids—whether heroin, opium, or fentanyl, or misused opioid medications—is marginal in the Uruguayan population. The Uruguayan report reviewed the last few years, which showed that this has been the case over time and that the new evidence gathered as part of this project does not point to any disruptive event that would indicate the emergence of a new opioid problem.

The case of Uruguay may be better understood by taking into account that the non-medical use of opioids is estimated at 0.2% in South America and at 0.4% in Central America, making this one of the regions where past year prevalence of non-medical use of prescription opioids is among the lowest in the world.¹⁰

Nevertheless, other studies done by the Uruguayan Observatory on Drugs have shown that the use of opioid substances is considerably higher in certain populations. For example, among people admitted to emergency rooms to the Hospital Pasteur Emergency Room in 2017, the presence of opioids was found in seven of every 10 biological tests, and half of those patients had used opioids without a prescription.¹¹ This indicates that this opioid misuse is significantly higher in people seeking emergency care than in the general population. At the same time, the detection of cases with a history of opioid use, among the population that demands care in treatment centers specialized in problematic drug use, was not significant, from the quantitative point of view.

The use of opioid medications without a prescription was found to be more highly concentrated in extremely vulnerable populations, such as of those using base paste,

10 United Nations Office on Drugs and Crime (UNODC). *World Drug Report 2019*. Booklet 3: Depressants.

11 National Drug Board, Uruguayan Observatory on Drugs – UDELAR/School of Medicine (2017). *III Estudio sobre consumo de drogas en consultantes de la Emergencia del Hospital Pasteur de Montevideo. Informe de Investigación [III Study on Drug Use among Emergency Room Visitors at Hospital Pasteur in Montevideo. Research Report]*. Montevideo, Uruguay.

than in the general population.¹² These results prove the need to closely monitor this complex and challenging public health phenomenon.

II. Local availability of opioids used for medical and recreational purposes

The low level of opioid use in Uruguay correlates with a very weak black market for these substances. The Uruguayan report identified two potential sources for a market in illegal opioids: 1) the diversion of opioid products from formal channels for producing, selling, and dispensing these drugs; and 2) the clandestine manufacture of opioid products or the entry of illegal opioids into the country. The results obtained through the lines of research indicated above showed the following:

1. Diversion of opioid products from formal channels for producing, selling, and dispensing these drugs

The fact that all the active pharmaceutical ingredients and opioid products are imported means that they are governed by internationally established foreign trade mechanisms and subject to various types of oversight. This situation—along with a strong national control system, a local market limited in scope, and the commitment of the different organizations involved—indicates that it is unlikely that these products are being diverted at the point of importation, production, or sale.¹³

As for the dispensing of these products among the general population (in the clinical setting), the possibilities of them being diverted from formal distribution channels are extremely limited, since compliance with applicable regulations is high.

In addition, not enough irregularities have been identified at this stage to raise alarm bells.¹⁴

That said, the illegal sale of medications has been observed at some neighborhood flea markets in Montevideo. While the magnitude is still difficult to determine, this is a practice that emerged some time ago and is being monitored and controlled by the relevant authorities.

A relatively significant risk was also identified in terms of the final disposal of fentanyl patches. Current rules and regulations fall short in dealing with these products, the residues of which could cause some type of unintentional intoxication or allow these products to be abused and become a target of possible diversion. Specifically, the study stressed the potential importance of this problem on the border between Uruguay and Brazil, and highlighted the need to take measures to address it. Nevertheless, it must be noted that fentanyl use was not detected among individuals in treatment for drug use; rather, in most of those cases, abuse of opioids was associated with morphine.

2. Clandestine manufacture of opioid products or the entry of illegal opioids into the country

The presence of heroin is marginal in the illicit drug market in Uruguay. According to interviews of people linked to drug trafficking, heroin is not easily accessible. There have been few heroin seizures in Uruguay in recent years. In fact, the Forensic Technical Institute (ITF) recorded that during a 12-month period, only one heroin seizure, weighing approximately 5 grams, was recorded in the local market.

12 National Drug Board, Uruguayan Observatory on Drugs – UDELAR/FHCE (2019). *Personas, calle, consumos: dos estudios sobre uso de pasta base en Uruguay. Aproximaciones cuantitativas y etnográficas* [People, Street, Use: Two Studies on Use of Base Paste in Uruguay. Quantitative and Ethnographic Approaches]. Montevideo, Uruguay.

13 Ministry of Public Health/DISCO (2019). *Opioides: caracterización del mercado legal y condiciones de dispensación* [Opioids: Characterization of the Legal Market and Dispensing Conditions].

14 Idem.

Consistent with these findings, the Early Warning System on Drugs (SATdrogas, by its Spanish title), has not reported the existence of clandestine drug laboratories in the country and the use of heroin or other opioids is not present in significant numbers among the population requiring treatment for problem drug use.

III. Health consequences of opioid use in Uruguay

This study also examined the health consequences of opioid use in the country. According to the Center for Toxicological Information and Consultation (CIAT, by its Spanish acronym), around 1% of complaints of intoxication are related to cases involving opioid use. These account for 102 of approximately 10,000 reported cases over the course of this project's 10-month lifetime.

Nearly half of intoxication cases are linked to suicide attempts, and in only half of these cases did the person have a prescription for an opioid medication. This points to a troubling aspect of the phenomenon—the misuse of opioids in cases of attempted suicide—and calls into question how these drugs were obtained.

Just over one in three of reported cases of intoxication are due to therapeutic errors in clinical management of pain. These cases involved mostly prescription opioids — primarily tramadol. It can therefore be discarded that the use of opioids is associated with intentional abuse, or that there is a clear pattern of misuse of opioids, since such events were either random or the result of errors. In fact, cases of abuse or dependence accounted for just 3.9% of the total use of opioids in the country.

In terms of epidemiological surveillance settings, this study looked at the Hospital Pasteur Emergency Room and the “National Center for Information and Reference of the Yellow Portal Drug Network” Treatment Center, and systematically reviewed admissions for drug use

treatment in all the specialized centers that use Treatment Registration¹⁵. Fortunately, all the aforementioned sources found a minimal amount of opioid-related cases.

Throughout the other drug treatment centers, the study found three cases involving individuals who required treatment for morphine use between November 2018 and November 2019. These cases were out of a total of 3,631 cases registered in the Treatment Registration system for any drug. Four other cases of opioid misuse were reported, even when another substance prompted the request for treatment. It is therefore possible to conclude that only 0.2% of people in treatment centers use opioids, and only a fraction of those cases sought out treatment because of a problem with opioids. This is consistent with the few cases of abuse or dependence that show up in CIAT reports.

The country's mortality rates show that there were no deaths in 2018 directly attributed to opioid use. The impact on morbidity, meanwhile, can be seen in the data on hospital discharges, which show that in 2017 there were 18 cases of opioid-related discharges out of a total of 370,418 from this period.

CONCLUSIONS AND RECOMMENDATIONS FROM THE URUGUAY STUDY

The findings from this research confirm that the use of controlled prescription opioids is not currently a large public health problem in Uruguay. This assertion can be drawn from the data on both demand and supply of these substances, which show very low levels of misuse. Relevant contributing factors are that: 1) opioids are not extensively prescribed in the country 2) that the public at large perceives high risk associated with the misuse of opioid medications; 3) there are strong regulations and controls in the legal market; and 4) the illegal market of

15 Tratamiento.Registra (Treatment Registration) is a system of continuous registration of people in treatment for problematic drug use, in specialized care centers in Uruguay.

opioid substance use is very small. Taken together, these factors appear to lower the likelihood of non-medical use of opioids. However, it is advisable to carry out a study to determine the origin of the opioids that have managed to access the illicit drug market in Uruguay.

The aforementioned conclusion should serve as an encouraging sign for the country, considering the high cost in terms of human lives produced by opioid use in different parts of the world. It also stands as a challenge for Uruguay to try to maintain the current situation and seek to avoid the negative consequences of opioid use on public health.

Recognizing the seriousness of the opioid situation in other countries, the research team concluded that Uruguay should try to stay ahead of the opioid problem by understanding its origins, and trying to identify the paths other countries and regions have taken, to learn from their successes and mistakes. The Uruguayan report stressed the importance of devising strategies to identify, quickly and early on, opioid-related developments that could be serious but remain undetected by traditional means of epidemiological surveillance because they start out at such a low level. Early warning systems are the main tool available for this and have proved to be effective in meeting these challenges. Evidence of that is the work Uruguay has been doing through its “SATdrogas” early warning system, which it established in 2014 and has been developing and improving continuously ever since.

SATdrogas, coordinated by the Uruguayan Observatory on Drugs, has been able to identify substances and developments that could pose a great risk to public health—including, among other things, the presence of

fentanyl stamps and heroin samples in the local market. By collaborating with other institutions, SATdrogas made it possible not only to detect these incidents, but also to analyze their associated risks and implications. In one case, a public alert was issued to warn the entire health system, as well as potential users, about the circulation of this drug and the likely risk of intoxication.

Importantly, this measure triggered various responses in the country’s health care system. One such action was to stock mobile emergency units with the opioid antagonist Naloxone, in order to be able to reverse possible cases of opioid intoxication.

In conclusion, health consequences from the misuse of opioids are not currently significant for Uruguay from a quantitative perspective, and intoxications from self-medicating or substance abuse are not observed in the country as much as is reported on the international scale. It can therefore be confirmed that Uruguay does not have an important opioid problem.

Despite the above, one aspect that should be considered of vital importance is that several of the cases of detected opioid use involve people working in treatment or healthcare. Logically, this is associated with easy access (which in some cases could take the form of diversion of these medications from formal distribution channels, something shown to be a low risk but not zero risk); however, easy access is not the only contributing factor to this phenomenon, and further studies should be able to explain other causes.

03

GENERAL CONCLUSIONS

OPIOID USE

This study shows that the use of NPS, heroin, fentanyl, and other opioids in Argentina, Peru, the Dominican Republic, and Uruguay is low in comparison to both the use of other, more commonly used psychoactive substances in these countries, as well as the use of emerging drugs in other regions of the world. This low use is confirmed by a lower demand for treatment for these types of drugs and by their scarce presence in the illicit drug market or in data on drug seizures. However, the use of opioids without a prescription is found in particular populations, and heroin use does occur in some of these countries, even if it does not happen in all of them.

Although these studies show that opioids use is low and the market is still incipient, countries can make efforts to stay ahead of the situation. This requires understanding the origins of opioids on the market and identifying the paths taken by other countries and regions who have experienced this problem in order to learn from their best practices and avoid their mistakes.

The evidence regarding the difference between men and women in opioid use is not clear, mainly because women are underrepresented in the studies. Most of the countries confirmed that opioid use is higher among men than among women in raw numbers. Probabilistic studies will be required in the future to elucidate this question.

In terms of opioid dependence, however, the study found that a greater percentage of women develop dependence after being treated with opioid medications. Women are less likely to seek treatment, and many indicated that one of the main reasons is that the treatment facilities

do not provide services that they need, such as childcare. Women have an added risk factor for the onset of opioid use, which is having a partner with opioid use disorders.

Many of the opioid and heroin users reported having begun use in other countries where these substances are more common, such as Europe or the United States. In the Dominican Republic most heroin users had a long history of drug use, used multiple drugs before trying heroin, and heroin was often the fourth or fifth drug they have used. That being said, heroin still tended to have the greatest impact on the health of these users than other drugs.

Another phenomenon worth mentioning in the Dominican Republic is the black market for Suboxone, which has been created involuntarily by the distribution of this opioid agonist by patients undergoing substitution treatment for heroin. Efforts to reduce this black market have been ineffective, and the Dominican Republic should therefore examine the causes of its existence. The Dominican Republic should serve as a warning to other countries experiencing signs of dependence of heroin or opioid use in specific populations, as well as the importance in evaluating the impact of interventions.

Argentina and Uruguay, while both maintaining a low prevalence of heroin use in general, have identified notable misuse of opioid medications by professionals and personnel working in healthcare. These included, opioid pills, fentanyl patches, and was also on of the few groups where injection was identified. The misuse of opioids among healthcare workers seems to be linked to the easy access of such medications.

Among opioid users who were not in the healthcare field, tramadol and morphine were the substances most used without a medical supervision. Some studies also showed that Suboxone and probably other medications used in substitution therapy for heroin use disorder have been diverted to the illicit drug trade.

A worrying aspect of the phenomenon to highlight is the abuse of opioids in suicide attempts, raising concerns about the way in which these drugs were obtained for this purpose. In addition, several countries cited a disproportionate impact on health associated with heroin and opioid use as compared to other drugs.

TREATMENT

The treatment approach used by Argentina, the Dominican Republic and Uruguay for opioid use disorder is no different than that used for disorders related to the use of other psychoactive substances. It is troubling that substitution treatment using methadone, buprenorphine, or Suboxone (buprenorphine and naloxone) is not the most common type of treatment offered and is often limited only to patients who work in healthcare. The patients interviewed mainly favored the type of treatment offered in residential programs and with medication assisted by an opioid agonist.

The studies in three countries indicated that some of the technical personnel and professionals who work in treatment programs seem to doubt the interventions that have already been established internationally as best practices for opioid use disorders. Thus, there is a clear need for training of healthcare workers in how to respond to the specific needs of opioid patients, especially regarding substitution treatment therapies using methadone or other medications. Countries should also consider developing mobile emergency units, and having naloxone on hand in emergency services, treatment centers, and other institutions that work on the front line with high-risk individuals, in order to reverse possible opioid overdoses.

TRAINING, MONITORING, AND RESEARCH

In all of the countries, there is a need to provide updated and timely information on the risks associated with opioid use to the general public, including young people, parents, healthcare professionals, and authorities or leaders. Diagnostic assessments would help in planning specific inter-institutional intervention strategies and would produce more evidence at the local, national, and regional level. The importance of scientific studies is shown clearly with the results from the Dominican Republic. By replicating their 2012 study on heroin, the Dominican Republic was able to draw conclusions about the changes in the profile of heroin users, its treatment practices, and the growing heroin market at the local level.

The loss of any human life, or grievous harm to a person, should be important to decision-makers, even when only one or a few cases are involved. This fact, along with the serious consequences that opioid use has generated in other countries, should alert the authorities and technical experts who work in this field to not downplay the need for rigorous surveillance of the phenomenon in the short, medium, and long term.

Early warning systems serve as the primary tool to address emerging phenomena such as opioids and other new drugs in Latin America, as they have shown their strength in generating information quickly to respond these challenges. Early warning systems have been able to identify new psychoactive substances, including several types of opioids, that until recently were completely unknown in Latin America and which pose serious risks to safety and public health.