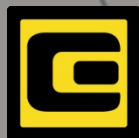




# NPS and Harm Reduction:

*From present practice to efforts in innovation\**

Claudio Vidal  
Florenca, 2017.



**ENERGY  
CONTROL**

[www.energycontrol.org](http://www.energycontrol.org)  
[info@energycontrol.org](mailto:info@energycontrol.org)



@EC\_es / @claudiovidalg



**to reduce the risks and harms  
related to recreational drug use**

# Harm Reduction

individuals/groups

settings

markets

- ✓ Information provision
- ✓ Outreach work
- ✓ Counselling
- ✓ Peer education
- ✓ Drug Checking
- ✓ Safer settings
- ✓ Political Activism

Research

Best practices  
exchange



Forbidden to  
inform in an  
**objective** and  
**useful** way to  
drug users



Misinformation as a risk





Lack of credibility of the “official discourse” about drugs



Mercado ilegal que genera daños



Difícil implicación del sector ocio en la RD



1. **To inform** about the composition of their drugs and harm reduction practices.
2. **To monitor** illegal markets, **detecting** new trends (drugs, adulterants, practices) and **making** this information available to all stakeholders involved.







- Drug Checking: Consultation and counselling guidelines.
- Drug Checking Service: Good Practice Standards.
- Guidelines for Drug Checking Methodology.
- Reports.



[http://newip.safernightlife.org/pdfs/digital\\_library/](http://newip.safernightlife.org/pdfs/digital_library/)

Giné, C. V., Vilamala, M. V., Measham, F., Brunt, T. M., Bücheli, A., Paulos, C., ... & Jones, G. (2017). The utility of drug checking services as monitoring tools and more: A response to Pirona et al. [\*International Journal of Drug Policy\*](#), 45, 46-47.

## Drug testing in Europe: monitoring results of the Trans European Drug Information (TEDI) project

Tibor M. Brunt,<sup>a\*</sup> Constanze Nagy,<sup>b</sup> Alexander Bücheli,<sup>c</sup> Daniel Martins,<sup>d</sup> Miren Ugarte,<sup>e</sup> Cécile Beduwe<sup>f</sup> and Mireia Ventura Vilamala<sup>g</sup>

Drug testing is a harm reduction strategy that has been adopted by certain countries in Europe. Drug users are able to hand in their drugs voluntarily for chemical analysis of composition and dose. Drug users will be alerted about dangerous test results by the drug testing systems directly and through warning campaigns. An international collaborative effort was launched to combine data of drug testing systems, called the Trans European Drug Information (TEDI) project. Drug testing systems of Spain, Switzerland, Belgium, Austria, Portugal, and the Netherlands participated in this project. This study presents results of some of the main illicit drugs encountered: cocaine, ecstasy and amphetamine and also comments on new psychoactive substances (NPS) detected between 2008 and 2013. A total of 45 859 different drug samples were analyzed by TEDI. The drug markets of the distinct European areas showed similarities, but also some interesting differences. For instance, purity of cocaine and amphetamine powders was generally low in Austria, whilst high in Spain and the Netherlands. And the market for ecstasy showed a contrast: whereas in the Netherlands and Switzerland there was predominantly a market for ecstasy tablets, in Portugal and Spain MDMA (3,4-methylenedioxymethamphetamine) crystals were much more prevalent. Also, some NPS appearing in ecstasy seemed more specific for one country than another. In general, prevalence of NPS clearly increased between 2008 and 2013. Drug testing can be used to generate a global picture of drug markets and provides information about the pharmacological contents of drugs for the population at risk. Copyright © 2016 John Wiley & Sons, Ltd.

**Keywords:** new psychoactive substances; drug testing; amphetamine; cocaine; ecstasy; purity; adulterants

Brunt, T. M., Nagy, C., Bücheli, A., Martins, D., Ugarte, M., Beduwe, C., & Ventura Vilamala, M. (2016). Drug testing in Europe: monitoring results of the Trans European Drug Information (TEDI) project. *Drug Testing and Analysis*, 9, 2, 188-198. <http://doi.org/10.1002/dta.1954>



1. They can establish contact with hard-to-reach populations (Hungerbuehler et al., 2011)
2. They identify discrepancies between what drug users think they are using and what they actually consume (Barratt & Ezard, 2015).
3. They can monitor drug markets and can be useful in the monitoring and reporting of NPS (Vidal et al., 2017).
4. They deliver health warnings and advice in a rapid way, sometimes faster and better than those coming from Health Authorities.
5. Their presence can act as a form of quality control regulation (Brunt, 2017).

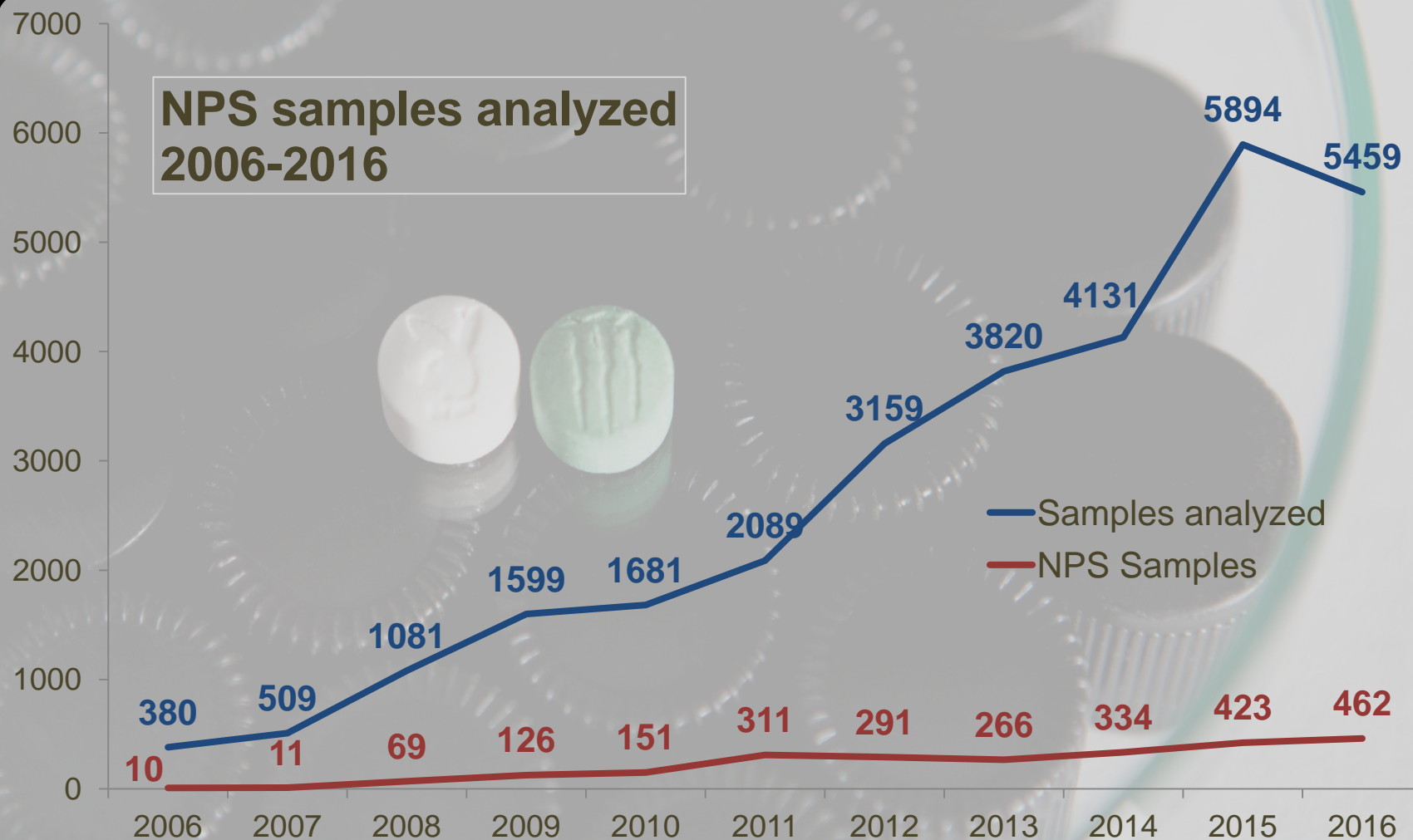




1. Scientific assessment of effectiveness.
2. Need of funding

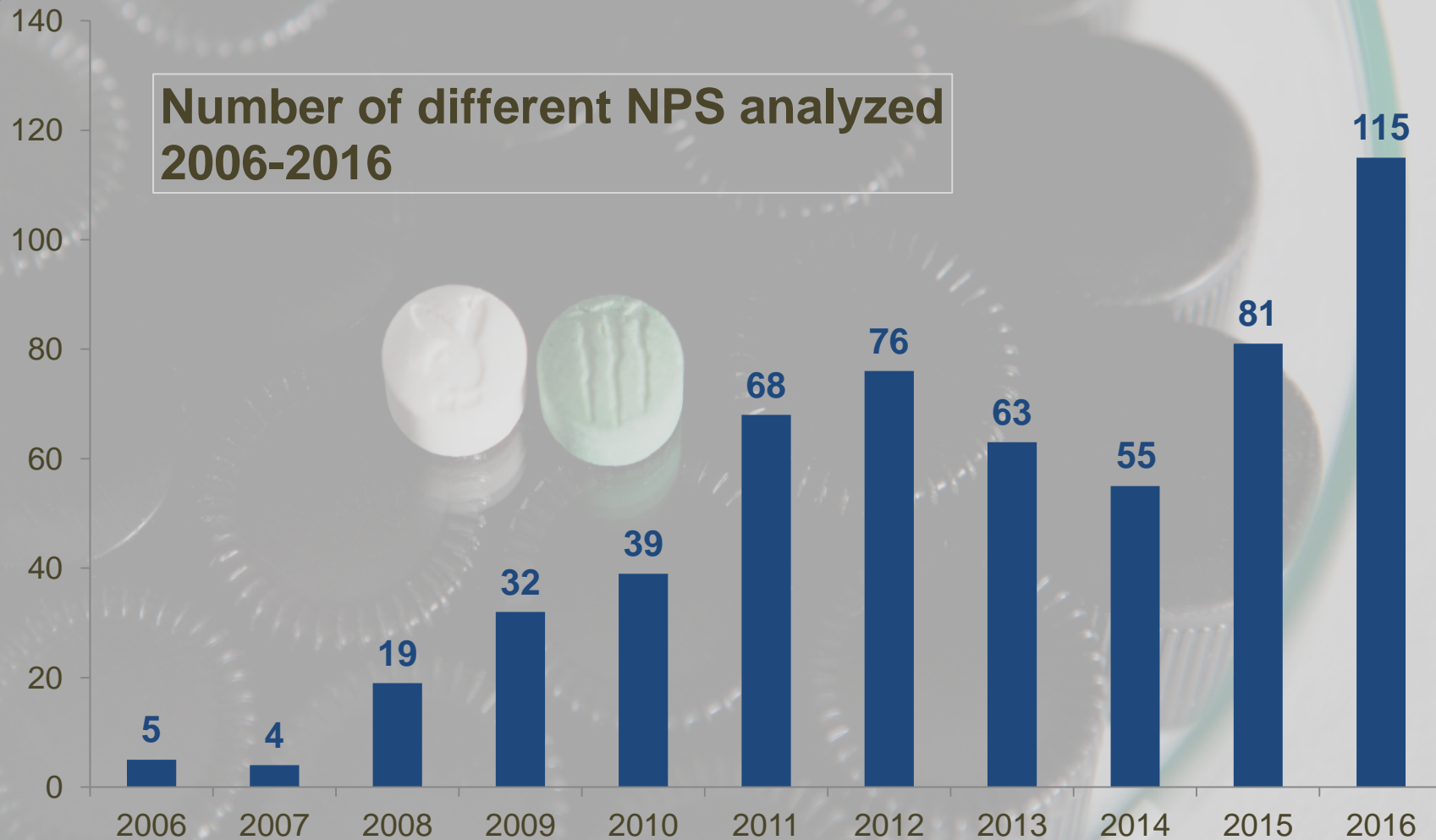


## NPS samples analyzed 2006-2016





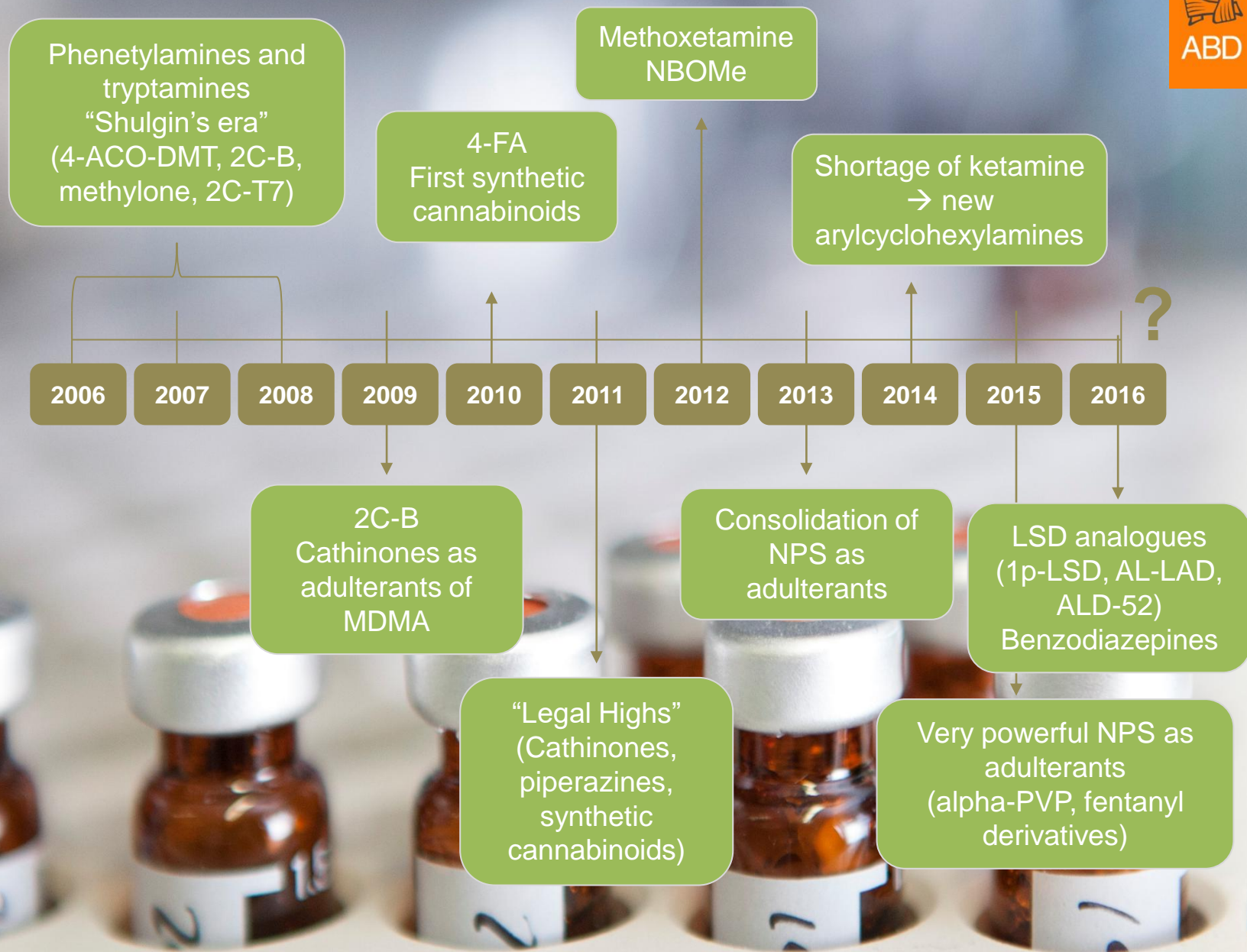
## Number of different NPS analyzed 2006-2016







## Evolution NPS Energy Control's Drug Checking service (2006-2016)



<https://tripsit.me/>

## Drug Knowledge

- [List of Psychoactive Substances](#)
- Main pages for drug classes:
  - [Hallucinogens](#)
    - [Psychedelics](#)
    - [Dissociatives](#)
  - [Stimulants](#)
  - [Depressants](#)
    - [Opioids](#)
    - [Benzodiazepines](#)
  - [Antidepressants](#)
  - [Deliriants](#)
  - [Ethnobotanicals](#)
  - [Research Chemicals](#)
- [Drug combinations](#)

## Common Drugs

- [Psychedelics](#)
  - [2C-X series](#)
  - [αMT](#)
  - [Cannabis](#)
  - [DMT](#)
  - [DOx series](#)
  - [LSA](#)
  - [LSD](#)
  - [Mescaline](#)
  - [Mushrooms](#)
  - [NBOMe series](#)
- [Dissociatives](#)
  - [3-MeO-PCP](#)
  - [DXM](#)

## Important Pages

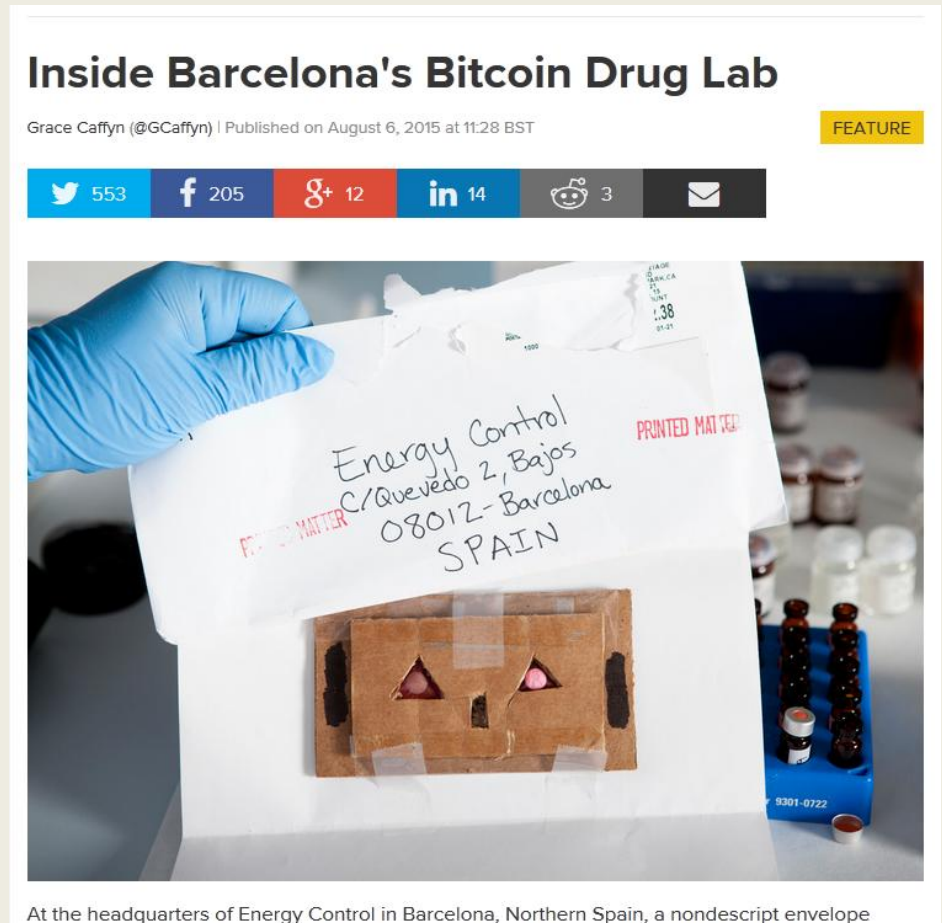
- [TripSit Rules](#)
- [Network Terms of Service](#)
- [List of staff and their roles](#)
- [TripSit's Plans](#)
- [How to help TripSit](#)

## IRC

- [New user guide](#)
- [Tripsit's portable IRC distribution](#)
- [Channels](#)
  - [#tripsit](#)
  - [#home](#)
  - [#drugs](#)
- [How to Connect through Tor](#)

# Why work with Cryptomarkets?

- A tool for advice and harm reduction
- A public health perspective
- An opportunity for research





# Dr. X

The Sydney Morning Herald

## National

Investigations Interactives Health Education Public Service News World War 1 Centenary Clique F

You are here: Home > National >

### Fernando Caudevilla: Spanish doctor advises drug users on the dark web's Silk Road

October 20, 2014

☆ Read later

Eileen Ormsby

Should medical doctors be giving advice on how to take illegal drugs safely? Fernando Caudevilla does. Eileen Ormsby reports on the man known as Doctor X

Author

DoctorX

Sr. Member



Posts: 330

Karma: +116/-0

Physician Drug Expert



Topic: Ask a Drug Expert Physician about Drugs & Health (Read 36439 times)

#### Ask a Drug Expert Physician about Drugs & Health

« on: April 14, 2013, 12:16 am »

Hello,

I am a Spanish Family Physician working in fields like risk reduction associated to drug use, club drugs, new synthetic drugs, cannabis therapeutic and steroids since 1999. I would like to contribute to this forum offering professional advice in topics related to drug use and health: pharmacological interactions, risks of drug use in particular conditions (specific diseases, problems of health...), contraindications, adverse effects and toxicity, risk reduction measures...

This advice cannot replace a complete face-to-face medical evaluation, but I know how difficult can be to talk frankly about these things. You can see my CV in my personal web-page <http://www.doctorcaudevilla.com/>

You can also use PM for personal questions or video-conference in my web.

I will try to answer all your questions (if I know the answers) but I have limited time  
DoctorX

(03/05/13) Please use only PM and PGP for personal questions. Most of the questions can be answered in general forum and can be useful to other people

(05/07/13) Thanks to user cleansober, who is helping me editing my awful English

« Last Edit: July 08, 2013, 11:38 am by DoctorX »

Logged

Dr. Fernando Caudevilla

<http://www.doctorcaudevilla.com>

If you think my work is worthy, please consider a small donation: 18RWvfBM4KeRBdsWr7kpSSCyJGDdYrCSCZ

PGP public key: <https://dkn255hz262ypmii.onion.to/index.php?topic=174.msg1105770#msg1105770>



TABLE 7.1

Summary of activity in an online health service for deep web drug users

Market	Dates	Number of questions (public)	Number of questions (private)	Total visits
Silk Road	Apr. to Oct. 2013	321	67	36 438
Silk Road 2.0	Dec. 2013 to Nov. 2014	352	103	52 725
Evolution	Dec. 2014 to Feb. 2015	258	45	47 244 <sup>(1)</sup>

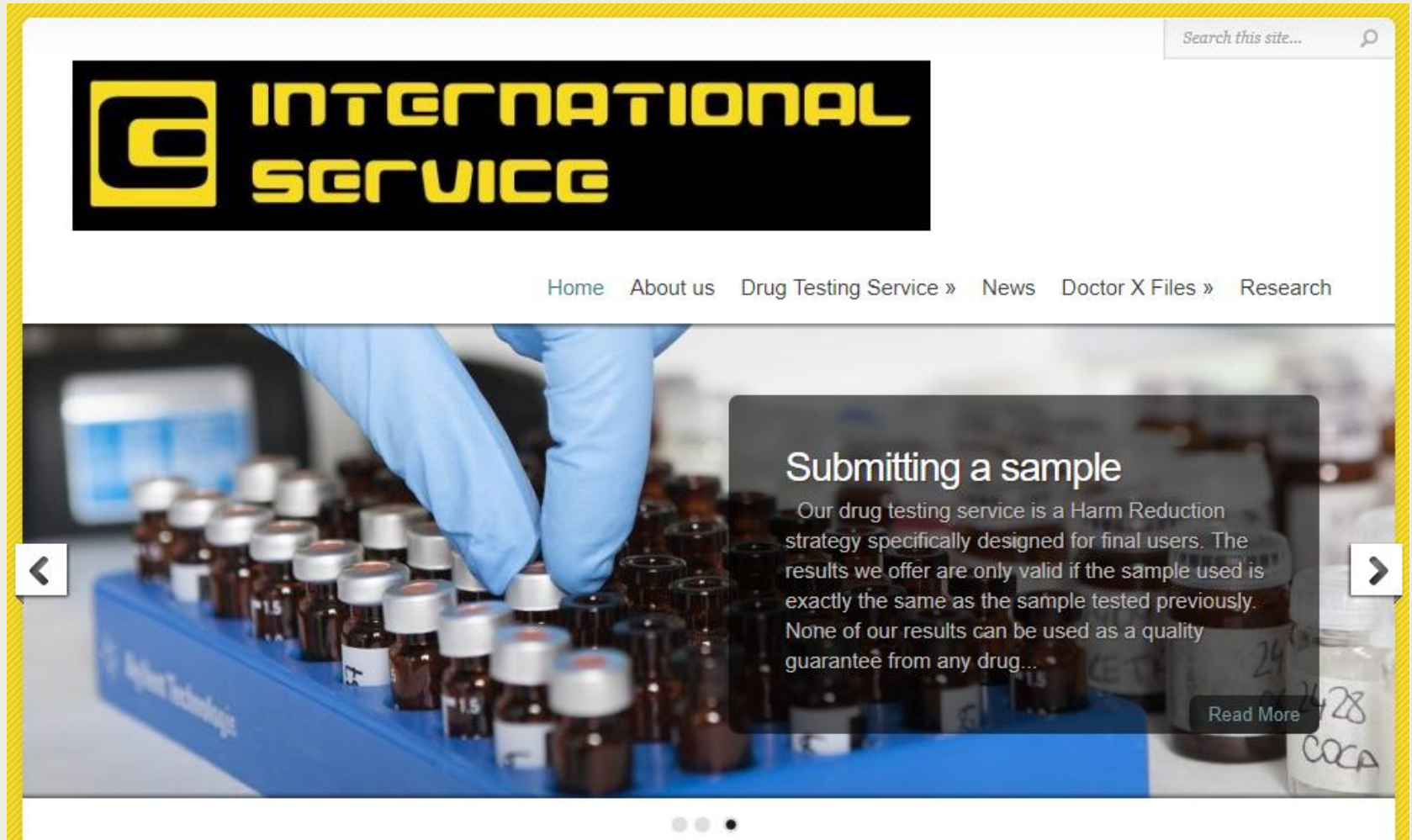
<sup>(1)</sup> Thread active; data up to 2/2/15.

## Themes of frequently asked questions in an online health service for deep web drug users

- Drug effects, patterns of use, dosage
- Adverse effects
- Medical contraindications
- Pharmacological interactions with prescription drugs
- Pharmacological interactions with other illicit drugs
- Patterns for detoxification
- Therapeutic use of cannabis
- Neurotoxicity
- Long-term effects of drugs
- Urine detection of drugs
- Use of drugs during pregnancy and lactation

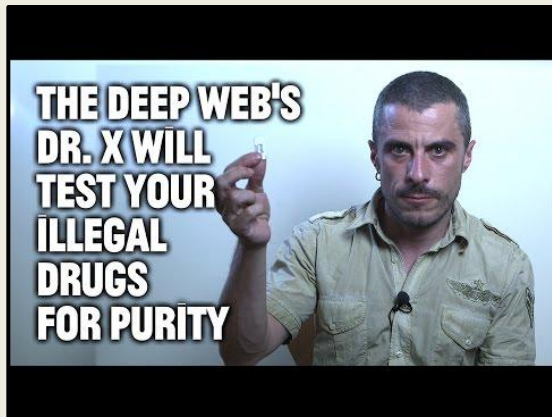
Caudevilla, F. (2016). The emergence of deep web marketplaces: a health perspective. In *The internet and drug markets (EMCDDA Insights 21)*. Publications Office of the European Union, Luxembourg.

# International Drug Checking Service



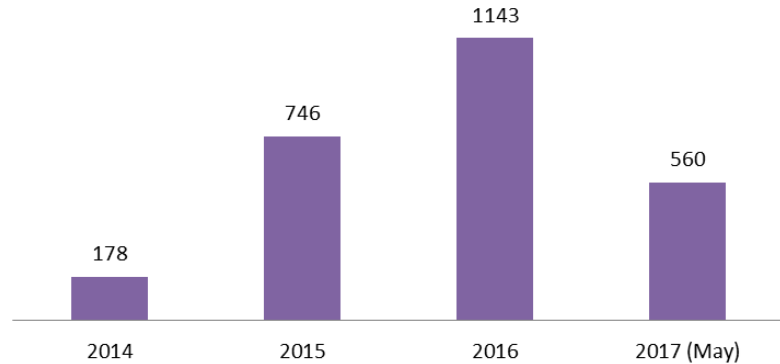


# International Drug Checking Service

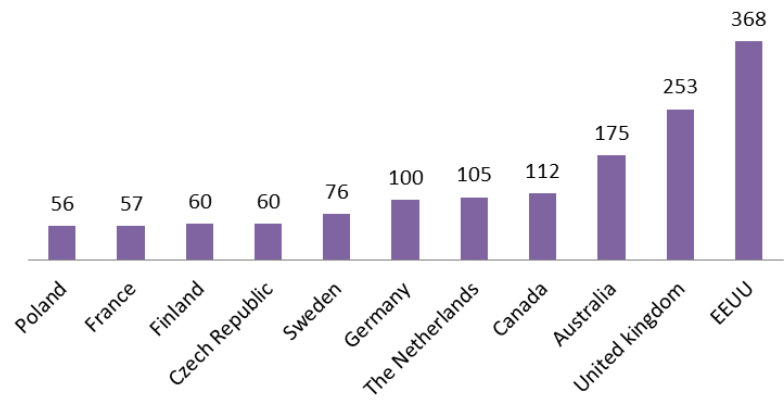


Between March 2014 to May 2017 we analyzed 2,627 samples, purchased from more than 50 countries

Number of analyzed samples (2014-17)

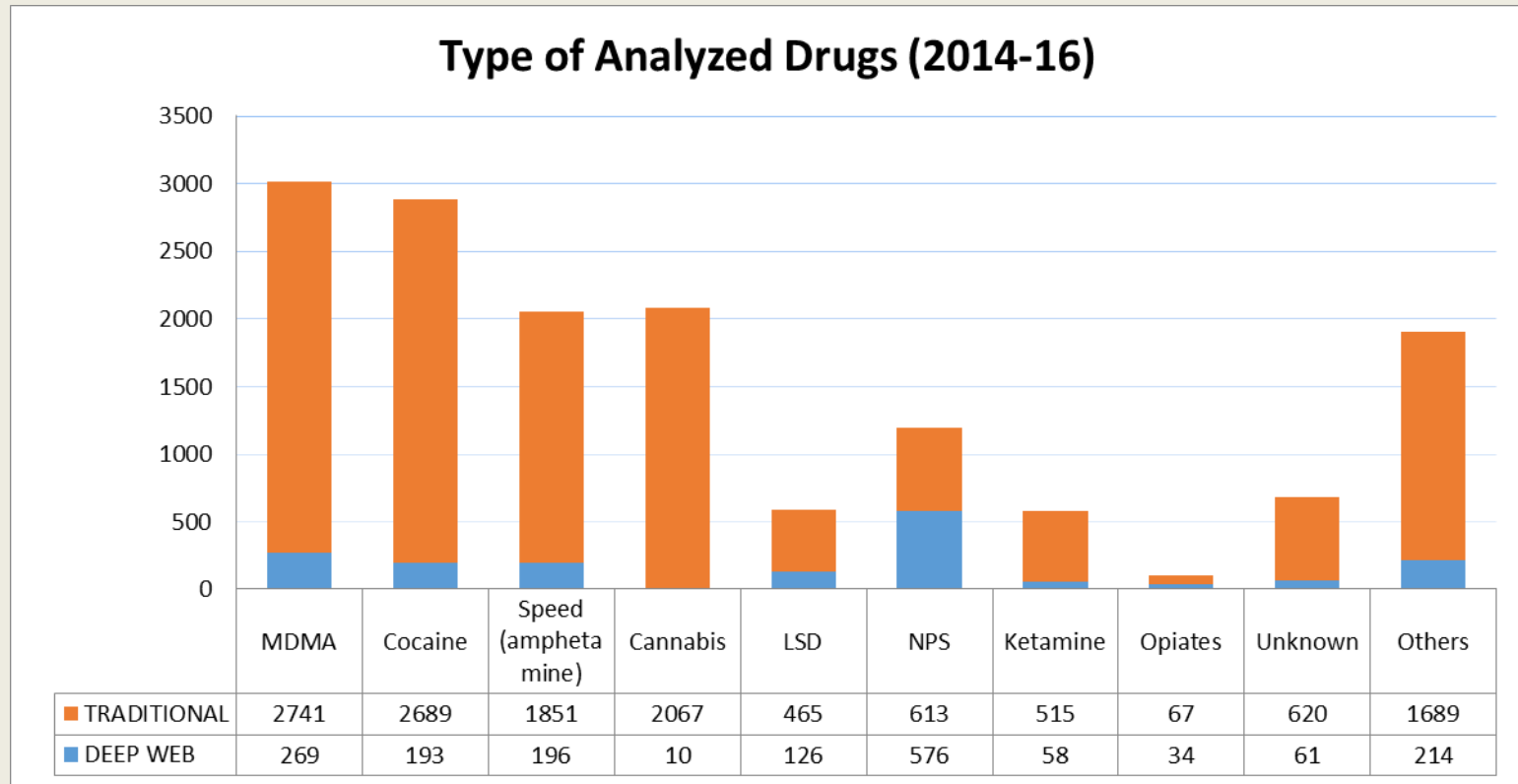


Source of samples



- In general, our results confirm that the supply of NPS in these markets is still low.
- However, DWM seem to be the place where NPS can be sold in countries where they are banned.

# Analyzed substances by type of market







Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

## International Journal of Drug Policy

journal homepage: [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)



### Research paper

## Results of an international drug testing service for cryptomarket users

Fernando Caudevilla<sup>a,b,\*</sup>, Mireia Ventura<sup>b</sup>, Iván Fornís<sup>b</sup>, Monica J. Barratt<sup>c,d,e</sup>,  
 Claudio Vidal<sup>b</sup>, Cristina Gil Iladanosa<sup>b</sup>, Pol Quintana<sup>b</sup>, Ana Muñoz<sup>b</sup>, Nuria Calzada<sup>b</sup>

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<sup>b</sup>Energy Control (ABD). Barcelona (Spain) C/Llibertat, 27, 08012 Barcelona, Spain

<sup>c</sup>Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW Australia, Sydney, NSW 2052, Australia

<sup>d</sup>National Drug Research Institute, Faculty of Health Sciences, Curtin University, GPO Box U1987, Perth, WA 6845, Australia

<sup>e</sup>Centre of Population Health, Burnet Institute, 85 Commercial Road, Melbourne, Victoria 3004, Australia

Caudevilla, F., Ventura, M., Fornís, I., Barratt, M. J., Vidal, C., Quintana, P., ... & Calzada, N. (2016). Results of an international drug testing service for cryptomarket users. *International Journal of Drug Policy*, 35, 38-41.

# Different levels of collaboration



## DECLARATION OF RISK AND HARM REDUCTION ORGANIZATIONS FROM DIFFERENT PARTS OF THE WORLD IN RELATION TO THE 5 DEATHS IN ARGENTINA

Regarding the unfortunate events that happened in Argentina a few weeks ago in which five people resulted deceased and four people seriously intoxicated, risk reduction organizations who sign this declaration want to set out some reflections and proposals to consider when opening the debate about the approach of risk and damage reduction and actions that need to be carried out especially in party environments.

- **LCR or RCR** drug consumption is a changing reality and will not cease to exist. That is why a program aimed at minimizing adverse effects on the individual and society should be promoted.
- We understand that an approach of Public Health when it comes to drugs should recognize the risk and harm reduction as a fundamental and integrated strategy in all preventive approaches. This provides a more global perspective of prevention and performs a preferential approximation on groups that are more vulnerable or are living at risk.
- Risk reduction, although perfectly articulated with harm reduction, differs from the latter because it focuses on influencing those conditions that happen before and during recreational drug use in party and leisure environments, for people who have no major problems caused by this consumption. We act on that 90% of consumers who do not have serious problems caused by drug use but require information about their physical and mental health care and do not want to abandon drug consumption.
- We recognize that the drug-consuming population is concerned and interested in protecting their health. That is why this population appreciates and it is their right to be provided with information and guidelines for lower-risk consumption (how to manage the consumption, what dosage guidelines to follow or what routes of administration are less risky when using drugs). It is a very important information to reduce the risk and is usually not available or not reachable to the person who wants to use drugs.
- Risk reduction is not only limited to providing objective and useful information about actions on drug consumption for the protection of consumer health, performing substance analysis, providing early warnings, counseling on recovery areas, etc. It also involves the regulation of events, health care services at parties, capacity control, access to hydration and nutrition, updating knowledge about the health sector, regulatory updates, involvement of events entrepreneurs, among others.
- Since drugs are in the hands of an illegal market that wants to benefit through consumer fraud, we understand that testing services are possible and necessary in the context of the drug policy framework with an approach of Public Health so that the consumer can count on guidance about the composition of drugs that he is going to take and that this information will be useful to take the necessary precautions. The implementation of these services requires the coordination of the determination of Administrations, NGOs and the leisure sector.
- We also consider that services for substance testing represent additional advantages such as the possibility of monitoring the illegal market on a user-

Drug users

Other organisations

National Focal Point (SEAT)

Physicians

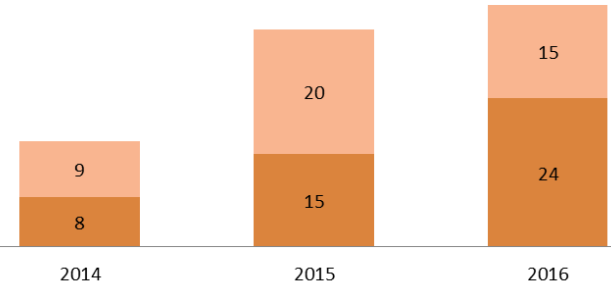
Mass Media

Suppliers

Universities

## NPS detected for first time in Spain

Energy Control Other institutions



How has a million people not found any news? This age of fake news is for sure. If you see it, know it. Please, double-check.

### Information on Reported Deaths Related to 2C-B-Fly

Misidentified Substance is Most Likely Strong-Depository

BY THE EDITOR CHIEF  
11.11.2019

#### 2C-B-Fly Warning

Misidentified 2C-B-Fly has contributed to at least two deaths and several hospitalizations in early October 2019. Because of the immediate nature of this issue, please be sure to pass this information to anyone who may come into contact with 2C-B-Fly.

One confirmed death occurred in Denmark, another in San Jose, California. Both followed the use of material sold as 2C-B-Fly, acquired from the research chemical supplier NAC, but manufactured in China. Both deaths and some hospitalizations were reportedly caused by a batch identified as "1" on the label.

Another 11 deaths related to material purchased from a different vendor has been reported but not yet confirmed. It is possible that material of misidentified 2C-B-Fly are existing from the same manufacturer.

Based on details about the confirmed deaths and hospitalizations, especially dosage and duration, it was speculated that this material may be **2C-B-Fly**, which is much less than most present and has a longer duration. **Laboratory analysis conducted by Energy Control in Spain found strong-depository with unexpected synthetic impurities (see below).** (See Center-Control-sponsored analysis) conducted in the 11.11.2019 and the material was strong-depository.

#### Death in California

On October 1, 2019, Brian Sullivan died in California after reporting it was purchased 2C-B-Fly. His brother, John, and John's girlfriend Lindsey were also present and also reported the same material. John 10 mg and Lindsey 4 mg. Brian was 10 years old and weighed 175 lbs. He was not on any medication that his family was aware of, although he did have preexisting health problems. As far as his brother.

"The next multiple major health problems, including a serious stomach ailment, heart monitor, chronic vomiting and ready food health problems probably stress-related, many others, a continuous loose stool that can affect other organs. He also had reported before the incident for this, and possible causes were not possible before. Brian had a sudden death with 2C-B-Fly, and he also may have had additional damage for those and/or other organs. Please using what now appears to have been large amounts of recreational drugs and from other sources and was present in Brian."

Post-mortem analysis of Brian's body after reported. At home and a half-hour after reported he began having what appeared to be seizures but could have been status, or a head attack, or a combination of both. 111 was called and CPR was performed. He died approximately four hours after reported.



## Inside Barcelona's Bitcoin Drug Lab


Grace Caffyn (@GCaffyn) Published on August 6, 2019 at 11:28 BST



At the headquarters of Energy Control in Barcelona, Northern Spain, a nondescript envelope



## Identification and characterization of a putative new psychoactive substance, 2-(2-(4-chlorophenyl)acetamido)-3-methylbutanamide, in Spain

D. Fabregat-Safont,<sup>a</sup> I. Fornís,<sup>b</sup> M. Ventura,<sup>b</sup> C. Gil,<sup>b</sup> N. Calzada,<sup>b</sup> J.V. Sancho,<sup>a</sup> F. Hernández<sup>a</sup> and M. Ibáñez<sup>a\*</sup> 



www.nature.com/scientificreports

# SCIENTIFIC REPORTS

OPEN

Updating the list of known opioids through identification and characterization of the new opioid derivative 3,4-dichloro-N-(2-(diethylamino)cyclohexyl)-N-methylbenzamide (U-49900)

Received: 16 March 2017

Accepted: 16 June 2017

Published online: 24 July 2017

D. Fabregat-Safont<sup>1</sup>, X. Carbón<sup>2</sup>, M. Ventura<sup>2</sup>, I. Fornís<sup>2</sup>, E. Guillamón<sup>3</sup>, J.V. Sancho<sup>1</sup>, F. Hernández<sup>1</sup> & M. Ibáñez<sup>1</sup>



## 2011: PMMA



## 2015: MDMB-CHMICA



<https://energycontrol.org/analisis-de-sustancias/resultados/alertas/449-alerta-pmma-qdoves-redq.html>

<https://energycontrol.org/analisis-de-sustancias/resultados/alertas/569-alerta-importante-detectado-en-espana-el-cannabinoide-sintetico-mdmb-chmica-responsable-de-varias-intoxicaciones-y-fallecimientos-en-europa.html>

# Challenges

1. Dynamism of the NPS market
2. The unintentional NPS use
3. Sensationalism and stigmatization





## Perspective

Received: 2 September 2013

Revised: 23 December 2013

Accepted: 23 December 2013

Published online in Wiley Online Library

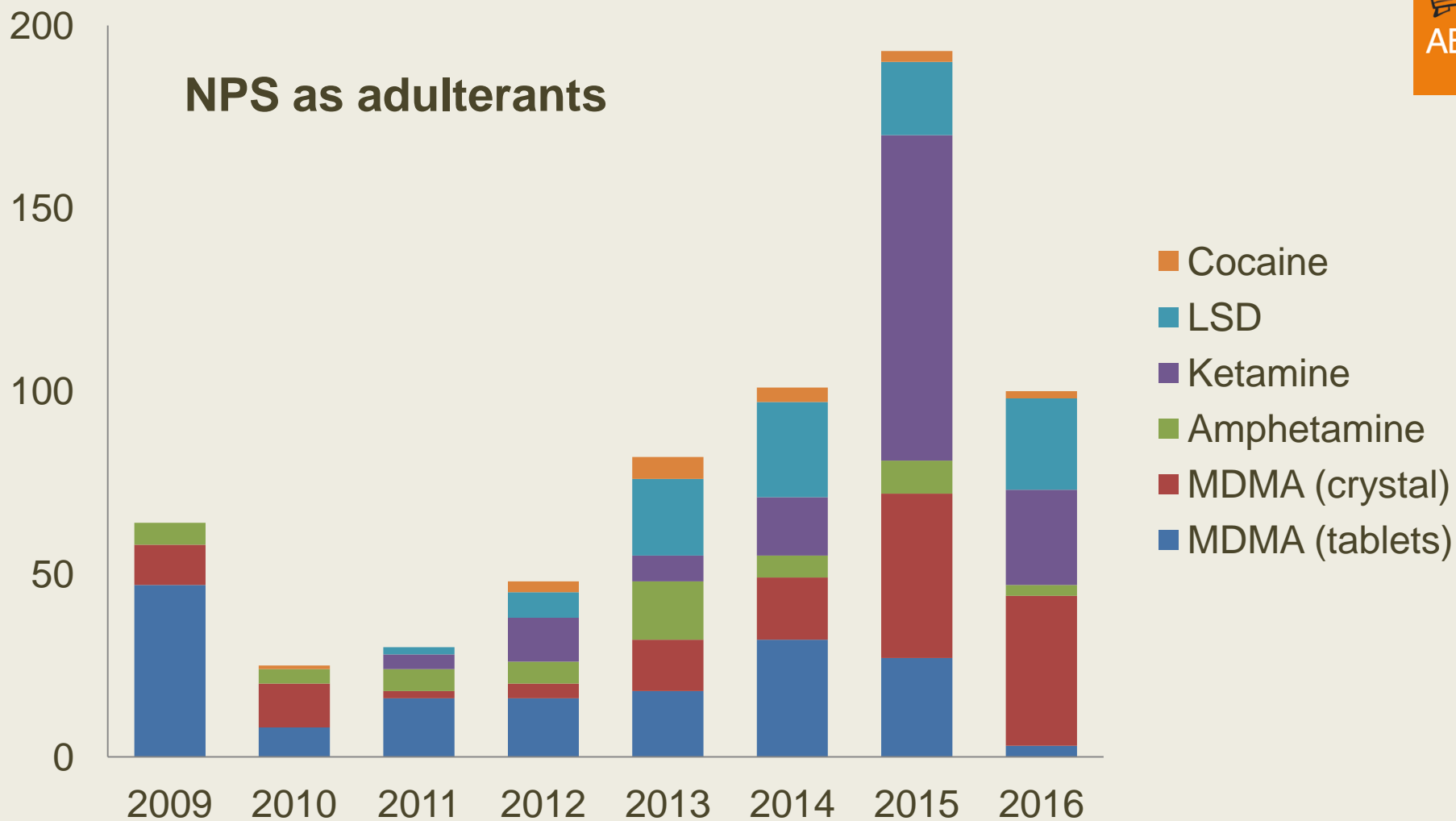
(www.drugtestinganalysis.com) DOI 10.1002/dta.1610

# New psychoactive substances as adulterants of controlled drugs. A worrying phenomenon?

Claudio Vidal Giné,\* Iván Fornís Espinosa and Mireia Ventura Vilamala

The use of new psychoactive substances (NPS) as adulterants has received little attention in the literature. In this paper, results from Energy Control's drug checking service documenting the use of NPS as adulterants of controlled drugs are presented, and some reflections about possible explanations for this new phenomenon, potential risks for users, and challenges that it poses are discussed. From 2009 to 2012, 24 NPS belonging to several chemical classes such as phenethylamines, substituted cathinones, tryptamines, and methoxetamine were identified in 173 samples believed to be MDMA, amphetamine, ketamine, cocaine, mescaline, or methamphetamine. The NPS adulterant most frequently observed was 2-(4-bromo-2,5-dimethoxyphenyl)ethanamine (2C-B) followed by 1-(4-fluorophenyl)propan-2-amine (4-FA). Sixty-nine different combinations of substances were detected: 20 involving a controlled drug combined with an NPS, and 49 involving one or more NPS that substituted the controlled

Vidal, C.; Fornís, I., & Ventura, M. (2014). New psychoactive substances as adulterants of controlled drugs. A worrying phenomenon? *Drug Testing and Analysis*, 6, 7-8, 819-824.



Source:

1. Vidal, C.; Fornís, I., y Ventura, M. (2014). New psychoactive substances as adulterants of controlled drugs. A worrying phenomenon? *Drug Testing and Analysis*, 6, 7-8, 819-824.
2. EC Drug Checking Service Reports(2013-2016)



# Challenges

1. How to respond to a very dynamic market
2. How to prevent unintentional use
3. How to avoid sensationalism and stigmatization



Programas

La Sexta Noche

Reportajes

LA SEXTA NOCHE | NUEVA SUSTANCIA ALUCINÓGENA

## Llegan a España las 'Sales de baño', una droga que fomenta el canibalismo

En octubre de 2012, el fiscal jefe de Asturias, Gerardo Herrero, da la voz de alarma. Existe una nueva droga alucinógena conocida como 'Sales de baño' que causa furor en Estados Unidos y que ya ha llegado a España

SUCESO | Denominada 'sales de baño'

## El 'caníbal' de Miami actuó bajo los efectos de una nueva droga

Imagen del 'caníbal' y de su víctima



¡SOLO EN MALLORCA!

# 5 CASOS DE CANÍBALES EN 24 HORAS

“Ya hay gente que no va a la playa por miedo”

La policía creía haber decomisado la partida de droga, pero los casos empiezan a asustar

En EEUU ha estado de moda todo el invierno

¿Qué es la droga caníbal? Sus efectos en directo en la playa

Así era Ronald antes del ataque

La Prensa

TEMAS DESTACADOS

Elecciones en EUA

Historia Clinton

Problemas Colombia

Huracán Matthew

## Flakka, la droga que te puede convertir en un zombie

18 Aug 2016 / 09:30 AM / Un joven drogado asesinó a una pareja y quiso comer la cara de una de sus víctimas por los devastadores efectos de la flakka.

Las autoridades de la Florida advierten sobre los peligros de la droga que puede convertir a las personas en 'zombis'.

Florida, Estados Unidos.

El joven de 19 años que mató a cuchilladas a un matrimonio en Florida

Javier Benito, presentador del primer trailer de 'Plotsa del Caribe'

100 Minutos videos

- ✓ Lack of information about risks.
- ✓ Speed with which the phenomenon progresses.
- ✓ Difficulty in identification of substances.
- ✓ Disinformation from the media.
- ✓ Internet and the new deep web marketplaces.
- ✓ Cuts in public funding of harm reduction projects



**Big challenge:** new scenarios for harm reduction





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**Thanks for your attention**