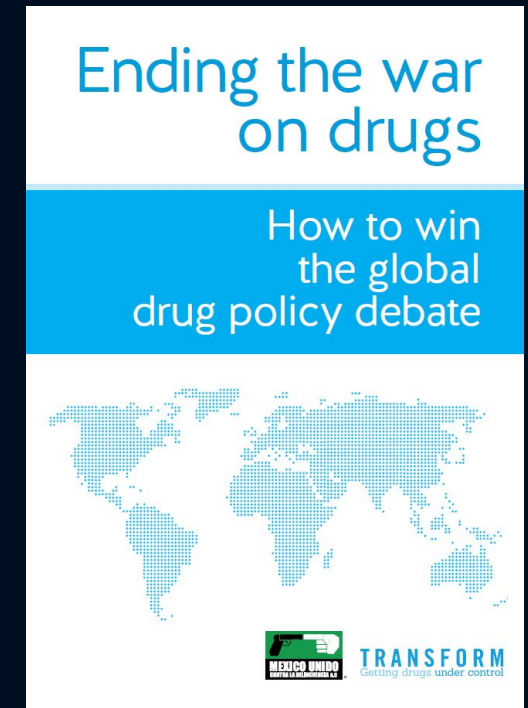
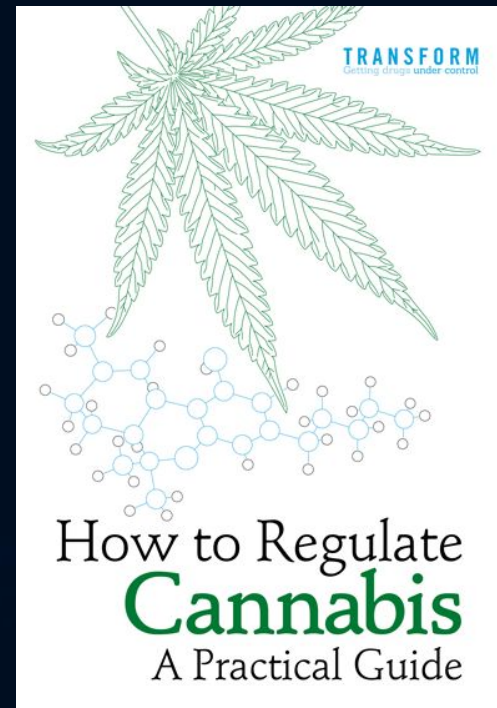
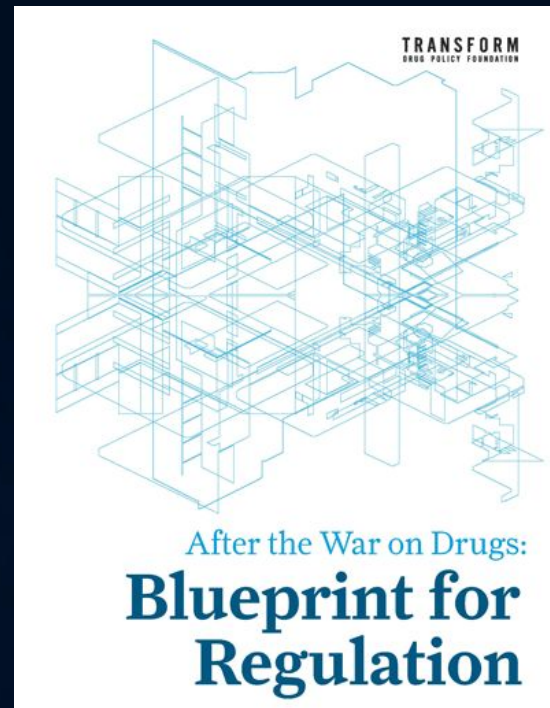


TRANSFORM
Getting drugs under control

Regulatory approaches to reducing harm from stimulants

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Critique, Vision, Advocacy



Introduction

- Drug risks well understood and documented
- But all harms shaped by legal & policy - the 'risk environment'
- Criminalisation / prohibition ineffective regards demand / supply but is effective at fuelling social & health harms
- Focus today is health harms, but we must not ignore wider social harms of the punitive enforcement paradigm:
 - Crime, corruption and violence
 - development and security
 - human rights
 - environment

Public health harms of prohibition

- Increasing drug risks
 - unknown strength and purity
 - encouraging unsafe using behaviours, & use in unsafe unsupervised environments
- Marginalising vulnerable people
 - Criminalisation / stigmatisation
 - Reducing access to services
 - diverting resources away from effective services into counterproductive enforcement

Harm reduction....

- harm reduction works
- 100 countries around the world have formal harm reduction policies
- Supported by the WHO
- drug consumption rooms - Copenhagen (cocaine and methamphetamine smoking and injection)
- drug safety testing in party environments - MAST etc

Supervised drug consumption rooms



Drug safety testing



ALERT

www.WeAreTheLoop.org

DUE CAUTION IS ADVISED WITH THE FOLLOWING PILLS TESTED BY THE LOOP AT UK FESTIVALS IN 2019

	Yellow & White TECHNOGYM ~330mg MDMA
	Orange & White SPRITE ~390mg MDMA Alert released at Parklife 2019
	Blue PUNISHER ~250-300mg MDMA Multiple alerts
	Purple AUDI ~260-310mg MDMA
	Pink & Purple SKYPE ~250-300mg MDMA Alert released at Kendal Calling 2019
	Brown DONKEY KONG ~210-260mg MDMA Alert released at Kendal Calling 2019
	Brown PHILLIPP PLEIN ~170-230mg MDMA High Variability
	Orange TRUMP ~260mg MDMA High variability Alert summer 2018, tested again this season
	Pink PUTIN ~280mg MDMA
	Purple MAYBACH ~220mg MDMA Alert released at Kendal Calling 2019

Think you've had a bit too much? Don't be afraid to ask for help. Talk to your mates, take breaks and remember to keep having sips of water. Aim for a half a pint of water an hour.

Just because a pill isn't on this list doesn't mean that you shouldn't take extra care - pills in general circulation contain more than one dose.

#StartLowGoSlow

#StartWithQuarterAndSipWater

Oral MDMA Dosages, provided by www.Erowid.org
 Light 40 - 75 mg
 Common (small or sensitive people) 80 - 90 mg
 Common (most people) 75 - 125 mg
 Common (large or less sensitive people) 110 - 150 mg



Harm reduction under prohibition?

- Much of harm reduction is reducing harms of prohibition
- We are implementing evidence based harm minimisation measures, within a non-evidence based harm maximising legal framework
- It is a policy at war with itself
- We need to look at the bigger picture - the underlying structural driver of risk and harm....including prohibition
- Regulation facilitates harm reduction and **is** harm reduction

What is regulation?

- Regulation of risky products and behaviours is a primary function of government. Key motive is public good
- Distinct from 'free markets', or illegal markets regulated by entrepreneurs. Key motive is private profit
- Regulation is the norm (Prohibition is the radical experiment)
- Regulation model shaped by risk and environment. No one-size-fits-all model
- Activities outside of regulatory framework remain prohibited

What can we regulate?

- **Production and transit**
- **Products:** *dosage, preparation, price and packaging*
- **Vendors:** *licensing, training requirements*
- **Outlets:** *location, appearance, hours of opening*
- **Marketing:** *advertising, branding, promotions*
- **Buyers/Users:** *who has access? - age controls*

- *A flexible menu of options – applied to different products in different environments (see Blueprint)*

5 models of regulated availability

1. **Medical prescription** and supervised venues *e.g. methadone*
2. **A specialist pharmacist sales model** *e.g. OTC Rx*
3. **licensed retail** *e.g. off-licenses*
4. **Licensed premises** for sale and consumption *e.g. bars, coffee-shops*
5. **Unlicensed sales** *e.g. coffee, coca tea*

Why we need to talk about stimulants

- Lost in the shadows between twin spotlights of cannabis reforms and opioid crisis
- Growing problem - 12k death in US. 3 x cocaine and 10x deaths in UK in last 8 years
- Because its difficult - relatively few models to draw on
- If we want to progress the debate we need credible proposals
- Just saying the war on drug is failed - we need to legalise - not good enough.

MDMA

- Risks - moderate - mostly acute/dosage/behaviour related. Self limiting use.
- Pharmacy sales model - to start with; rationed sales licensed user model
- Sales in clubs/festivals? - possibility for the future - but challenges. Focus on safer using environments.
- Regulation facilitates harm reduction and *is* harm reduction

Cocaine

Its complicated!



Cocaine

- Each requires a different approach shaped by risks
- **coca** - teas: unlicensed sales - similar to coffee
- **stronger coca preparations?** - maybe licensed sales
- **cocaine powder:** licensed user/ pharmacy sales/ rationed access model
- **Crack:** no retail - but harm reduction approach: supervised use

Creating a 'risk/availability gradient'

- Use regulation to make safer products relatively MORE available and more dangerous products relatively LESS available,
- Over time, encourage moves towards less risky products / behaviours / environments
- prohibition does the opposite (we can't buy coca but we can easily buy crack!)
- Bigger picture - use regulation to encourage movement to safer drugs. Eg. from cocaine to MDMA or psychedelics

Conclusions

- A lot *not* covered (amphetamines, stimulants in the workplace etc)- please take a look at the book in a month or two!
- ts complicated - lots of different drugs, using behaviours, & spectrum of risks & regulatory tools
- Need to think about how stimulants fit in with other drugs use - alcohol, with opioids, & poly-drug use more generally
- start cautiously - evolve on the basis of evidence; pilot projects with lower risk drugs?
- Need to discuss NOW. cannabis reform shows how long this can take so lets start now.

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