

STATEMENT BY THE NGO INSTITUTO RIA

To the High-Level Segment and Mid-Term Review of the Commission on Narcotic Drugs 2024

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Mexico was not always a poppy producing country. External market forces, distant wars, and immigration from other countries thrust Mexican poppy production onto the global stage beginning in the 1920s (Le Cour et al., 2019a). Indeed, the first poppies that were planted in Mexico were sown for mainly economic reasons among a few hundred farming families in the north of the country (Le Cour et al., 2019b). Since then, however, poppy cultivating communities in Mexico have dealt with repressive supply-side policies and a blanket prohibition which deepens the profound negative consequences of crop eradication, either by aerial spraying or through manual measures, including authorities setting fire to crops. Aerial spraying in particular can result in other crops being destroyed, including sustenance crops such as beans, tomatoes and corn. Further, these measures displace wildlife and honeybees, which are essential to ecosystems and human health (GCDP, 2018; Motta, Raymann, & Moran, 2018). These policies have contributed to devastation of the land and have forced poppy growers to move into more rugged, less accessible terrain – intrinsically linking cultivating communities' livelihoods to the success of organized criminal groups (Felbab-Brown, 2020). As a result, poppy cultivating communities have faced extreme violence related to prohibition over the last several decades, including witnessing first-hand the ongoing combat between the Mexican Armed Forces and organized criminal groups, with numerous consequences to the communities in the area, and human rights violations, including internal displacement (Ospina, Hernández, & Jelsma, 2018; Ordorika et al., 2020).

In response to the human and ecological devastation associated with poppy eradication measures, cultivating communities are increasingly self-organizing initiatives to regulate poppy growing as a means of saving their crops and providing their communities with greater opportunities (De la O, 2018). In this commentary, we draw on our experience as activists and scholars working on the frontlines of drug policy reform in Mexico. Specifically, we reflect our experiences participating in Mexican debates and forums, including national and international conferences, hearings in senate and congress (Alcántara, 2019), and engagement with media. Further, we include findings from unstructured, informal interviews with members of cultivating communities in Guerrero and Michoacan and people who inject drugs in Canada. It is our work with poppy producers as well as our connections with drug policy activists in Canada, that has led to the ideas proposed in this commentary. The voices of cultivators are historically missing from discussions about the regulation and distribution of opioids in consuming countries and offer a particularly critical and timely perspective within the context of the ongoing crisis resulting from a toxic drug supply. We are currently undertaking extensive and rigorous interviews with cultivators to continue deepening our shared knowledge.



Given the urgent need for new and innovative drug policy solutions to address the harms of prohibition, this paper proposes opportunities for generating a safe supply of opium gum and other poppy-based products, including manually extracted heroin, within a harm reduction and development framework. While harm reduction is a philosophy that is likely familiar to readers as an orientation that seeks to mitigate the potential harms of drugs while not seeking complete abstinence, a development framework focuses on the social and economic opportunities for marginalized groups in the supply side. It is hypothesized that such an approach could provide a means of stable and adequate income for cultivators in Mexico, while also ensuring access to a secure and unadulterated drug supply, including a range of lower potency opium products, for people who currently use opioid drugs in Canada. This will contribute to addressing a notable gap in the existing literature on drug policy and harm reduction, where the focus tends to be on the issues experienced by opioid consuming countries ([BCCSU, 2019](#); [Boyd et al., 2017](#); [Townsend, 2014](#)), while often overlooking the health and wellbeing of opium producing communities in the Global South, including in Mexico.

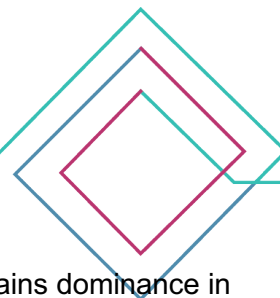
Prohibition of poppy: an historical overview of poppy cultivation and international drug control measures

Poppy cultivation is believed to have begun in 3400 BCE. The art of poppy-culling, a process for obtaining the materials for opium, was passed from the Assyrians to the Babylonians and then later to the Egyptians ([Frontline, 1998](#)). By 1100 BCE, those living on the island of Cyprus had produced specialized knives to harvest opium, which was then traded or ingested through inhalation. Since at least the mid- 1850's, opium gum has been smoked or eaten as a means to relieve pain ([UNODC, 1953](#); [Haller, 1989](#)).

In 1912, the prohibitionist regime effectively restricted opium use to solely medicinal purposes through the ratification of the International Opium Convention ([UNODC 2008a](#)). Traditional uses were, in turn, reduced and the practice of injecting illegally obtained heroin began to become more common. These restrictions to opium were consolidated in the 1961 Single Convention on Drugs (SCD), which not only confined legal opium use to medicinal or scientific purposes, but also extended prohibition to include coca leaf and cannabis as well as their derivatives. One of the stated objectives of the SCD was to eradicate all poppy, coca leaf, and cannabis cultivation globally within 25 years, a prohibitionist goal that never came to fruition.

While various drug policy conventions have effectively limited poppy cultivation, it continues to be practiced for medical purposes in 19 countries ([INCB, 2019](#)). The main export producers of natural opiates today are Australia, France, Turkey, Spain, Great Britain, India and Hungary, with other countries producing for internal demand. At this time, no Latin American country is permitted to cultivate poppy for medicinal purposes, despite Mexico being the third largest illegal producer, following Afghanistan and the Myanmar/Laos region, with approximately 30,600 hectares dedicated to poppy cultivation in the country ([UNODC, 2016](#)). The legality of poppy production remains governed by the 1961 SCD and controlled and supervised by the International Narcotics Control Board (INCB).

In the context of the illegal opioid market, distinct types of heroin have emerged, distinguished by their places of origin and distillation methods. Black tar heroin comes primarily from Mexico



and dominates the North American market, while powder heroin maintains dominance in markets in the Eastern US (Mars, Bourgois, Karandinos, Montero, & Ciccarone, 2016). During the 1970s, China White was introduced as a slang term to refer to heroin regardless of its place of origin (Scaccia, 2017). In recent years an unidentified white powder began to appear on the illegal market, also referred to as China White due to its appearance but which primarily contained furanyl fentanyl. All of these varieties of heroin have been subject to adulteration or substitution with synthetic opioids (i.e., fentanyl or its analogues); however, it is most common in the white varieties. This has been widely documented through data on seizures at the US-Mexico border (Robbins, 2020).

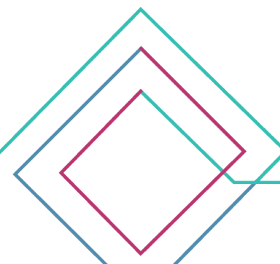
A public health crisis: the case of a toxic drug supply and the proliferation of harm reduction strategies

Over the last several years, the US and Canada have experienced an unprecedented public health crisis, largely driven by the consumption of heroin adulterated with synthetic opioids. This crisis has been referred to as a drug policy crisis or crisis resulting from a toxic drug supply and has resulted in a significant number of “overdose” deaths as well as non-fatal overdoses (Government of Canada, 2018b; Health Canada, 2018b; Health Canada, 2019a).

Between January 2016 and March 2020, more than 16,364 deaths occurred in Canada due to opioid use (Government of Canada, 2020). Fentanyl and its analogues were involved in 77% of the cases, and 21% of the overall results involved both pharmaceutical and non-pharmaceutical opioids (Government of Canada, 2020). Research shows that Canada’s illegal drug markets are adulterated, with powerful opioids such as fentanyl displacing or substituting others such as heroin (CCSA (2020).

The adulteration or substitution of the heroin supply has occurred for various reasons, including the lower costs associated with synthetic opioids and their relative availability through online platforms, both of which have increased the reach of distribution networks (Pardo et al., 2019). Alongside the growth in a fentanyl-poisoned drug supply, the per kilo price of opium gum in Mexico has dropped by approximately 80% since 2017 (Le et al., 2019). As one of the largest illegal producers of the poppy plant in the world (Ospina, 2018), Mexican poppy farmers rely heavily on the income resulting from the sale of opium products (i.e., gum) to pay for basic needs. As prices for opium gum have dropped, so too has the capacity of these small-scale cultivators to maintain their livelihoods.

In Canada, drug policy activists and service providers as well as people who use drugs have been desperately working to quell the death toll and other harms associated with the toxic drug supply. This has led to the proliferation of Overdose Prevention Sites (OPS) (Wallace et al., 2019), supervised consumption facilities (CDPC. Canadian Drug Policy Coalition, 2019), and medical heroin clinical trials (Oviedo-Joekes et al., 2009, 2016). However, despite these efforts, overdose deaths continue to rise, as do non-fatal overdoses – overdoses that have been reversed using naloxone (Narcan), an “opiate antagonist” drug that temporarily reverses the effects of opioids.



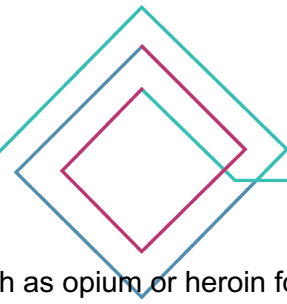
As an additional measure, in 2016, the Canadian government overturned legislation so that physicians can now apply to prescribe diacetylmorphine – otherwise known as pharmaceutical-grade heroin – to patients with opioid dependence. This change in legislation has opened the door to the implementation of medical heroin programs; however, progress is slow. Nonetheless, the potential impacts are significant. Opioid substitution treatment has proven to be effective along with methadone (EMCDDA, 2020) or buprenorphine (UNODC, 2012). There should be a range of options for people who are using drugs. Heroin Assisted Treatment (HAT) programs (Smart, 2018; Strang & Taylor, 2018; CDPC, 2020), which were first implemented in Switzerland during the 1990s are also very promising. According to a study by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), HAT is associated with significant reductions in the use of illegal heroin, including full cessation; gains in physical and mental health; reductions in criminal activity among HAT patients; improved social functioning, and efficacy of heroin provision as a treatment modality (Strang, Groshkova, & Metrebian, 2012).

Like these other established opioid substitution therapies, opium gum, which is administered orally, can also be effective in enabling people to mitigate the harms of heroin use by reducing injection use, and thereby greatly lowering risk of communicable disease transmission (e.g., HIV, Hep B and C), skin and vein injury, as well as fatal overdose (Novak et al. 2011). This is particularly promising in light of scientific evidence identifying injection as the most harmful mode of drug administration (Novak et al., 2011) and suggesting that smoking the same substances can greatly reduce the risks of opioid use, especially when there is uncertainty regarding the purity and quality of the substance (Hampshire, 2014; Stöver, 2014). Indeed, while smoking can increase certain risks, including respiratory illnesses such as asthma, feedback from clients has been generally positive. For example, in a multi-center survey undertaken in five German cities in 2012, the majority of the 165 respondents, when given the option, preferred inhalation to injection (Stöver, 2014). Offering the possibility of smoking rather than injecting should be standard fare for harm reduction sites, yet to date, it is not.

Canadian poppy and opium policy overview

The Controlled Drugs and Substances Act (CDSA), Canada's main drugs law, prohibits the possession, cultivation, production, importation, and exportation of certain scheduled substances, including cocaine, heroin, amphetamines, LSD, and other illegal drugs. Prohibition has long been identified by researchers as contributing significant harms to people and communities who use drugs.

In 2018, Prime Minister Justin Trudeau regulated cannabis for personal, adult use. The Cannabis Act (Department of Justice, 2018) creates a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada. Specifically, it aims to “keep cannabis out of the hands of youth, out of the pockets of criminals, and for protecting public health and safety by allowing access to legal cannabis” (Government of Canada, 2018a). However, its sole focus on cannabis leaves a large proportion of drug-related harms unaddressed. As described above, recent changes to legislation now allow physicians to prescribe pharmaceutical-grade heroin in Canada to treat people dependent on opiates who have not responded to other approaches (Freeman, 2016). This means there are multiple



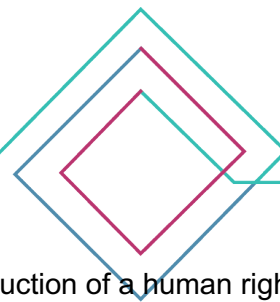
opportunities for legal and safe channels for supplying substances such as opium or heroin for medical use. In light of these recent changes in Canadian drug policy and strong trade relationships between Mexico and Canada, the potential for a synergistic relationship to facilitate access to opium products for safe supply initiatives appears within the realm of possibility. Indeed, this path provides a variety of potential benefits from a harm reduction and development perspective – benefiting both cultivating communities and people who use drugs.

Moving beyond harm reduction: toward a safe supply

In Canada, the Canadian Association of People who Use Drugs (CA- PUD) have engaged in advocacy toward enhancing access to a range of opioid substitution options under the banner of “Safe Supply” (i.e., enhancing access to unadulterated or pharmaceutical-grade opioids), arguing that a safe supply of narcotics should be a key component of any harm reduction scheme. Such initiatives would also contribute to reducing drug-related harms, including criminalization of people who use drugs, fatal and non-fatal overdoses, and human rights injustices (CAPUD, 2019).

While there are few examples of a safe supply of currently prohibited narcotics, countries such as Switzerland have demonstrated that through the provision of a safe supply (i.e., HAT), deaths due to drug use and AIDS have declined steadily (Reuter, 2009). While HAT occurs within a clinical environment and could include opium gum and other products, we propose that such services could also be expanded to overdose prevention sites and supervised consumption facilities. Indeed, while HAT represents one option for safe supply, it poses significant barriers to entry for certain populations (Strang & Taylor, 2018), leaving many without access to an unadulterated or “safe” supply of drugs.

In response to the confluence of two public health crises in 2020 – the ongoing toxic drug supply crisis and the COVID-19 pandemic, which has had disproportionate impacts on populations of people who use drugs – Health Canada (2020) has responded with action toward further realizing a safe supply. Specifically, this has involved the distribution of a toolkit to expedite access to a safe supply of medication- assisted opioid treatments, including improving access to opioid medications, take-home dosing, removing requirements such as witnessed ingestion, extending and renewing prescriptions, and even allowing for other individuals, including caregivers or family members to deliver controlled substances to patients. While these measures have been developed within the context of the COVID-19 pandemic, from a public health perspective, these and other safe supply gains can and should be continued through the pandemic and beyond (Health Canada, 2020). Additionally, in June 2020, drug policy activists took action in Vancouver, staging a protest and demanding safe supply action. Their protest included giving out doses of cocaine that had been tested and were free of adulterants (Krishnan, 2020). While they had planned to also give out heroin, they could not obtain any that had not been adulterated (Hinton, 2020). Alongside these efforts, advocates and public health experts are proposing that a regulated, low-barrier distribution of pharmaceutical opioids is a scalable intervention that could reduce drug-related harms and prevent overdoses (Tyndall, 2018; Izenberg and Marwaha, 2019).



As CAPUD powerfully notes, “safe supply is the next step in the construction of a human rights-based drug policy framework, whereas harm reduction is a humane response to deal with the outcomes of inhumane policy” (CAPUD, 2019).

Safe, small-scale production of opiates for a safe supply

The UN drug control conventions state that regulated markets for heroin can only exist for medicinal or scientific purposes (UNGA, 1961). Even so, under this regime, various safe supply measures have been adopted, including HAT. However, the heroin used in HAT is generally produced by large, pharmaceutical corporations, while rural producers of poppy in Mexico and elsewhere continue to be criminalized, resulting in violence, precarity and displacement.

As activists based in Mexico, we believe it is important to expand the discussion of safe supply initiatives so that communities that illegally cultivate poppy plants are taken into account. We believe that this discussion should focus on moving towards a model in which producers can participate in a legal, regulated market towards a safe supply of opiates. Indeed, in place of an illegal market, which inherently incentivizes more risky behaviors and higher potency products (without any purity oversight), a legal, medical market for opium gum and heroin could provide a more equitable revenue stream for criminalized cultivating communities, all while offering a lower-risk mode of administration for people who currently inject heroin adulterated with fentanyl or its analogues.

The 1961 Convention defines medicinal opium as “opium which has undergone the processes necessary to adapt it for medicinal use” (UNGA, 1961), but does not specify that currently illegal opium could not be considered for repurposed medical use. Rather than solely pursuing HAT programs, which retain the risks and harms of injection drug use (Cornford, 2016), there are other paths to safe supply that warrant exploration. Given the multiple and intersecting advantages, we propose that this should include a medicinal opium and heroin program that would benefit Mexican cultivators, while providing a less risky product and mode of administration for people who inject drugs in Canada. A successfully implemented framework that promotes a legally regulated market for opium would have the dual purpose of encouraging rural development and reducing violence in the Global South, while also providing safer products for people who use opiates in the Global North.

Bilateral poppy and opium policy overview

Canada and Mexico share a dynamic trade relationship as North American neighbors and as strategic partners in the continent. Mexico is currently Canada’s third most important trading partner, with a market reaching \$18.3 billion dollars in annual exports to Canada (OEC, 2019). The North American Free Trade Agreement (NAFTA) ratified in 1994, and the recent signing of the United States-Mexico-Canada Agreement (USMCA) in November 2018, are proof of the importance of trade between Mexico and Canada.

Though perhaps little known, most psychoactive plants and substances have tariff codes (a product-specific code) according to the Harmonized System maintained by the World Customs Organization (WCO). They are also regulated under trade mechanisms, such as the Agreement



on Trade in Pharmaceutical Products. Tariff codes exist for almost every product involved in global commerce, and the illegal status of some drugs do not impede controlled access to these products for medical use. There are tariff codes for substances that may only be imported by the International Narcotics Control Board (INCB) or by a state monopoly, for example (MINCIT, 2018). Unlike NAFTA, the USMCA includes tariff eliminations for products such as poppy straw extract (TC: 13021921), poppy straw used in perfumery or pharmaceutical products (TC: 12114000), concentrates of poppy straw, buprenorphine, and codeine (TC: 29391100) (USTR, 2020). These products are considered necessary to meet health needs and access should be guaranteed.

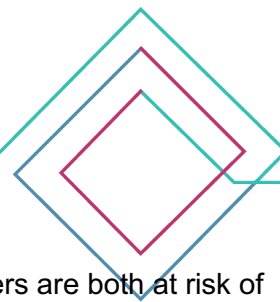
Despite federal level prohibition of opium products in both countries, gum sap and opium extracts (TC: 13021100) also have a tariff code, as do synthetic and non-synthetic opium alkaloids and their derivatives, including opium and heroin. This represents an already existing channel for trade between Canada and Mexico, which could facilitate the import/export of opium gum and heroin using the USMCA and its advantages.

As Mexican activists and researchers, we propose these channels be used to facilitate the legal trade of opium and opium-based products, including heroin, as a means of reducing overdose fatalities, seeking to ensure a safe supply for people who use drugs in Canada, and ensuring dignity and decent wages for cultivating communities in Mexico.

Mexico poppy and opium policy overview

Despite the prominence of poppy cultivation in Mexico, its criminalized status leads to significant control measures and related harms. Drug use, possession and cultivation is prohibited in Mexico according to the General Health Law (LGS) and the Federal Criminal Code (FCC), which typify drug related offenses. Production and cultivation of drugs is punishable with 10 to 25 years of prison. Maximum thresholds are established for drug possession for personal use and provide guidance for judges to determine penalties (LGS, 2015). Possession below legally established quantities is still prohibited and illegal but does not necessarily constitute a criminal offense. In 2017 alone, Mexican authorities confiscated 1170 kgs of poppy seeds, 779 kgs of opium gum, and 358 kgs of heroin (UNODC, 2018). Cultivators share stories of how crop eradication damages other food and water supplies in the area (Interview with poppy producer JM, 2020). Public funds and resources are invested into these seizures as well as crop eradication efforts, all while the price of a kilo of opium gum has dropped from approximately \$1800 USD to \$440 USD over two years, adjusting for currency exchange rates (Aguilar, 2019; Le Cour et al., 2019) – with significant implications for cultivating communities. Striking revenue differences exist between the groups that purchase poppy products to transform into heroin and the families that cultivate (JM, 2020).

From a development perspective, the destructive impacts of criminalizing the entire production chain of illegal psychoactive substances, including cultivation, production, manufacturing, distribution and delivery are striking and become clearly evident when honing in on small-scale actors, such as cultivators. For instance, poppy is a major source of supplemental income for cultivating communities; however, the majority of economic gains belong to political and criminal groups, while cultivators receive only small portions of the profits. The increased



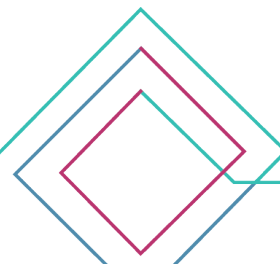
struggle for territorial control of areas of cultivation means that producers are both at risk of criminal groups, while also having them as their sole clients of these psychoactive plants (Interview with poppy producer OG, 2020). Revenues for these communities have been reduced further with the rise of synthetic opioids, which are cheaper to produce, transport and easier to distribute than heroin [Tourliere, \(2018\)](#). According to interviews, opium production has recently decreased in Mexico because of the increased presence of fentanyl in the illegal market (OG, 2020).

A model for importing opium gum from Mexico to Canada

The international drug control regime and the national legal instruments and mechanisms allow the import and export of opium and its derivatives through the 1961 SCD; which establishes the control measures and conditions for the cultivation of opium poppy and other psychoactive plants for medicinal or research purposes. Specifically, if a country elects to engage in legal poppy cultivation for opium production, a notification must be sent to the INCB, specifying the area and the geographical location of land to be used for opium poppy cultivation and approximate quantity of opium to be produced. A government agency is then tasked with designating the cultivation areas, determining licensed cultivators and administering the harvest production. This agency has the exclusive right to import, export, and wholesale as well as maintain stocks and licenses held by manufacturers of opium alkaloids, medicinal opium or opium preparations ([UNGA, 1961](#)).

After determining the licensed cultivating community for the production and harvesting of poppy plant and opium in Mexico, opium gum could then be bought by the Mexican governmental agency and sent for quality testing, analysis, and exportation. The use of a third-party for exporting the product is possible through licensing. Within this control system, there is a legal framework for Mexico to provide opium gum and manually extracted heroin to Canada. However, legislative changes would need to be carried out, designating the public institution to regulate and license those participating in the cultivation and exportation of opium. Institutions such as the Secretary of Health, and subsidiary bodies such as the Federal Commission for the Protection against Sanitary Risk could be involved ([COFEPRIS, 2013](#)). An import and export authorization or certificate would need to be issued by appropriate and relevant authorities in both countries.

For its part, Canada would have to designate a public institution to receive the product (possibly Health Canada) and distribute it to supervised consumption sites. The Access to Drugs in Exceptional Circumstances ([Health Canada, 2017](#)) regulatory pathway enables access to drugs listed on the List of Drugs for an Urgent Public Health Need ([Health Canada, 2019b](#)). This List establishes drugs that are authorized for sale in certain foreign jurisdictions that are not available in Canada, and that are needed to address urgent public health needs. This pathway is intended for exceptional public health events, such as the overdose crisis, that require immediate action. Importation and sale of drugs under this scheme requires a notification of an urgent public health need from a public health official to the Minister of Health. An eligible drug is only allowed for sale in the notifying jurisdiction ([Health Canada, 2017](#)).



Canada is removing barriers to accessing diacetylmorphine (prescription heroin) and methadone for the treatment of opioid use disorder (CDPC, 2020). In the case of heroin, it is providing flexibility by allowing patients to receive the product outside a hospital setting, such as in substance use disorder clinics (Health Canada 2018a). Considering the COVID-19 health emergency, other barriers have been removed to ensure safe access, such as take-home doses.

Diamorphine heroin is technically available in all Canadian jurisdictions as a substitution therapy in case of severe heroin dependence and as part of a treatment program with prescription heroin (Health Canada (2019b)). Unfortunately, access is nearly impossible. Although Canada has enabled access to prescription heroin, it is only available through the special access program and is currently only applied to a small cohort of patients living in the city of Vancouver in the province of British Columbia (CDPC, 2019).

The special access program has other limitations, as it requires provincial officials to set up and oversee all aspects of distribution for any 'special drug' imported into Canada. These drugs are not approved for sale and do not have Drug Identification Numbers. Provincial authorities do not have the established capacity to securely distribute these drugs to people, so it is burdensome for users to access the service. As part of increased access, the regulatory pathway allowed with the Access to Drugs program should also consider opium gum as different from diamorphine or diacetylmorphine in its isolated form, to allow for its importation in order to respond to an urgent public health need and to expand a safe supply. Since opium gum is a less risky form of using opiates, new methods of access could be introduced such as dispensaries, avoiding the restrictions applied in supervised consumption sites or HAT programs.

In terms of the necessary political processes, both Canada and Mexico would need to consent to the import and export of the product. When the product arrives in Canada, under the "saps and extracts of opium" tariff code (13021100), the Ministry of Health could send it directly to the jurisdiction running the supervised consumption site that is requesting opium gum or heroin as a harm reduction or safe supply service. It is important to note that Canada also has the option to license a company to perform the transformation and distribution of opium into heroin for medicinal use.

Numerous obstacles remain regarding the implementation of an opium-based safe supply model, including political will, the international drug control regime, and the capacity of Mexican cultivators to meet required quality standards. However, these obstacles can be overcome by demonstrating feasibility through pilot projects, capacity building and technical assistance. Preventable deaths are occurring daily in Canada, while cultivating communities in Mexico are living in poverty under threat of violence. There is a need for the recognition of the current realities for producers and consumers in Mexico and Canada to be channeled into a movement to change the status quo and save lives of people who use drugs, while also fomenting economic development in cultivating communities.

Conclusions

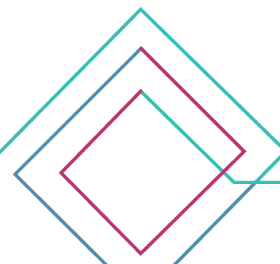


The international drug control regime has encouraged countries to implement harmful policy options under the objective of seeking a “drug-free world.” As activists in Mexico, we firmly believe that Canada and Mexico have an opportunity to revert some of the damage that has been done. Through changing policies that would allow for Mexican opium products to be used in Canada we could achieve benefits for both communities that cultivate poppy in Mexico and who are living in a context of extreme violence and poverty, as well as for people who use or inject opiates in Canada, who are also experiencing great risk to their lives.

From the standpoint of the Global South, this would be a development policy that would promote a fair price for a product that is already illegally cultivated. For the Global North, it would be a harm reduction policy that could save lives and allow people access to a less risky mode of administration and unadulterated opioid products. Indeed, bold policy changes are required to reverse the harms caused by prohibition. This commentary explores and proposes routes for safe supply opioid products from Mexico as a global response to drug problems that initially arose because of the prohibitionist paradigm and punitive drug policies. More in-depth analyses are needed on the international drug control treaties, quality controls for opium gum, and for ensuring the safety and wellness of communities that cultivate and create the legal and political paths that put people and communities at the center of drug policies. Political will is necessary to take these courageous steps.

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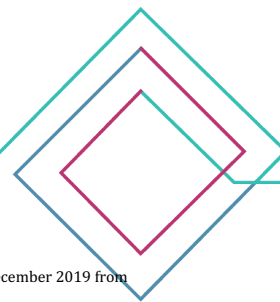
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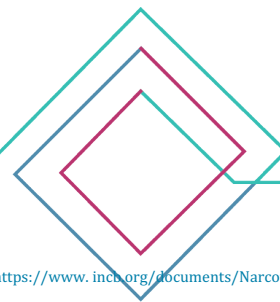
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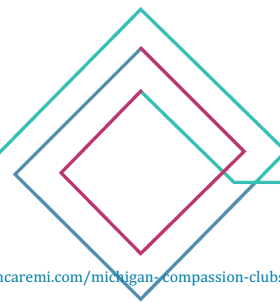
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