

Enhanced harm reduction measures as a solution to the toxic drug supply crisis

A presentation by Mart Kalvet (NGO „LUNEST“) at the 2024 INCB Civil Society Hearing

Greetings!

The war on drugs has been extremely harmful and challenging for my people. In the early 2000s, amidst the Afghan heroin drought and tense international relations, Estonian law enforcement agencies managed to nearly halt the country's heroin supply. Immediately after, we became a testing ground for novel synthetic opioids – that is, fentanyl and its analogues. By the time heroin supply from Afghanistan resumed, most people who had used it before had either quit or switched to fentanyls. Overdoses spiked and hundreds of people died. Estonia received the un-coveted title of “Overdose capital of Europe”.

For more than 20 years now we have been observing the progress of this tragedy that has been called an “opioid crisis”, or more aptly “overdose crisis”. Although I think “toxic drug supply crisis” is the clearest and most accurate term. In most cases, people did just *not know* that they were taking a life-threatening dose of a dangerously potent synthetic opioid.

In the US, the toxic supply crisis has now reached a level where a person dies of a drug overdose every five minutes. Many of them would have preferred to have used other drugs than the ones being pushed to them; some were even unaware of both the exact nature of the substances as well as the risks involved in consuming them. Many were forced by circumstances to use alone – and die alone.

Estonia is a small country, which made it easier for the police force to take down the main fentanyl distribution network in 2017. Fentanyl supply dried out, and overdose deaths from fentanyls dropped to historic lows. But our NGO predicted that this situation would not last long, and warned the state to prepare for the next wave of novel drugs bringing consequences we could not imagine at the time. I am very unhappy to say that nitazenes fulfilled that prediction, with isotonitazene appearing in the Estonian drug supply in 2019. Since the law defines the criminal amount of any drug starting from ten doses needed to intoxicate an average person, and according to forensic scientists, an average person's tolerance to nitazenes is very low, an amount sold as a single dose of some nitazenes may contain more than a hundred average doses. This means they are effectively impossible to source in sub-criminal quantities.

This impedes the effectiveness of our country's harm reduction and drug treatment system, which includes take-home naloxone, HIV and hepatitis C testing, syringe

services, peer support, opioid substitution treatment and rehabilitation programs. And we already know that this is not enough.

Last year, Estonia scheduled all nitazenes as a class of drugs. Let me now make another prediction – unless we adopt new approaches, another, possibly even more toxic group of synthetic opioids will soon emerge to wreak even more havoc. We don't know yet what they will be, but rumors on the dark web are hinting at bezitramide analogues as possible replacements for banned nitazenes.

And I would make similar predictions not only about Estonia, but most of Europe, North America, and even other parts of the world. If the supply of heroin from Afghanistan, for instance, continues to be restricted, something *will* fill that void. Suppressed drug markets tend to give way to new ones, usually with more potent and dangerous drugs.

The prohibitive and punitive approach to the problems of drug addiction and overdose deaths has thoroughly failed, and the tragedy of synthetic opioids is a clear proof of that. The 63 year long experiment with global drug prohibition has yet to contradict its own Iron Law – as enforcement becomes more intense, the potency of prohibited substances increases.

Back in the day, before the UN's adoption of global drug prohibition, addictive behavior was believed to be the consequence of the availability of drugs, to which a global ban seemed an appropriate response. The science of addiction has come a long way since, proving that sanctions, punishments, public shaming and deprivation of freedom are neither effective nor economical treatments for drug dependence. Now that we know of the importance of acceptance, kindness and support in responding to drug dependence, continuing to deny that to us is morally reprehensible. After a century of failure, we cannot keep calling the tragic consequences of the global drug war “unwanted”. No – if whole populations continue to be demonized, discriminated and incarcerated because of our preference of mind-altering substances that the people currently in power don't approve of, the human rights of people who use drugs are being suppressed *willingly*.

This, of course, is not news to many authoritarian regimes using selective drug prohibition as a calculated tool of oppression. And I'm afraid that it is because of the proven usefulness of that inhumane tool that many countries hesitate to give it up. But, at the same time, I am cautiously hopeful that recent developments in local, regional and global drug policy, like the breaking of the Vienna consensus at the CND this March – welcomingly in relation to the first mention of the term “harm reduction” in a CND resolution –, will help us all make up our minds and take action to reach the right side of history. I hope to live until the day we can look back at the criminalization of people who

use drugs and wonder how we could have been so blind, stubborn and uncaring towards our fellow humans.

In this context, the inalienable human right to health and best available treatment for people who use drugs should necessarily include enhanced harm reduction measures, such as overdose prevention facilities, drug checking services, and safer supply – that is, allowing people who use drugs to source clean drugs for non-medical use. Anything less would just prolong the inevitable at a very high cost of human lives.

I sincerely believe that this is the only viable course of action, and thus urge all governments, international organizations such as UN and its relevant bodies like INCB, UNODC, WHO, UNAIDS, and OHCHR, as well as all other parties involved to take that into account when considering changes to local and global drug laws, or designing prevention programs, support services, and changes to addiction health care.

Thank you for your attention. Peace be with you!