

UPR Working Group 40<sup>th</sup> Session  
United Nations Human Rights Council

**ISSUES RELATED TO THE SITUATION OF WOMEN WHO USE DRUGS, WOMEN SEX WORKERS AND THE AVAILABILITY OF DRUG DEPENDENCE TREATMENT IN THE REPUBLIC OF MOLDOVA**

**Joint NGO Submission by the Promo-LEX Association, *Union for HIV Prevention and Harm Reduction (UORN)*, *Positive initiative* and *AO PULS Comunitar***

**Information about the organizations:**



The **Union for HIV Prevention and Harm Reduction (UORN)** [www.uorn.md](http://www.uorn.md) is an umbrella structure that brings together public associations implementing the Harm Reduction Strategy of the Republic of Moldova. The Union for HIV Prevention and Harm Reduction is an association that actively promotes human rights in the context of public health and safety, develops and implements sustainable and qualitative innovative programs that respond to the current challenges of the various groups of beneficiaries against the background of the HIV epidemic and drug use in the Republic of Moldova.



*Advancing democracy and human rights*

The **Promo-LEX Association** [www.promolex.md](http://www.promolex.md) is a non-governmental organization with ECOSOC Status, that aims to advance democracy in the Republic of Moldova, including in the Transnistrian region, by promoting and defending human rights, monitoring the democratic processes, and strengthening civil society. Promo-LEX Association is a not-for-profit and politically independent organization. Promo-LEX Association is a national level organization and operates throughout the Republic of Moldova.



**Positive Initiative** [www.positivepeople.md](http://www.positivepeople.md) is a non-governmental organization, which is a network of organizations with a rich experience in the field of HIV/AIDS and drug use in Moldova, with focus on MARPs (Most at Risk Populations). The organization is oriented towards defending the rights and represent the interests of people living with HIV, drug users, women and children with HIV or affected by HIV, and other affected communities.



**AO "PULS Comunitar"** Self-organization of people who use drugs. Mission: ensuring access to equal rights; creating a safe environment; changing and implementing policies for people who use drugs.

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## I. INTRODUCTION

1. This submission describes several key human rights priorities and provides recommendations for the Republic of Moldova to better respect, protect and fulfill human rights, consistent with its international legal obligations, in areas of particular relevance to effective response to drug problems. The report includes information about discrimination of a marginalized group of women who use drugs and women sex workers. This report will also examine the implementation of the relevant UN Treaties bodies' recommendations regarding the groups mentioned above of women who face multiple forms of discrimination in the Republic of Moldova.
2. **Follow Up to the Previous Review. During Moldova's second UPR in 2017, no recommendations were made to the Government specifically regarding the issues rise in this report.**<sup>1</sup>

## II. RECOMMENDATIONS TO THE GOVERNMENT FROM TREATIES BODIES

### Committee on the Elimination of Discrimination against Women (CEDAW) 2013<sup>2</sup>

3. In 2013, CEDAW expressed concern over:

4.
  - the lack of information on existing mechanisms for the protection of the rights of women in prostitution under the current legal framework, and on the measures taken to suppress the exploitation of the prostitution of women, and ask to provide the information regarding this issue (§14); the lack of statistical data, disaggregated by sex and age, on the situation of disadvantaged groups of women (§1).

CEDAW further recommended to Moldova:

- *To review its laws on prostitution to ensure that women in prostitution are not discriminated or penalized by administrative fines; step up its efforts to support women who wish to leave prostitution; and implement measures to decrease demand for prostitution, including the potential introduction of sanctions for sex buyers (§22).*
- *To collect comprehensive statistical data, disaggregated by sex and age, on the situation of disadvantaged groups of women (...) in all areas covered by the Convention (§38).*

### CEDAW Committee, 2020<sup>3</sup>

5. At its session in 2020, The Committee notes with concern over:

- 'The fact that the provision of support services for women who use drugs has been largely delegated to civil society organizations in the State party and about inadequate health and hygiene conditions for women in penitentiary facilities'.
- The criminalization of women in prostitution and the absence of exit programmes for women in prostitution in the State party.

6. In this regards, CEDAW further recommended that the Republic of Moldova:

- 7.
- *Provide adequate funding to civil society organizations that offer support and rehabilitation services to women who use drugs.*
  - *Repeal article 89 (1) of the Contravention Code to decriminalize women in prostitution and provide alternative income-generating opportunities, educational programmes and exit programmes for women in prostitution.*
  - *Eliminate stigma and discrimination against women and girls in prostitution to ensure that they have adequate access to health care, legal services and shelters.*

Since the review by CEDAW in 2013, Moldova has taken some steps toward combating violence against women in fulfilment of its obligations under the Convention, but the problem that concerns the most vulnerable groups of women as female sex workers, women who use drugs, remain unsolved and without attention.

Committee on Economic, Social and Cultural Rights (CESCR), 2020<sup>4</sup>

8. In October 2017, The Committee notes with concern over the fact that:

- 'the drug users have been subjected to compulsory treatment, combined with detention, and that the harm reduction programmes for drug users face the withdrawal of international funding, which will result in fewer health services and an increased prevalence of hepatitis and HIV among drug users.'

9. In this regards, CESCR further recommended that the Republic of Moldova:

- *Apply a human rights-based approach to the treatment of drug users.*
- *Provide appropriate health care, psychological support and rehabilitation.*
- *It urges the State party to maintain harm reduction programmes for drug users.*

10. None of these recommendations have been implemented.

## SUGGESTED RECOMMENDATIONS:

1. To implement the all mentioned UN Treaties bodies recommendations.

### III. DRUG SITUATION IN THE REPUBLIC OF MOLDOVA

#### *Inefficiency of public anti-drug policies*

11. *For an overview of the drug situation in the Republic of Moldova, see Annex 1.*
12. The first National Anti-Drug Strategy 2011-2018,<sup>5</sup> whereby the State aimed to reduce and counteract the illegal drug use and trade, was completed in 2018 without substantial results.<sup>6</sup> According to the January 2021 Analysis of the National Anticorruption Centre (NAC) of Anti-Drug Policies and Strategies in Moldova, their effectiveness is far below expectations and planned results:
  - Following the analysis performed, the NAC found that at present there is no any comprehensive efficient and operational system for collecting drug-related data. The organizational inefficiency of the National Anti-Drug Commission; defects and shortcomings in the cooperation and coordination of activities; lack of a strict control mechanism and procedures; lack of transparency in the implementation of the Strategy, were found.
13. A new National Anti-Drug Strategy 2020-2027 was adopted on 10 April 2020. Through its strategic objectives and its implementation plan, actions are envisaged to reduce demand, supply, and also to reduce the negative effects associated with drug use.<sup>7</sup> However, according to the National Anticorruption Centre, the situation reported at the time of the adoption of the Strategy 2020-2027 is also far from being positive.<sup>8</sup>

1. The National Anti-Drug Action Plan 2020-2021 was approved at the same time as the 2020-2027 Strategy, but without a performance verification report on the efficiency of achieving the objectives set by the National Anti-Drug Strategy in the period 2011-2018.
2. No analysis has been carried out to establish the strengths and weaknesses of the situation in this area, as well as analysis of opportunities and threats that may arise in implementing the planned measures of the National Anti-Drug Strategy 2020-2027, it is found that there is still a series of risks and weaknesses.
3. Despite the deadline for certain actions of the Action Plan 2020-2021 has not been complied with, a performance evaluation plan has not yet been prepared, in June of 2021, the implementing authority proposed developing the second Plan 2021-2022, without evaluating the first stage.

14. In the light of the above, there is an opinion that the adoption of a strategy and action plans is not enough. Depending on the intermediate results obtained, the support of the activities carried out for successful implementation should be constantly ensured, either through funds, human resources or an adequate legislative framework. The obligation of the authorities responsible for the timely preparation of detailed reports of analysis, evaluation of activities and actions carried out is pointed out. Although in the absence of a methodology, this exercise seems to be difficult to carry out, especially given that the responsible authorities will assess their own work.<sup>9</sup>

#### **SUGGESTED RECOMMENDATIONS:**

1. To ensure transparency throughout the activities planned in the National Anti-Drug Strategy 2020-2027 and the action plans based on it until the final reporting for each period of the plan (annually).
2. The National Anti-Drug Commission has to prepare an annual assessment Report on the implementation of the Action Plan and its publication.
3. In the context of implementing the National Anti-Drug Strategy 2020-2027 and the action plans based on it, the improvement and development of the control mechanisms of the National Anti-Drug Commission, to exclude deficiencies in the reporting process by central public administration authorities of the results of scheduled activities.
4. To ensure free access to information of public interest on the drugs phenomenon and implementing the principle of transparency in interinstitutional collaboration and partnerships between the Commission, the institutions involved, civil society, and the media.

*Mortality among drug users and the deficiencies in the system of investigation and the registration of the drug-related death (DRD)*

15. Both the Ministry of Health and the Anticorruption Centre (NAC) found serious deficiencies in the system of investigation and registration of drug-related deaths (DRD). The Republic of Moldova has made no progress in monitoring the drug-related deaths. It is important to note that such monitoring in this area makes it possible to assess in concrete terms the impact of drug use and its consequences.
16. The Annual Report on Illicit Drug Use and Trafficking for 2018 indicated that *'Since 2011 (!) cases of overdose deaths among officially registered drug users are not reported.'* According to the results of IBSS studies<sup>10</sup> the share of respondents in Chisinau who reported lifetime overdoses is increasing.<sup>11</sup>
17. According to the information provided by the Ministry of Health of the RM,<sup>12</sup> Moldova does not have data for reporting in accordance with the standard definition of drug-related deaths (DRD).
18. For 2019, there were 16 cases of DRD (drug-related deaths), (32%) of the positive results of toxicological investigations, which show a slight increase compared to 2018 (30.5%). Most DRD cases are made up by 31-40 age old users. Narcologists report to the Republican Narcology Dispensary the cases of death of drug users or former registered drug users *once they become known*.
19. The number of DRD cases can be defined as being uncertain due to the fact that according to the law certificates of registration of death must be issued before the corpse is buried (i.e. within a few days after the corpse is found), the results of the toxicological investigation are available much later (in 3-4 months), and doctors do not subsequently change the cause of death in the certificates of registration of death.
20. In cases of deaths occurred outside the public health medical institutions, the corpses are examined at the place of death by an operative investigation group with the involvement of the medical examiner, who performs the external examination of the corpse and the surrounding objects. *The legislation in force does not oblige the medical examiner to perform the toxicological analysis for all corpses that are subjected to forensic examination (as in the case of determining the blood alcohol level, which is performed in all corpses subjected to forensic examination).*
21. The extremely small share of toxicological investigations for the identification of illegal drugs in the samples taken by the Forensic Centre can be explained by the following:

- the lack of a well-established legislative regulation in this field, at the moment the decision is made based on the request of the criminal investigation authorities or by the medical examiner following the suspicions that arose during the examination of the corpse.
- insufficient and outdated equipment of the Forensic Toxicology Laboratory.
- reduced capacity of the Forensic Toxicology Laboratory due to the shortage of human resources.
- poor cooperation between the Ministry of Internal Affairs, the General Prosecutor's Office and district forensic experts, including in the field of temporary storage and transportation of cadaveric material in the pre-established terms.

22. Toxicological investigations of the existence of illegal drugs in the biological samples of the examined corpses are not mandatory and are carried out for a fee, thus increasing the risk of losing sight of DRD cases. The social stigma and the complexity of the related legal procedure determine the relatives of the deceased to hide the real cause of the drug-related death.

#### **SUGGESTED RECOMMENDATIONS:**

1. Develop and implement a mechanism for recording and reporting drug-related death (DRD) and overdose deaths among drug users.
2. To empower forensic toxicology laboratory.
3. To amend the legislation in force to oblige the forensic doctor to conduct toxicological analysis on all deceased persons undergoing forensic medical examination (as in the case of alcohol determination, which is carried out for all dead person to forensic medical examination).

#### **IV. FEMALE SEX WORKERS AND WOMEN WHO USE DRUGS.**

##### *Violence against Women who use Drugs and Access to Domestic Violence Shelters*

23. Violence against women is still an endemic problem in Moldova, being deeply rooted in the cultural norms and safe behaviours. According to the study 'Violence against Women in the Family' conducted by the National Bureau of Statistics<sup>13</sup>, 63% of women experienced some form of violence (psychological, physical, sexual, and economic) from their husbands/partners during their lifetime.
24. Some subgroups of women who use drugs have particular needs, most notably women who have experienced or are experiencing trauma and violence, women with comorbidity and women who are pregnant, parenting, from ethnic minorities, involved in the sex trade and/or in prison.

25. According to Women who use substances, they are more likely than men to have experienced traumatic events, such as sexual and physical assault and abuse as children and/or adults<sup>14</sup> and to be currently exposed to intimate partner violence. The experience of trauma can lead to the development of post-traumatic stress disorder or other mental health problems and also can increase the risk of substance use<sup>15</sup>.
26. This group of women requires interventions delivered in physically and emotionally safe environments<sup>16</sup>, and additional trauma-informed treatment approaches<sup>17</sup>. Ongoing violence requires a multi-agency, multi-sector approach with collaborations between the health and social services and the justice sector<sup>18</sup>. Female-only services may be needed for women whose male aggressors also utilize drugs services to reduce the risk of women encountering the perpetrator. Such specific services are not developed in the Republic of Moldova.
27. The Government does not have specific policies for women involved in the sex trade to provide additional efforts to support them in accessing services, such as evening opening hours and mobile outreach services. Initiatives, such as peer support, to counter the additional stigma these women may face, are not provided.
28. In Republic of Moldova, compared with men who use drugs, women: face higher levels of stigma and shame; carry more substantial socioeconomic burdens; receive less social support; are more influenced by their parental role in issues concerning drug use and recovery; have a partner who plays a role in their: drug use initiation, continuation and relapse, exposures to blood-borne infections, disclosure to violence.
29. Also, according to art.6 p.5,) the Regulation on the organization and functioning of the Pro-Femina maternal Center, coordinated with the Ministry of Social Protection and Family of the Republic of Moldova, the mothers/youths **who are addicted on drugs (...) are not admitted to the Center (...)**.<sup>19</sup> At the same time, according to the Government Decision no.1019 of 02.09.2008 for the approval of the Minimum Quality Standards regarding social services rendered in the maternity centres: p.31) the mother-child couples that may harm other centre beneficiaries due to venereal, acute infectious diseases and/or tuberculosis, psychiatric disorders, alcoholism, and **who use drug**, are not entitled to the services of the Center.<sup>20</sup>
30. According to the Government Decision no.1200 from 23.12.2010 for the approval of the Minimum Quality Standards on social services provided to victims of domestic violence: section 2, art 28,) people intoxicated with alcohol or drugs are not admitted to the Center. People who use alcohol or **drugs** within the centre will not receive assistance.<sup>21</sup> At the same time, specially targeted centres for female sex workers/women drug users, victims of domestic violence, or who are in other challenging situations, are not created. The state rehabilitation centres to help former sex workers are inexistent in Moldova also. The State does not undertake measures to rehabilitate psychologically, economically and socially these women.

The State should ensure that adequate funding for crisis centres is provided, and increase the number of shelters, bearing in mind geographical coverage. To support domestic violence services, noting that 'particular attention should be paid to the protection requirements of women with special needs, including women with substance-abuse problems/sex workers.

*Administrative practices of stigmatization towards women sex workers and woman who use drugs.*

31. Judicial stereotyping is a common and pernicious barrier to justice, particularly for women victims and survivors of violence.<sup>22</sup> Lack of policies to remove the stereotypes from the society, in general, and to change the mentality of police officers, prosecutors, in particular, lead to improper attitudes on their behalf when investigating rape cases with the involvement of sex workers. Very often, these people do not even address to the law-enforcement bodies because they are afraid to be sanctioned for prostitution or not to be aware of their activity among relatives. The eradicating stereotyping from our judicial systems must be a priority.
32. *Discriminatory attitudes of the police officers towards women who use drugs, it is more commonly reported by female IDU:* in the reference period, especially in 2014, according to a Study on "Perceptions and Behavior of the Police Against Injecting Drug Users in the Republic of Moldova (IDU)",<sup>23</sup> it was found that about 70% of the police officers questioned thought that drug users are soon offenders than victims, 63% associate drug users with criminals, 40% consider that most crimes committed in their towns are related to consumers of drugs. 1/3 of the police officers questioned were given the opinion that most drug-using women are commercial sex workers. According to statements of our beneficiaries of these groups, even today the situation is not better in this respect.

*Discriminatory practices of sanctioning sex work and the consumption of sex services*

33. The law of several countries prohibits the purchase of sexual services, and the law does not punish women sex workers, but their clients. This is because it is not reasonable to punish people who offer sexual services, but on the contrary, they should be helped to give up this way of life. In Moldova, the current provision of Article 89 of the Contravention Code was amended on December 9 2018.<sup>24</sup> Amendments include the definition of the prostitution, as well as a new element regarding the punishment of the beneficiary who purchased paid sex services, maintaining the punishment for the person who provides such services. Compared with women sex workers, penalties for their client are lower.

*Stigma and discrimination in access to healthcare*

34. Even where female sex workers and woman who use drugs are not explicitly excluded from utilizing SRH services in the Republic of Moldova, pervasive structural

barriers such as the administrative punishment, stigma/auto stigma and discrimination impede their access to comprehensive, rights-based care. Female Sex workers and women who use drugs, including those living with HIV, are entitled to the same SRH care as everyone else. However, sex workers attest to widespread inadequacies in SRH coverage and treatment, resulting in violations of their human rights.

35. Sex workers and women who use drugs do not have access to adequate contraception in many regions, except condoms. There are not enough mobile units or specialized centres where these persons can receive assistance (except harm reduction services in 5 cities of the country); access to medical aid is strictly connected to a person's residency, and if the person is from a village, the access to medical services is cumbersome; also, there are persons who lose their residency, and in this case, the medical institution that is supposed to deal with it cannot be identified. There are no sexual and reproductive services that provide non-judgmental and compassionate care women sex workers.<sup>25</sup>
36. The direct and indirect administrative punishment of female sex work remains one of the most significant barriers to sex workers' SRH access, as well as a structural determinant of violence, discrimination, and HIV transmission.
37. Since most of the SRH services that are available to sex workers and female drug users are offered within public health care systems, the requirement of possessing official residence and valid national health insurance (ensured for those that are officially employed) further reduces access to SRH. As the sex work is not an official job, many of the sex worker women are not medically ensured, not to mention that women who use drugs, can't find a job, because of the health problem with addiction, which means they also are not medically ensured. When these women access SRH services for the general population, they often encounter stigma and discrimination, breaches of confidentiality, and inequitable treatment. As a result, many sex workers and women who use drugs only seek SRH care in cases of emergency.
38. There are no maternal and child health services specific to female sex workers and their children. There is not a single public or municipal rehabilitation centre in Moldova to offer programs, which meet the needs of drug-using women.

#### **SUGGESTED RECOMMENDATIONS:**

- 1. To create a mechanism to report safely and receive protection from the police in cases of domestic violence or other forms of gender-based violence against women who use drugs and sex workers.**
- 2. The Moldavian Government should investigate effectively all the cases of domestic violence committed concerning women drug users or women sex workers.**
- 3. The Moldavian Government should provide Trauma-informed treatment**

approaches for women who have experienced trauma and those currently exposed to intimate partner violence, especially women who use drugs and women sex workers.

4. The Government should address the issues related to access to shelters for women who use drugs and sex workers and who experience violence, in line with international standards. Shelters must be available for all women who experience violence, and special provisions should be developed to cover the gap and to ensure clear protection for women with drug addiction.

## V. MOLDOVA'S DRUG DEPENDENCE TREATMENT SYSTEM

*Lack of comprehensive and adequate dependence treatment: drug dependence treatment services, including rehabilitation services to drug-addicted people*

46. The drug dependence treatment system in the Republic of Moldova operates on the basis of the Soviet model, the main activity consisting in keeping records of drug addicted patients, most of whom become patients of the narcologist following the actions taken by the police and the need for associated drug expert analysis. Cases when people with consumption and addiction problems seek assistance independently are less common due to the lack of or limited programs of comprehensive (medical-psycho-social) assistance of treatment and recovery, and also due to the lack of specialists at a reasonable level.
47. The Republican Narcology Dispensary (RND) was appointed by the order of the Ministry of Health to coordinate the drug dependence treatment system in the Republic of Moldova. At the level of territorial-administrative units, it is implemented within the framework of the advisory departments of municipal and district hospitals through *offices for substance abuse counsellors*.
48. According to the data available on the official website, the Republican Narcology Dispensary (RND)<sup>26</sup> has several services, including specialized outpatient healthcare, *Rehabilitation Centre*, medical examination department for determination of the state of intoxication and its nature, in-patient care facility, intensive care department. The RND provides assistance within Chisinau mun., and if necessary specialized outpatient and hospital care for difficult cases that cannot be resolved with primary or secondary hospital care at the secondary territorial level. ***The units that offer drug dependence medical assistance in territories (district hospitals), with the exception of the Republican Narcology Dispensary, do not have programs and specialists for provision of integrated consultative, treating, psychological and social integration assistance to drug addicts.***
49. The only Rehabilitation Centre within the Republican Narcology Dispensary (RND), which is a subdivision of prophylaxis, diagnosis and treatment in which prophylactic, consultative, treating and medical and social adaptation assistance may be provided to

drug addicts. According to the official data available on the Dispensary's website, this Centre has a staff of 5 specialists, including: *the head of the Centre, a social worker, two psychologists and a senior nurse*. Rehabilitation involves a **set of medical, psychological, social, educational measures aimed at restoring the physical and mental condition of drug addicts. However, with the existing staff of the Centre, it is impossible to carry out real rehabilitation programs for drug addicts.**

50. Medical assistance related to drug addiction at all stages is governed by *the Regulation on provision of medical assistance to people addicted to alcohol, drugs and other psychotropic substances* approved by the Ministry of Health, Labour and Social Protection by Order no. 29 from 11.01.2019. This Regulation refers only to the National Clinical Protocol 'Mental and behavioural disorders related to alcohol consumption' and 'Pharmacological treatment of opioid dependence', or at present there are no other protocols approved by the Ministry of Health, Labour and Social Protection of the Republic of Moldova. This is considered inadmissible in the context in which, the Republican Narcology Dispensary and medical structures that offer specialized drug dependence treatment services finds that there is an increasing consumption of new substances with psychoactive properties and methamphetamines in the country.
51. At the same time, the Regulation is limited only to general provisions of assistance, the manner of forced hospitalization and the activity of the drug expertise commission, without describing the stages of assistance, recommended programs and methods of treatment, the responsible institutions at territorial level.
52. The most common form of drug dependence treatment provided in the Republic of Moldova and the main service available to drug users within the national health care system is detoxification, which is a short-term medical procedure that is to be complemented by long-term treatment interventions, taking into account the chronic and recurrent nature of the disease. Thus, the drug dependence treatment involves pharmacological interventions (including opioid pharmacotherapy) and rehabilitation. The drug dependence treatment can be effective provided only it includes both physiological, psychological, spiritual and social aspects.
53. The manner of provision of social assistance is described in the '*Framework Regulation on the organization and functioning of the Social Service for people addicted to psychoactive substances*' approved by the Ministry of Health,<sup>27</sup> which stipulates that the financing of the service is carried out with the funds allocated from the state/local budget, together with the non-state ones. Such funding has not been provided so far, even if several NGOs were accredited in 2018 to provide the service.
54. The treatment of drug addicts is to be carried out within a specialized program that involves specific objectives, strategies, and methods of intervention.<sup>28</sup> Unfortunately, the Ministry of Health of Moldova does not offer such integrated treatment programs.
55. Although still in 2011, the Ministry of Health approved the *Standard on psychosocial assistance to drug users*, the purpose of which was to develop and develop a model for organizing psychological and social services for drug users to meet the needs of

beneficiaries. The goal of this standard has not been achieved to this day. In 2013 this standard had to be revised, and its implementation has to be monitored according to the set indicators. Unfortunately, neither has been performed to date.<sup>29</sup>

56. According to the Risk Register for 2019-2020 prepared by the Republican Narcology Dispensary of the Republic of Moldova,<sup>30</sup> the following risks are maintained:

- Lack of the internal system of improving knowledge, the experience of the medical staff.
- Lack of technologies and contemporary equipment for diagnosis, treatment, rehabilitation, and patient care.
- Unsatisfactory patient care conditions.
- Lack of quality standards for medical services provided.
- Violation of patient rights.
- Neglect and non-application of evidence-based medicine.
- Low effectiveness of quality control of medical services provided.

57. According to official data,<sup>31</sup> the most severe problem in the country's medical system remains actual, namely: reducing the quality of healthcare provided to narcological patients due to the lack of qualified staff.<sup>32</sup>

58. The world-renowned programs for the rehabilitation and assistance of addicts are the '12 steps'. Therapeutic communities in the country are few and are managed outside the state drug dependence treatment system – public associations, religious cults, private institutions and usually the services of these entities are provided for a fee, not being covered by the funds of the National Health Insurance Company even if drug addiction diseases are included in the Single Program of compulsory health insurance. According to the Ministry of Health Report for 2019,<sup>33</sup> the number of places available for residential treatment offered by local NGOs is extremely low and does not meet demand.

59. There are no clear mechanisms for referral to different stages of drug addiction healthcare interventions and collaboration of public and private drug treatment institutions.

60. The only new assistance program implemented by drug dependence treatment services in the country since 2000 is opioid pharmacotherapy, which although implemented based on the specific medical protocol<sup>34</sup> is currently available in only 7 cities of the country and covers less than 3% of the estimated number of injecting drug users.

61. According to the provisions of the Protocol, the medical and social treatment of opioid addiction must be carried out by a specialized team with various specialists, consisting of: *psychiatrists-narcologists, nurses, psychologists, social workers and psychosocial and peer counsellors (workers of non-governmental organizations)*. Although the Protocol states that it is imperative that state and non-governmental organizations and public associations contribute to the provision of medical assistance, psychosocial, individual and group rehabilitation services are provided only in 3 of the 8 districts where there is

medical and social treatment, or the social part of the treatment is missing. Although the Protocol provides for the membership of the team of specialists responsible for providing medical and social services, there are cities where even there is no psychiatrist-narcologist, as was the case of the treatment facility in Falesti (until 2020) and also there are no important psychosocial services to maintain adherence to substitution treatment and changing patient behaviour. In 2 cities Comrat and Ungheni psychosocial services are provided remotely, mainly by telephone. Even in cities where psychosocial counselling is provided in full, consultations often take place in the corridor of the medical institution, on the street, in the narcologist's office, thus limiting the confidentiality of the consultative process. Some patients also benefit from psychosocial counselling at non-governmental organizations, but this process is complicated because it involves moving the patient from one end of the city to the other to receive the necessary assistance, thus many patients get lost in the process of referral.

#### **SUGGESTED RECOMMENDATIONS:**

- 1. Building Integrated Care Services for Drug Users and ensure that available resources are invested in evidence-based interventions.**
- 2. To ensure that services are integrated within the public health and social care networks, and establish links with all relevant partners in the community.**
- 3. To ensure that the system of services permeates both urban and rural areas, and builds upon the primary health care system.**
- 4. To ensure that a comprehensive treatment system offers a wide range of evidence-based and integrated pharmacological and psychosocial interventions, aimed at treating the whole person. The range includes interventions of diverse intensity, from outreach, low-threshold and brief interventions to long-term, structured treatment.**
- 5. To ensure that there are sufficient staff working at addiction treatment centres and that they are adequately qualified, and receive ongoing evidence based training, certification, support and supervision.**
- 6. To ensure that service programmes, rules and procedures are periodically revised on the basis of continuous feed-back, monitoring and evaluation processes.**
- 7. To adopt and fund a national plan to increase the availability of rehabilitation treatment by opening rehabilitation programs and centers thorough the country.**
- 8. Take active steps to counter distrust toward state narcological clinics among drug users.**
- 9. Introduce psychosocial interventions as an integral part of the detoxification procedure. Treatment protocols for detoxification should contain explicit guidance on the kinds and frequency of interventions that should take place**

during detoxification.

*Harm Reduction Programs. Barriers to sustainable opioid substitution therapy (OST)*

62. Since 1998, the country has been introducing harm reduction programs related to injecting drug use, and since 2004, opioid substitution therapy (OST) programs have been introduced.<sup>35</sup>
63. The estimated size of the Group of Injecting Drug Users (IDU)<sup>36</sup> in the Republic of Moldova in 2020 is 27.5 thousand, including 22.78 thousand on the right bank and 4.72 thousand on the left bank of the Nistru River. The estimated number of injecting opioid users is about 47% of the estimated number of injecting drug users, which is about 12,920 people.<sup>37</sup> However, the estimated number of people who inject drugs (PWID) is 38,700, mostly aged between 19 and 30 years old.<sup>38</sup> The National Anticorruption Centre shares the same opinion: *the actual number of drug users is higher than the officially registered one.*<sup>39</sup>
64. As of February 2020, 522 clients were registered throughout the country as benefiting from opioid substitution therapy (OST), including 72 in penitentiary institutions. 33 of the total number of clients used buprenorphine (only in Chisinau), and the other used methadone.<sup>40</sup>

*Assessment report of the sustainability of the opioid agonist therapy program in the context of transition from donor support to domestic funding*<sup>41</sup>

65. There are no legislative barriers for Opioid Substitution Treatment (*OST - the term used in official documents to refer to OAT*) service delivery in the country. The Guidelines for law-enforcement agencies on working with populations at high risk of HIV, approved by the General Inspectorate of Police, ensures a favourable environment for the implementation of the OST programme through informing people who use drugs of, and referring them to, drug treatment services. Despite such Guidelines, in some cities there are still negative practices of interaction between law enforcers and OST clients, which lowers the attractiveness of the programme and reduces OST coverage.
66. The current national program for prevention and control of HIV/AIDS for 2021-2025<sup>42</sup> provides for the introduction of OST programs in 18 administrative units. But according to the results of the introduction of programs at the beginning of 2021, **only 8 administrative units are covered** by the OST programs **with a total coverage of not more than 3%**. The geographical location of the OST offices in Moldova is uneven as the northern and central regions of the country are mostly covered, while the southern and eastern parts of the country are not covered. This is significantly lower than the 40% recommended by the WHO, UNODC and UNAIDS to influence the HIV and Hepatitis C epidemic.<sup>43</sup>

67. There are a number of barriers which reduce the motivation of PWUD to be enrolled in the OST programme including:<sup>44</sup> Among other factors affecting OST quality and coverage, of note is the lack of substance use specialists ('narcologists') at the local level, as well as the lack of budget to provide psychosocial support to OST clients and the lack of a comprehensive package of services.

68. The obstacles on the way to achieving greater stability of OST in Moldova:

- ⇒ The psychosocial support component is mostly implemented by non-governmental organisations (NGOs) and financed by the Global Fund and, when such funding is no longer available, it may disappear as there are no mechanisms to fund it from the national budget and it is not integrated into the national health care system.
- ⇒ There is a need for relevant specialists to implement the OST programme in the country (in some cities, the operation of such a programme cannot be organised due to the lack of substance use specialists).
- ⇒ The lack of non-medical personnel (psychologists and social workers) in drug treatment facilities affects the quality of OST.
- ⇒ The monitoring and evaluation (M&E) system of the OST programme is not developed.

69. Mandatory medical registration and the periodic health examination for drug addiction of all patients diagnosed with drug addiction are a barrier in the employment of patients. Moreover, the medical records of the patients are kept even after the successful completion of the treatment. The medical records of the drug addicted patient is kept for another 3-5 years after the successful completion of the medical and social treatment and only based on the decision of the specialized Commission the record keeping is suspended.

#### **SUGGESTED RECOMMENDATIONS:**

- 1. To assess the sustainability of the OAT programme in the process of transition from Global Fund support to domestic funding.**
- 2. Develop strategies to increase the coverage of people who use drugs (PWUD) with the OAT programme (to not less than 20% of the estimated number) with allocation of the required technical and financial resources to improve programme activities and attractiveness of services.**
- 3. Assess the substance use treatment system and take measures to ensure the attractiveness of the OAT programme, its uniform quality, and accessibility in all administrative regions of the country.**
- 4. Develop and implement effective mechanisms to plan and organise the procurement of OAT medicines (methadone and buprenorphine) from the national budget with a clear division of the duties among the MHSP, RDTCC and HIV/AIDS NP Coordination Department to avoid any risks related to delays in supplies.**

5. To organise online advanced training courses for OAT programme staff, including medical and non-medical personnel, as well as NGO representatives providing psychosocial support to OAT clients.
6. Retain and expand the practice of dispensing take-home doses of OAT medicines to clients, as has been the case during the COVID-19 pandemic.
7. There is also a need to develop a unified OAT register so that OAT clients can access therapy regardless of where they are.

#### *Lack of Harm Reduction Programs for People Who Use New Psychoactive Substances (NPS)*

70. According to the results of studies on the use of new psychoactive substances (NPS) in Moldova carried out in 2019,<sup>45</sup> the share of people who switched from using opium and amphetamines to smoking or inhaling NPS is growing. People who use NPS are often young and start using NPS with synthetic cathinones (spices). Recent data from the Forensic Science and Technology Centre for Forensic Examination have shown that 70% to 80% of conducted examinations of narcotic substances in Moldova are examinations for NPS (synthetic cannabinoids and synthetic cathinones).<sup>46</sup>

- As regards people who use non-injecting NPS, the main difficulty in the framework of harm reduction programs **is the inability to register them as clients of the program because they do not use syringes. This is especially critical as the programs state that injecting a drug is mandatory for inclusion.** For those who use NPS, methods of use by smoking and inhaling are common. **Consequently, if a person is not registered as a client of the harm reduction program, it is impossible to provide him/her with harm reduction and support services. Therefore, these clients are left without any interventions, including health care and protection of rights.**
- There is a lack of resources for training and education of harm reduction program personnel on the use of NPS (seminars and trainings) and for development and dissemination of thematic information materials.
- Lack of methodological support for harm reduction programs, lack of medical protocol on how to work with people who use NPS.

#### **SUGGESTED RECOMMENDATIONS:**

1. Harm reduction programs must be adjusted to identify and implement interventions that are relevant to the needs of people who use NPS, including non-injecting ones, and to ensure appropriate funding for these interventions. This should include information on overdose prevention.
2. Education materials are needed on the effects of NPS, the risks associated with them, contacts with other drugs, available services, etc., for both specialists and beneficiaries of harm reduction programs.
3. To adapt the existing psycho-social and medical-social interventions to

ensure effective work with people who use NPS, including non-injecting NPS.

4. To develop National Clinical Protocols for treating and rehabilitating people who use new psychoactive substances (NPS).

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**ENDNOTES**

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<sup>2</sup> CEDAW Concluding Observations, 2013  
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<sup>4</sup> CESCR Concluding Observations, 2020  
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<sup>5</sup> National Anti-Drug Strategy 2011-2018 [https://www.legis.md/cautare/getResults?doc\\_id=67407&lang=ro](https://www.legis.md/cautare/getResults?doc_id=67407&lang=ro)

<sup>6</sup> The fight against drug use in Moldova is carried out on paper only. Who wins the fight? The results are kept under lock

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<sup>7</sup> National Anti-Drug Strategy 2020-2027 [https://www.legis.md/cautare/getResults?doc\\_id=121214&lang=ro](https://www.legis.md/cautare/getResults?doc_id=121214&lang=ro)

<sup>8</sup> Strategic analysis of some corruption vulnerabilities identified as part of the promotion of state policy on the circulation of narcotic substances, drugs and precursors/2021/ <https://www.cna.md/doc.php?l=ro&idc=217&id=3058&t=/Studii-si-analize/Analize-strategice-sectoriale/Analiza-strategica-privind-unele-vulnerabilitati-de-coruptie-identificate-in-cadrul-promovarii-politicii-de-stat-privind-circulatia-substantelor-narcotice-stupefiante-si-precursori>

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<sup>10</sup> The integrated bio-behavioural studies among groups at high risk of infection (IBSS)

<sup>11</sup> Strategic analysis on some corruption vulnerabilities identified in the promotion of state policy on the circulation of narcotic substances and precursors / 2021 / <https://www.cna.md/doc.php?l=ro&idc=217&id=3058&t=/Studii-si-analize/Analize-strategice-sectoriale/Analiza-strategica-privind-unele-vulnerabilitati-de-coruptie-identificate-in-cadrul-promovarii-politicii-de-stat-privind-circulatia-substantelor-narcotice-stupefiante-si-precursori>

<sup>12</sup> Illicit drug use and trafficking / Annual report of the Ministry of Health 2019 [https://msmps.gov.md/wp-content/uploads/2020/12/Raport\\_anual\\_2019\\_OND.docx](https://msmps.gov.md/wp-content/uploads/2020/12/Raport_anual_2019_OND.docx)

<sup>13</sup> [http://statistica.gov.md/public/files/publicatii\\_electronice/Violenta/Raport\\_violen\\_fem\\_eng.pdf](http://statistica.gov.md/public/files/publicatii_electronice/Violenta/Raport_violen_fem_eng.pdf)

<sup>14</sup> [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_5\\_WOMEN.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf)

<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860395/>

<sup>16</sup> [https://www.researchgate.net/publication/265593365\\_Intimate\\_partner\\_violence\\_and\\_drug-addicted\\_women\\_From\\_explicative\\_models\\_to\\_gender-oriented\\_treatments](https://www.researchgate.net/publication/265593365_Intimate_partner_violence_and_drug-addicted_women_From_explicative_models_to_gender-oriented_treatments)

<sup>17</sup> [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_59/ECN72016\\_CRP4\\_V1601463.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf)

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<sup>19</sup> <https://hincesti.md/wp-content/uploads/2017/01/15.01.pdf>

<sup>20</sup> [http://lex.justice.md/viewdoc.php?action=view&view=doc&id=333826&lang=1&fbclid=IwAR2YBKC7pb7v9wJdG4oGVA1F\\_Evhi8IiKBXf6sk6NKyrf6C1dOZFzE026Z0](http://lex.justice.md/viewdoc.php?action=view&view=doc&id=333826&lang=1&fbclid=IwAR2YBKC7pb7v9wJdG4oGVA1F_Evhi8IiKBXf6sk6NKyrf6C1dOZFzE026Z0)

<sup>21</sup> <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337208>

<sup>22</sup> Navi Pillay, 'Equality and Justice in the Courtroom', *Huffington Post*, 3 March 2014.

<sup>23</sup> <https://soros.md/files/publications/documents/Studiu%20Perceptii%20Consumatori%20de%20Droguri%20Injectabile.pdf>

<sup>24</sup> [http://www.legis.md/cautare/getResults?doc\\_id=108267&lang=ro#](http://www.legis.md/cautare/getResults?doc_id=108267&lang=ro#)

<sup>25</sup> <http://uorn.md/caz-de-discriminare-pe-statut-hiv-castigat/>

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<sup>29</sup> Standard on psychosocial assistance to drug users <http://89.32.227.76/files/9042-STANDARD%2520Asistent%2520psihosociala%25202011.pdf>

<sup>30</sup> <http://imspdrrn.md/wp-content/uploads/2019/05/Registrul-Riscurilor-pentru-anii-2019-2020.pdf>

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<sup>34</sup> National Clinical Protocol no. 10, of 23.06.2013 *Mental and behavioural disorders related to opiate use*.

<sup>35</sup> The pharmacological treatment program in Moldova was approved by the Ministry of Health, Labour and Social Protection by the Order no.159 of 20 May 2003. According to the Government Decision no.166 of 15 February 2005, methadone substitution treatment was introduced in penitentiary institutions. Opioid Substitution Therapy (OST) in Moldova is free-of-charge treatment for any person, regardless of the availability of health insurance/Annual report on consumption and illicit drug trafficking, 2019 [https://msmps.gov.md/wp-content/uploads/2020/12/raport\\_anual\\_2019\\_ond.docx](https://msmps.gov.md/wp-content/uploads/2020/12/raport_anual_2019_ond.docx).

<sup>36</sup> In 2020, the exercise of estimating the size of groups of injecting drug users in the civilian sector, sex workers and men who have sex with men, was carried out based on the latest recommendations of the WHO Biobehavioural Survey Guidelines for Populations at Risk for HIV. The estimates were made separately for the municipalities of Chisinau and Balti on the right bank of the Nistru River and for Tiraspol municipality, Rabnita city on the left bank of the Nistru River.

<sup>37</sup> 'Annual report on consumption and illicit drug trafficking, 2019' [https://msmps.gov.md/wp-content/uploads/2020/12/Raport\\_anual\\_2019\\_OND.docx](https://msmps.gov.md/wp-content/uploads/2020/12/Raport_anual_2019_OND.docx). Accessed 14 May. 2021.

<sup>38</sup> Report New psychoactive substances include synthetic cannabinoids (“spices”) and pyrovalerones and other synthetic cathinones (“salts”) [https://harmreductioneurasia.org/wp-content/uploads/2019/12/Moldova-NPS-Research\\_ENG.pdf](https://harmreductioneurasia.org/wp-content/uploads/2019/12/Moldova-NPS-Research_ENG.pdf)

<sup>39</sup> <https://agora.md/stiri/82567/analiza-cna-numarul-real-al-consumatorilor-de-droguri-este-mai-mare-decat-cel-oficial>

<sup>40</sup> ‘Harm Reduction - EHRA., Yatsko A., Republic of Moldova: Analysis of the sustainability of the opioid agonist therapy programs in the context of the transition from donor support to national financing. Vilnius, Lithuania: Eurasian Harm Reduction Association (EHRA), 2020’. <https://harmreductioneurasia.org/harm-reduction/>. Accessed 14 May. 2021.

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<sup>42</sup> ‘Republic of Moldova/Project of the National Program for the Prevention and Control of HIV/AIDS and STIs for 2021-2025.’ <https://cancelaria.gov.md/sites/default/files/document/attachments/954-msmps.pdf>. Accessed 14 May. 2021.

<sup>43</sup> [https://www.euro.who.int/\\_data/assets/pdf\\_file/0005/183380/Practical-Guidance-Toolkit-How-to-implement-and-scale-up-opioid-substitution-therapy-OST.pdf](https://www.euro.who.int/_data/assets/pdf_file/0005/183380/Practical-Guidance-Toolkit-How-to-implement-and-scale-up-opioid-substitution-therapy-OST.pdf)

<sup>44</sup> Findings of a focus group discussion/ <https://harmreductioneurasia.org/wp-content/uploads/2021/03/EHRA-OAT-Sustainability-Assesment-Moldova-ENG-2020.pdf>

<sup>45</sup> Yatsko A.. New psychoactive substance use in Moldova and Belarus: research results from the Republic of Moldova. Swansea, Wales; Swansea University and the Eurasian Harm Reduction Association, 2019. [https://harmreductioneurasia.org/wp-content/uploads/2019/12/Moldova-NPS-Research\\_ENG.pdf](https://harmreductioneurasia.org/wp-content/uploads/2019/12/Moldova-NPS-Research_ENG.pdf)

<sup>46</sup> According to their form, NPS can be divided into two main categories: 1) Herbal and chemical mixtures intended for smoking, which include spicetype products (synthetic cannabinoids–khimar/ smoking mixtures/ ethnobotanical substances). 2) Mixtures of chemical powders, pressed or in other forms intended for injecting; these contain a mixture of psychoactive synthesizing substances with an stimulating or hallucinogenic effect. Such substances are sold mainly under the name salts (synthetic cathinones).