Good day,

Thank you for this opportunity. I am here under the umbrella of the Vienna NGO Committee on Drugs.

I work with the Canadian Drug Policy Coalition – a non-partisan, evidence-based, policy advocacy organization, comprised of numerous NGOs and civil society groups in Canada.

International drug control conventions were intended to protect the health and welfare of humankind. Unfortunately, enforcement efforts have worked against this and, in Canada, have created a context for mass death.

An unintended but inevitable consequence of supply-side interventions is the expansion and diversification of novel, often more potent, drugs.

We prohibit one drug, another replaces it. We restrict precursors but different formulas develop. UNODC documents now discuss banning pre-precursors. Soon, will we restrict pre-pre-precursors?

Canada’s drug laws are rooted in euro-centric, colonial, racist, and classist ideals that specifically targeted Indigenous, Asian, and Black communities – communities now most impacted by the global “war on drugs”.

A country of 38 million people, we currently have one of the world’s most volatile and toxic illicit drugs markets. In 6 years, close to 40,000 humans died from opioid-related toxicity. We now average 21 deaths per day.

This may be contributing to a loss of life expectancy at the population level.

Compounding trauma and grief are affecting the well-being of whole communities.

In the last decade, heroin has almost entirely been replaced by numerous fentanyl analogues – but fentanyl may not have proliferated had we sensibly regulated, instead of prohibited, heroin.

Fentanyl is not inherently dangerous – it is used widely in human medicine – but in the unregulated market, dosage and purity are never assured. Prohibition is killing people.

Beyond the deaths, there are thousands of hospitalizations, a growing cohort of people surviving with brain damage after non-fatal overdoses, and traditional opioid therapies, such as methadone, are less effective due to increased drug tolerance.
Fentanyl is a short acting drug – people use more frequently than with heroin, increasing the chances of communicable infections and the need for more income. Sometimes people resort to transactional sex or low-level crime.

People are consuming drugs that unknowingly contain multiple substances. Benzodiazepines and nitazine type compounds now contaminate the supply, adding complications.

The diversification of drugs has caused unprecedented mortality, negative health outcomes and social impacts, creating an untenable situation. It may sound incredible, but I wish we could go back to simply contending with heroin.

Cartel violence, corruption, and environmental degradation are other issues noted in the current World Drug Report, and human rights concerns are documented in the recent Office of the High Commissioner on Human Rights report.

Solutions to the world drug situation and Canada’s toxic drug crisis require a shift away from the various harms of prohibition.

We are apprehensive that the recently launched Global Coalition to Address Synthetic Drug Threats may further entrench enforcement responses and accelerate the range and diversification of drugs.

We urge all member states and UN bodies to develop a new approach. The UN Office of the High Commissioner for Human Rights calls for the consideration of “responsible regulation” including “a regulatory system for legal access to all controlled substances”.

This is desperately needed.

Thank you for your attention.