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**INNOVATIVE RESPONSES TO EMERGING TRENDS IN THE REGION**



# **INNOVATIVE RESPONSES TO EMERGING TRENDS IN THE REGION**



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**Buenos Aires, May 9, 2019**

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# **I. NATIONAL ROUNDTABLE ON NEW PSYCHOACTIVE SUBSTANCES**

# Background

- Created by SENDA in 2014, and coordination then transferred to the Under-Secretariat of the Interior.
- All the agencies with responsibility for issues related to drug control and demand (police, public prosecutors, government health and interior agencies) are members of the Roundtable.
- Gathers information to justify regulating NPS.
- Prepares one report per year. In 2019, we are working on Report #4.
- More than 100 NPS have been incorporated into the regulations since 2015.

## Criteria for studying NPS

- Criterion No. 1: Substances seized in national territory but not yet examined by the NPS Roundtable
- Criterion No. 2: Substances that match the profile of drug use in Chile.
- Criterion No. 3: Consistency with international treaties.

# NPS studied by Roundtable in 2017

## GROUP 1

Substance	Classification	Principal action(s) by classification
6-APB	Fentanylamines	Stimulants, Hallucinogens
6-EAPB		
6-MAPB		
Descloroketamin a	Phencyclidine	Depersonalization, Hallucinogen
AL-LAD	Other	Various (hallucinogens)
ETH-LAD		
2-MeO- difenidina		
Butirfentanilo		
U-47700		
5-MEO-DIPT	Tryptamines	hallucinogens

## GROUP 2

Substance	Classification	Principal action(s) by classification
AMB-FUBINACA	Synthetic cannabinoids	Euphoria, sensory changes
JWH-073		
AB-FUBINACA		
MMB-PINACA		
SF-MDMB- PINACA		
Efilona	Synthetic cathinones	Stimulants
N-Etilhexedrona		
4- Bromometcatinon a		
Mexedrona		
4-metiletcatinona		

## Content of the Report

- Each of the substances was described as follows:
  - i) Background (includes information on emergence of the substance, international picture, situation in Chile),
  - ii) Chemical classification, synthesis and/or how obtained
  - iii) Pharmacological and other effects
  - iv) Regulatory status
  - v) Final considerations (citizen security, public health; recommendation).



# Roundtable reports

Roundtable report from 2015 can be found at the following link: [http://www.senda.gob.cl/wp-content/uploads/media/estudios/otrosEstudios/2015\\_Primer\\_Informe\\_Mesa\\_Nuevas\\_sustancias\\_psicoactivas.pdf](http://www.senda.gob.cl/wp-content/uploads/media/estudios/otrosEstudios/2015_Primer_Informe_Mesa_Nuevas_sustancias_psicoactivas.pdf)

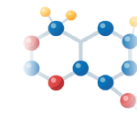
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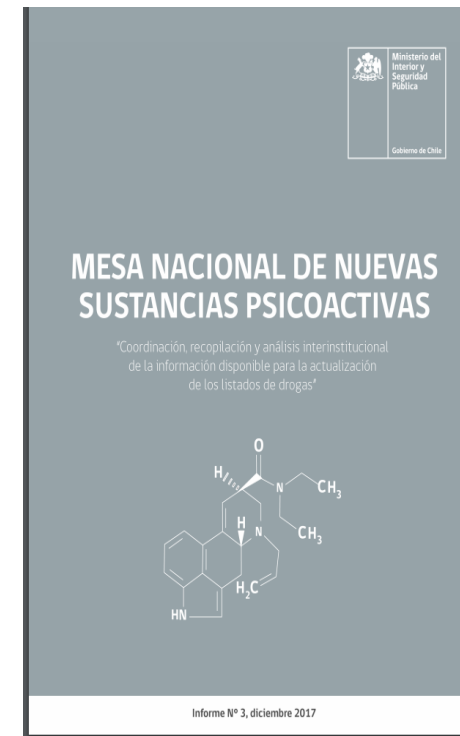
[http://www.senda.gob.cl/wp-content/uploads/media/estudios/otrosEstudios/2017\\_Informe\\_Mesa\\_Nuevas\\_Sustancias\\_Psicoactivas.pdf](http://www.senda.gob.cl/wp-content/uploads/media/estudios/otrosEstudios/2017_Informe_Mesa_Nuevas_Sustancias_Psicoactivas.pdf)

The Roundtable reports also form part of the Drug Early Warning System for the Americas (SATA) of the Inter-American Observatory on Drugs (OID)

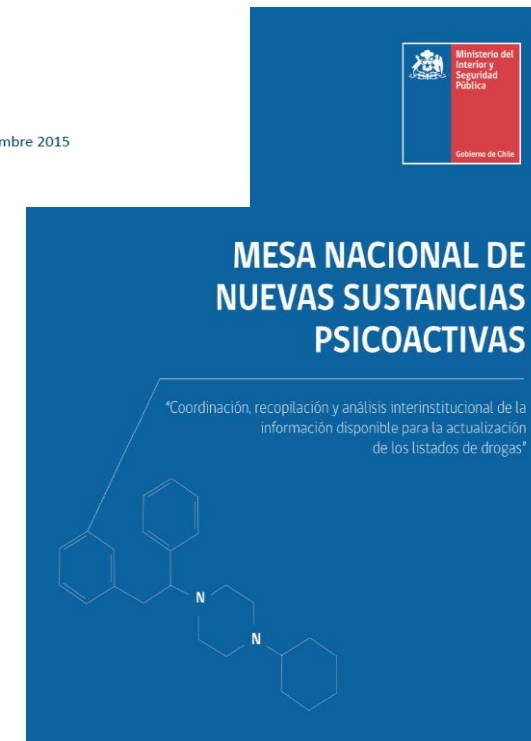


MESA NACIONAL DE  
NUEVAS SUSTANCIAS  
PSICOACTIVAS

“Coordinación, recopilación y análisis interinstitucional de la información disponible para la actualización de los listados de drogas”



tiembre 2015



Informe N°2, diciembre 2016

## How do the members of the Roundtable learn of the emergence of an NPS?

- Police seize the substance and, in coordination with the National Prosecutor, send it to the Institute for Public Health (ISP, laboratory) for confirmation
- ISP, in coordination with the National Prosecutor, is responsible for confirming the appearance of the substance.
- Under-Secretariat of the Interior, in coordination with the National Prosecutor, informs the members of the Roundtable of the emergence of the substance.

Correo Contactos Agenda Tareas Maletín Preferencias Buscar X RE: MNNSP 2018 X

Cerrar Responder Responder a todos Reenviar Eliminar Spam Acciones

**RE: MNNSP 2018 - Información** 26 de Abril de 2019 12:25

De: "Luis Medel Espinoza" <lmedel@interior.gob.cl>

Para: "Luis Medel Espinoza" <lmedel@interior.gob.cl> "Luis Toledo Rios" <ltoledo@minpublico.cl> "Lorena Rebollo Latorre" <lrebollo@minpublico.cl> "Patricio Navarro" <pnavarro@investigaciones.cl> nparadav@investigaciones.cl "Sylvia Miranda" <sylvi.miranda@gmail.com> xgodoy@sml.gob.cl "sebastian arrue" <sebastian.arrue@carabineros.cl> "Sonia Rojas" <srojas@ispch.cl> "kalcaman@ispch.cl" <kalcaman@ispch.cl> Mostrar más...

CC: "Javier Rivera Peralta" <jriverap@interior.gob.cl> "Italo Enrique Aravena Villalobos" <iaravena@interior.gob.cl> "Nazareth de los Ángeles Garrao Godoy" <ngarrao@interior.gob.cl> "Alejandra Salinas Silva" <asalinas@interior.gob.cl> "Pía Greene Meersohn" <pgreene@interior.gob.cl>

⚠ Las direcciones de correo electrónico, URLs y otros textos de acciones no se han convertido en hipervínculos debido al tamaño del mensaje. Resaltar objetos.

Estimadas, Estimados:


En el contexto del intercambio de información sobre drogas sintéticas y otras de relevancia para la Mesa Nacional de Nuevas Sustancias Psicoactivas, procedo a compartir con ustedes antecedentes proporcionados por el Instituto de Salud Pública.

Recientemente, y de acuerdo al ORD. N° 601 que informa al Ministerio del Interior y Seguridad Pública, el Laboratorio de Análisis de Ilícitos de dicha institución ha confirmado la aparición de 1 nueva sustancia psicoactiva en nuestro país. Específicamente, se identificó la sustancia:

Sustancia	Característica principal/ Grupo NSP	Presentación	Estatus Normativo
4-Acetoxi-dietil-triptamina (4- <a href="#">Aco-DET</a> )	Alucinógeno/Triptaminas	Polvo de color café (rotulada como 1565 -2019)	No se encuentra incluida en el Decreto Supremo N° 867. Será incorporada en el trabajo, y recomendación, de la MNNSP

Lo anterior, para vuestro conocimiento y consideración.

Saludos Cordiales,



**Ministerio del  
Interior y  
Seguridad  
Pública**

**Luis Medel Espinoza**  
Coordinador, Unidad Sustancias Químicas Controladas  
División de Seguridad Pública, Subsecretaría del Interior

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Teatinos 92, piso 7, Santiago, Chile  
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## **II. DESCRIPTION OF CIRCUITS OF USE OF SYNTHETIC DRUGS IN THE METROPOLITAN REGION OF SANTIAGO, CHILE**

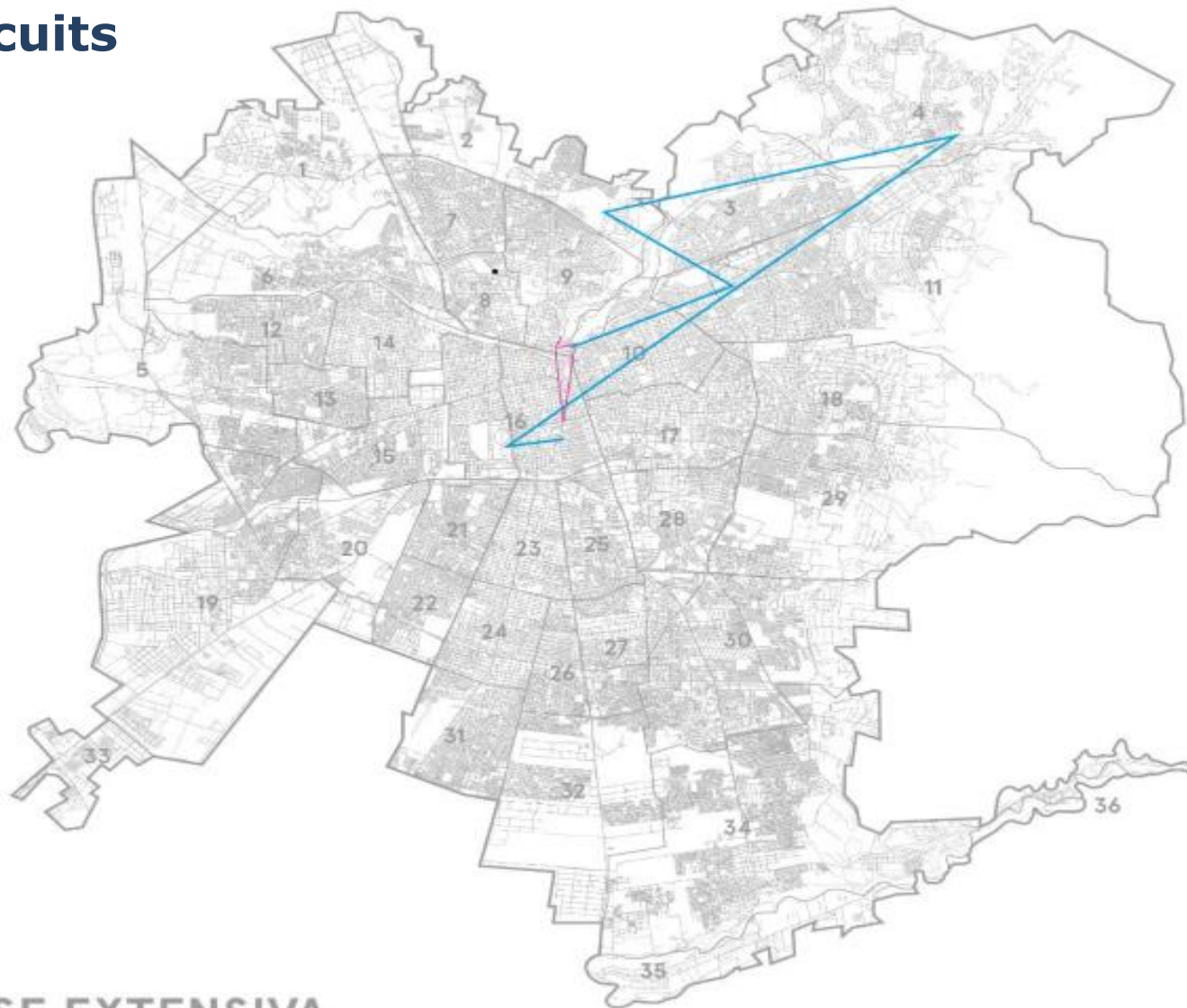
## Methology

We conducted a qualitative study between May and December 2017 for the purpose of describing the use of synthetic drugs in the Metropolitan Region

The information was gathered by means of:

- Observation of three “circuits” where this type of substance was found (i. raves, ii. pubs and clubs, and iii. other “alternative” spaces).
- 40 interviews with people aged 18 to 35 who were users of synthetic drugs and residents of the Metropolitan Region

# Circuits



## FASE EXTENSIVA

### CIRCUITOS

- CIRCUITO 1  
 Club Malena  
 Fiesta Uncensored  
 Industrial  
 La Konsulta  
 XLimon  
 After en Bellavista

- CIRCUITO 2  
 Club La Feria  
 Sala Ómnium  
 Espacio Riesco  
 Terraza del Arrayán  
 Teatro La Cúpula  
 Molinari

- CIRCUITO 3  
 Club K  
 Fiestas, por fuera del  
 circuito comercial  
 instituido.

## Principal findings

1. Normalization
2. Empowerment
3. Use of synthetic substances goes very much hand in hand with the development of the leisure industry
4. Significant increase in the supply of synthetic drugs over the last five years (supply is more diversified, but higher levels of adulteration)
5. Policy of caution that interviewees suggest exists among users of synthetic drugs

## **III. STUDY TO DESCRIBE PERSONS USING COCAINE BASE PASTE (CBP) IN THE METROPOLITAN REGION**



## Objectives

**General objective:** To describe the population presenting with habitual use of cocaine base paste in the Metropolitan Region of Santiago.

### Specific objectives:

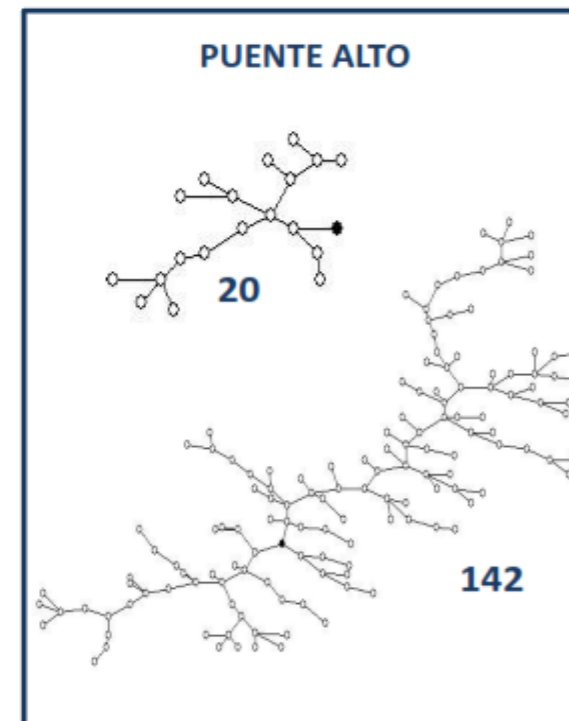
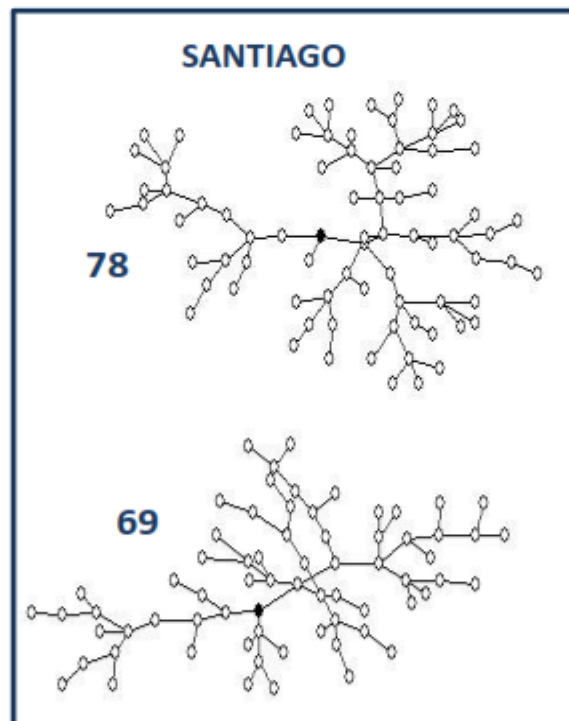
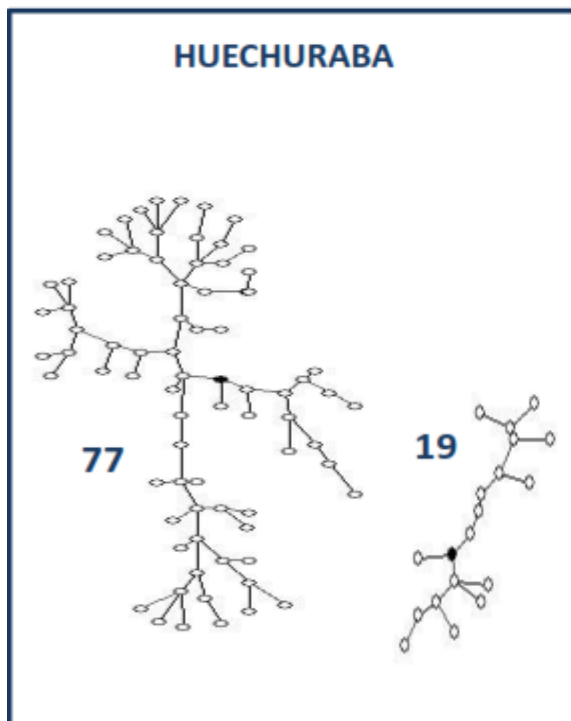
1. Describe the individuals' institutional and family support networks.
2. Describe the frequency and intensity of CBP use.
3. Determine the prevalence of substance use disorders
4. Determine the prevalence of psychiatric comorbidity.
5. Identify and describe the existence and form of the breaking of social norms.

# Phases of Field Work

	1 Formative phase	2 Design of the Survey and Pre- Test	3 Preparation for Field Work	4 Application of the Survey	5 Qualitative Phase
Objective	Collection of information and perception about the RDS methodology	Design of the survey	Selection of sites and training of professional team	Achieve 400 surveys of habitual users of CBP	Further study of lives and CBP use
Methodology	<ul style="list-style-type: none"> <li>-5 focus groups in TC</li> <li>-5 interviews with users in TC</li> <li>-1 interview with user not related to TC and focus group with users</li> </ul>	<ul style="list-style-type: none"> <li>-Review of international surveys &amp; ISUC surveys</li> <li>-8 Pre-Tests to test appropriate-ness of the question</li> </ul>	<ul style="list-style-type: none"> <li>-Selection of 3 sites, in the North, Center, and South</li> <li>-Selection of interviewers in social science and rehabilitation professionals</li> <li>-Training events in M.I.N.I, protocols and surveying</li> </ul>	<ul style="list-style-type: none"> <li>-4 months of administration (March-June)</li> </ul>	<ul style="list-style-type: none"> <li>-13 in-depth interviews with habitual CBP users</li> </ul>

## Methodology

1. Sampling: System Respondent Driven Sample
2. Dual incentive system: (recruiter/person recruited). Three recruits per person.
3. Requirement for participation: <18, positive urine test, have a coupon.
4. Six successful seeds: 405 cases.



## Estimation of the population using CBP in the Metropolitan Region

Multiplier Method (World Health Organization, 2010)

$$N = x / X$$

$N$  = Estimate population size

$X$  = size of the subgroup for which information is available (e.g., number of people with problematic use of CBP who entered treatment during a specified period)

SOURCE: Registry of drug users by principal substance in Metropolitan Region

$X$  = proportion of the sample (in this case, obtained by RDS) that had contact with a particular institution

SOURCE: Study to describe persons using CBP

## Estimation of the population using CBP in the Metropolitan Region

$x = 3,008$  people who entered treatment for CBP as the principal substance in 2013.

$X = 13.85\%$  is the percentage according to RDS who were in treatment.

$$N = 3,008 / 0.1385 = 21.718$$

Assumption: The data do not come from the same time period; it is assumed that the people who enter treatment are stable over time.

