

Session 2: The adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels (October 20, 2020)

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Distinguished participants, I represent the Centre on Drug Policy Evaluation and will focus on our experience operating the first and only drug checking service in Toronto, Canada.

Opioid overdoses continue to rise in Canada and elsewhere, and have been exacerbated by the COVID-19 pandemic. Given the primary cause is highly-potent synthetic opioids in the unregulated drug supply, drug checking has been adopted across Canada to prevent overdose.

Toronto's drug checking service offers people who use drugs information on the contents of their drugs, helping them make more informed decisions while also uncovering the makeup of the drug supply. Our service has detected new psychoactive substances that cause health harms, including scheduled NPS. I will focus on one trend among many.

Last month, an alert was issued by our service as carfentanil was detected. Carfentanil is an ultra-potent synthetic opioid that was internationally controlled in 2018, yet has remained available and is responsible for deaths in several countries.

It's important to recall that the opioid supply moved towards carfentanil after less potent opioids were controlled. In 2016, one fentanyl analogue and two fentanyl precursors were scheduled by the CND. Carfentanil was subsequently detected in Toronto's drug market, and has remained despite itself being scheduled internationally two years later.

This reflects a reoccurring phenomenon across drug classes, described as the "Iron Law of Prohibition," that scheduling is followed by a move towards more highly-potent – and thus more easily trafficable – comparable substances. "As law enforcement becomes more intense, the potency of prohibited substances increases."

Scheduling has been unable to stem the rise of highly-potent synthetic opioids, much like the so-called "cat and mouse" game experienced with NPS in other regions. Blanket bans, new prohibitions, and enforcement crackdowns have been unsuccessful in curbing supply and demand and have invariably led to market mutations that increased harm.

Member states must examine the ramifications of supply reduction interventions before implementing them and consider if health interventions are better equipped to reduce harms. Balance hasn't been achieved in this regard.

Resources for law enforcement could more usefully be redirected towards tailored health interventions, developed with people who use drugs and civil society. Decriminalization of personal use and possession, as recommended by the UN System Coordination Task Team, must be seriously considered. Expanding access to pharmaceutical-grade alternatives, or "safer

supply” as discussed yesterday by Canada, is a critical response to the poisoned drug supply.

I urge member states to acknowledge what the evidence shows: scheduling drugs and pursuant enforcement approaches have been ineffective in reducing demand and supply, and have had severe negative consequences on marginalized populations.

I further urge member states to act where efforts are most needed and effective – by prioritizing and investing in evidence- and rights-based policy, health, and harm reduction interventions.

Business as usual has proven ineffective and harmful. It’s time to reimagine how the global drug control system can best uphold our collective obligation to protect the health and welfare of humankind.

Thank you.