HEALTH OFFICERS' COUNCIL OF BRITISH COLUMBIA

Attn: Dr. James Lu, 7000 Westminster Highway, Richmond, BC V6X 1A2

July 4, 2007

British Columbia Conversation on Health

Dear Sirs/Mesdames,

Re: Submission on the Regulation of Psychoactive Substances

Health Officers' Council of British Columbia respectfully makes the following submission, on the subject of the Regulation of Psychoactive Substances[1], to the Conversation on Health. This submission outlines a number of initiatives and recommendations to begin addressing this public health issue.

Health Officers' Council of BC is a registered society of British Columbia public health physicians who, among other activities, advise and advocate for public policies and programs directed to improving the health of populations. Members of Health Officers' Council of BC (HOC) are public health physicians practicing in British Columbia. Council members include, among others, medical health officers with regional health authorities, physicians with the BC Centre for Disease Control and Prevention, physicians in public health research and teaching, and physicians with the First Nations and Inuit Health Branch. For more than fifty years, members of the Health Officers' Council have, individually and collectively, played key roles in every major public health achievement in British Columbia.

Health Officers Council respectfully submits that problems associated with psychoactive substances are a population health concern of very significant magnitude. Every year in Canada psychoactive substances are linked to more than 47,000 deaths, many thousands more injuries and disabilities, and costs over $40 billion, year after year.

Legislation and policies for psychoactive substances have not kept pace with established health best practices. Modernizing legislation and policies is a focus for public health physicians in British Columbia through the Health Officers Council of BC (HOC).

The law is a powerful tool for protecting and improving health, and failure to use the law appropriately is contributing to many substance-associated problems. The enclosed paper points out that the current prohibition approach is unsustainable, and describes the failures and harms caused by this method. It also raises concerns about the risk that illegal substances could become regulated as commercial commodities, thereby potentially repeating the mistakes of alcohol and tobacco regulation.

[1] Includes alcohol, tobacco, prescription substances with reinforcing properties such as sleeping pills and painkillers, and illegal substances such as marijuana, cocaine, methamphetamine, ecstasy, and heroin.

In addition, the paper proposes questions to consider regarding policy and regulation, and calls for action to develop new regulatory approaches in support of coherent and comprehensive approaches to minimize harms and realize benefits.

To address the regulation of psychoactive substances, Health Officers Council recommends:

1. The formation of a steering and working groups to develop public health oriented proposals for policy and regulatory approaches to psychoactive substances
2. Creation of a multi-sectoral, public health oriented policy framework for developing substance category specific policies and strategies.
3. Ongoing evaluation of the current approach and various new demand and supply side approaches, including evaluation of variation of approaches at the local, provincial, and national levels.

Health Officers' Council is submitting reports to the Conversation on Health on three different topics: child poverty, problematic psychoactive substance use, and chronic disease. While different, these three topics do share some common features:

- They are among the most pressing health issues facing British Columbians today.
- They all speak to the vital importance of appropriate government leadership and intervention in population and public health.

Further, many chronic health problems and causes of problematic psychoactive drug use have their roots in the early years. The solutions to the challenges posed by the three topics are complex but inter-related. British Columbians are among the healthiest people in the world, but this degree of health is not experienced equally among us. We submit that the health challenge to British Columbians in the 21st century is ensuring that “no British Columbian is left behind."

Health Officers' Council of BC hopes that our submissions will enrich and inform the conversations on health taking place in our province. We are committed to working with the government collaboratively on the issues articulated in our submissions. We look forward to a response to our recommendations in the final report.

Sincerely,

Dr. James Lu
Chair, Health Officer’s Council of BC

JL/wjb

REGULATION OF PSYCHOACTIVE SUBSTANCES IN CANADA

Seeking a Coherent Public Health Approach

By Health Officers Council of British Columbia*

May 3, 2007

ABSTRACT

Legislative and policy frameworks for psychoactive substances have not kept pace with established health best practices. Modernizing these frameworks is a priority area in the the "National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada" [1] and is a focus for public health physicians in British Columbia through the Health Officers Council of BC (HOC).

In outlining the critical elements, the new "National Framework" says that the relationship between policy, legislation, and effective responses "cannot be underestimated," that laws "can have both positive and negative impacts", and the extent to which laws are adequately addressing psychoactive substance issues "is critical".

This discussion paper highlights the power of law in protecting and improving health, and how failure to use the law appropriately is contributing to many substance associated problems.

The paper points out that the current prohibition approach is unsustainable, and describes the failures and harms of caused by this method. It also raises concerns about the risk that illegal substances could become regulated as commercial commodities, thereby potentially repeating the mistakes of alcohol and tobacco regulation.

The HOC proposes several steps to address the "National Framework" recommendations:

1. The formation of a steering and working groups to develop public health oriented proposals for policy and regulatory approaches to psychoactive substances
2. Creation of a multi-sectoral, public health oriented policy framework for developing substance category specific policies and strategies.
3. Ongoing evaluation of the current approach and various new demand and supply side approaches, including evaluation of variation of approaches at the local, provincial, and national levels.

In addition, HOC highlights the importance of learning the lessons for better regulation of alcohol, tobacco and prescription psychoactive substances, proposes questions to consider regarding policy and regulation, and calls for action to develop new regulatory approaches in support of coherent and comprehensive approaches to minimize harms and realize benefits.

* Health Officers' Council of BC is a registered society in British Columbia of public health physicians who among other activities advise and advocate for public policies and programs directed to improving the health of populations. Contact Dr. Brian Emerson, Secretary, Health Officers Council of BC, brian.emerson@gov.bc.ca, Ph 250-952-1701.

REGULATION OF PSYCHOACTIVE SUBSTANCES IN CANADA

Seeking a Coherent Public Health Approach

By Health Officers Council of British Columbia

May 3, 2007

BACKGROUND

Psychoactive substances* are a high profile and ongoing concern due to their potentially, and frequently harmful effects. They are a significant contributor to many public health problems. Conservative estimates are that substances cause 47,000 Canadian deaths per year (21% of all deaths), at an annual cost of nearly $40 billion [2].

Moreover, these figures do not include the harms of prescription psychoactive substances. Disturbingly, the trend is worsening for illegal drugs and alcohol, although less so regarding tobacco. (See tables 1-6 for data on these substances)

While the law is a powerful tool for protecting and improving health, failure to use law appropriately for psychoactive substances has contributed to many problems. For example, the regulation of alcohol and tobacco as commercial commodities is contributing to much death, illness, and disability from these products.[3, 4]

There is also increasing recognition and concern that indiscriminate prohibition of substances (e.g. cannabis, opioids, stimulants) is actually a source of many harms. [5 6-8 9]

These harmful effects include:

- accelerating the spread of infectious diseases such as HIV and hepatitis;
- overdose deaths from concentrated products;
- violent injuries and deaths of users, dealers, and police;
- creation and aggravation of health and social problems due to criminalization, stigmatizing, and discrimination;
- damaged houses and community disruption; and
- fuelling the existence of a black market that produces crime, violence, and corruption.

A more complete list of the harms associated with prohibition are in table 7, and some quantitative measures of the harms of prohibition are in table 8.

Prohibition is increasingly being recognized as ineffective [10] in reducing the use of illegal drugs. This can clearly be seen as indicators for the use of illegal drugs continue increasing despite the many years of the "war on drugs."

Notably, from 1989-2004 cannabis lifetime use in Canada increased from 23% to 44% of the population, and past year use increased from 6.5% to 14.1%. For injectable drugs,

* Includes alcohol, tobacco, prescription substances with reinforcing properties such as sleeping pills and pain killers, and illegal substances such as marijuana, cocaine, methamphetamine, ecstasy, and heroin.

lifetime use increased from 1.7 million in 1994 to a little more than 4.1 million in 2004, and past year use increased from 132,000 in 1994 to 269,000 in 2004 [11].

Alternative models to the regulation of psychoactive substances are being developed, and focus on changes to the supply chain to protect and promote public health. [4, 12, 13]

The models identify the key activities in product acquisition as wholesaling, marketing, and distribution, which link products to consumers. They look at how these activities exert strong influences on producers and retailers, engage in promotion and show how the marketing activities may be more of a problem more than the substances themselves.

These alternate models challenge the belief that for-profit corporations should play a primary role in psychoactive substance trade. Since the for-profit corporations are obliged under law to act only in the ‘‘best interests of shareholders’’ by maximising profits, public health considerations are not drivers. And because the for-profit model compels the maintenance and expansion of sales, to the detriment of health, a different type of enterprise with public health as its primary mandate could be chosen to provide and control psychoactive substances.

There are business models such as publicly owned enterprises, private non-profit enterprises, cooperatives, or community interest companies that could be chosen to manage psychoactive substances. These models have been established to meet common social, economic, and environmental needs. In Canada, energy, water, education, corrections, and health services are predominantly supplied by such models.

For example this approach would allow wholesaling, marketing, and distribution only through a dedicated agency that has primarily a health promotion, protection, and harm minimisation charter. The form and contents of, and information about, substances would be controlled to minimise harms, manage the supply in ways that limit promotions, and provide incentives to develop less harmful products.

Regulatory interventions are very important but are only one strategy. Comprehensive, adequately resourced programs tailored to specific categories of psychoactive substances are needed. These include researching and monitoring psychoactive substance use and harms, health promotion, education, prevention, protection, harm reduction, discrimination reduction, treatment, and rehabilitation. In addition, enforcement programs are essential to ensure compliance with the regulations, and to deal with behaviours that are damaging to others.

DISCUSSION

The overarching challenge is to develop coherent, effective, and efficient approaches to minimize psychoactive substance-associated harms, without creating additional harms from implementation of control approaches. This need has also been recognized in a recent major review in the United Kingdom. [14]

Failure of the prohibition approach, and of the additional harms it generates, has created pressure to find alternative solutions. [7, 8, 15, 16] Additionally, the un-sustainability of prohibition creates a risk that some substances could become regulated as commercial commodities, thereby repeating mistakes of alcohol and tobacco regulation. Applying the lessons learned from alcohol, tobacco and prescription psychoactive substances are critical for the development of new regulatory approaches to all psychoactive substances.

Ongoing dialogue at local, provincial, national, and international levels will be essential to move beyond rhetoric to evidence informed decisions, and to overcome vested interests and barriers to change. Such barriers should not be underestimated, and will be present from those interested in protecting personal, commercial, black market, ideological and other interests.

In particular, international conventions on the control of narcotic drugs pose barriers to change, but other international conventions on health and human rights, and the Framework Convention on Tobacco Control, provide guidance to humane, less punitive approaches.

This will be a difficult and complex task, requiring investments to develop the best approaches. Complex tasks need comprehensive approaches, but without these investments, the deaths, diseases, disabilities, social and financial costs of carrying on with the presently poor performing system are a tragedy that will continue to mount. There is urgency to take action, as very many people are being unnecessarily harmed by current approaches.

A recent detailed review noted, "It is clear that there is a great disparity between the broad evidence base for prevention programmes and policies and the patterns of investment usually displayed by governments….In other cases, and a few have been identified, strong political leadership can overcome these impediments and bring public opinion with them with lasting benefits to public health, safety, and order." [17]

In conclusion, the regulatory system for psychoactive substances needs to be overhauled as it is not protecting and promoting the health of the public.

RECOMMENDATION

HOC recommends that a steering committee and working groups with broad representation be established to propose policy and regulatory improvements for tobacco, alcohol, cannabis, opioids, stimulants, hallucinogens, and sedative/hypnotics. Members would be drawn from all levels of government, non-governmental agencies, as well as growers/producers, consumers, health, social services and criminal justice agencies. This needs to be done within the context of a comprehensive, coordinated strategy.

These groups would be tasked to develop substance-specific policy and legislative proposals, guided by a comprehensive policy framework (for example see Appendix 1). Such a framework would also guide program development and other activities. Ideas for regulating tobacco in Canada from such a perspective have already been proposed. [4] Some questions to be answered about regulation of each substance category are in Appendix 2, organized according to activities that supply substances.

Table 9 provides more detail for the proposed mandates of these groups.

Proposals for new, innovative demand and supply side proposals to reduce harms and increase benefits may raise fears among some of unanticipated consequences. Ongoing evaluation of the current approach and various new approaches, including evaluation of variation of approaches at the local, provincial, and national levels is a requisite part of change, not a barrier to change. Action is needed now to prevent morbidity and mortality associated with psychoactive substances.

Table 1 - Psychoactive Substance Mortality and Morbidity Canada 2002[2]

2002	Deaths	Potential Years Life Lost	Acute Care Days
Tobacco	37,209	515,607	2,210,155
Alcohol	8,103	191,136	1,587,054
Illegal Drugs	1,695	62,110	352,121
TOTAL	47,007	768,853	4,149,330

Table 2 - Costs by Activity (Billions $) Canada 2002[2]

Health Care	8.8
Law Enforcement	5.4
Other Direct	1.2
Indirect	24.3
Total	39.8

Table 3 - Costs by Substance (Billions $) Canada 2002 [2]

	$ Billions	%	Per Capita
Tobacco	17.0	43	541
Alcohol	14.6	37	463
Illegal Drugs	8.2	21	262
Total	39.8	100	1,267

Table 4 - Deaths % of Total Canada 1992 - 2002[2]

Deaths % of Total	1992	2002
Tobacco	17.0	16.6
Alcohol	3.4	4.1
Illegal Drugs	0.4	0.7
Total	20.8	21.4

Table 5 – Potential Years Life Lost % of Total Canada 1992 - 2002[2]

Potential Years Life Lost % of Total	1992	2002
Tobacco	16.1	16.3
Alcohol	6.0	6.8
Illegal Drugs	1.0	1.9
Total	23.1	25.0

Table 6 - Acute Care Hospital Days % of Total Canada 1992 - 2002[2]

Acute Care Hospital Days % of Total	1992	2002
Tobacco	7.3	10.8
Alcohol	2.8	7.2
Illegal Drugs	0.1	1.5
Total	10.2	19.5

Table 7 – Effects of Prohibition (With acknowledgement for some of the content in Table 7 to Catherine Carstairs [18])

1. Substances prohibited	• Higher concentrations – easier to transport and conceal, greater profits • More dangerous modes of consumption i.e. injecting, smoking • Impurities • Market forces leading to price swings between low and high prices
2a. Individuals - substance users	• Health effects – overdose, death, HIV, Hep C, TB, injuries, abscesses, vein thrombosis, endocarditis, risks of carrying drugs in body cavities • Creation of secret and dangerous rituals of drug use to avoid detection • Violence directed at users as part of police seizures to secure drugs before tossing • Violence from other users and dealers • Switch to alcohol, other drugs during scarcities • Working difficult, low paying jobs, aggravation poverty • Stigmatization and discrimination, isolation from services (especially for people with mental disorders) • Sex trade to buy substances • Recruitment of youth to reduce risk for dealers • Vicious cycle of drugs, imprisonment, poor relationships, more drugs • Involvement in other criminal activities • Incarceration (sometimes for long periods), criminal records
2b. Individuals - criminal justice personnel	• Violence - injuries and death • Worker stress and anxiety • Bribery and corruption • Overcrowded prisons • Lack of respect for police
3. Families	• Inability to care for children • Much time spent on searching for drugs and money, lead to difficulties holding down steady jobs, supporting families, maintaining solid relationships. • Distrust of friends and family • Destabilized users lives adversely affecting families

4. Communities	• Small underground labs that are very difficult to control, produce product of hazardous quality, damage houses and disrupt communities • Creates a community of users, making it difficult for users to leave the community • Gives rise to a distinct culture of drug use, specialized knowledge, status, excitement • By driving "controlled" users out of the community with strict enforcement and severe penalties, drug enforcement decreases the liklihood that new users would learn techniques for managing and controlling drug use from experienced users. • Drug trade violence • Drug related crime • Police surveillance and invasion of homes
5. Society - provincial, national, international	• Results in creation of a “black market”, fuels organized crime • Federal rules and regulations contribute to fewer doctors wanting drug users as patients • Barrier to health and social service provision • Deprives provinces of greater role in regulation • Treatment poorly developed • Loss of therapeutic opportunities for some substances • Difficulty in conducting research due to illegal nature of some substances • Lack of respect for law • Disproportionate impact on racial and ethnic minorities • Distracts from major sources of psychoactive substance harm – tobacco and alcohol • Drug trade funded military conflicts, terrorism • Destabilizes economic markets • International tension regarding ideological based approaches • Environmental damage from herbicide spraying • Political instability for some governments • Loss of government and local revenue opportunities • Opportunity cost –better spending of public funds

Table 8 – Effects of Prohibition – Selected Statistics

Crime numbers for selected offences 2005 [19]

– Cannabis	59,973
– Cocaine	18,951
– Heroin	803
– Other drugs	12,528
Total	**92,255**

HIV/AIDS [20]

- Injecting drug use accounted for 7.8% of cumulative adult AIDS cases, and 16.9% of cumulative adult positive HIV test reports up to December 31, 2005.
- The estimated number of new HIV infections among IDU in 2005 (350-650) remains unacceptably high.

Hepatitis C [21]

- Estimated that the average prevalence of HCV among IDUs in Canada is approximately 80%
- Injection drug use is currently the most important risk factor for HCV infection. In Canada, it accounted for 63.2% of acute hepatitis C cases with known risk factors identified through Health Canada's Enhanced Surveillance System for Hepatitis B and Hepatitis C, for the period 1998-1999.
- Overall Canadian Prevalence was estimated at 250,000 or 0.8% of the Canadian population in 2002. If 60% are due to IDU, the prevalence due to IDU is 150,000.

Overdose deaths [2]

- In 2002 there were 733 overdoses for males and 225 for females, totalling about 958 deaths. This constituted 56.5% of all illegal drug deaths in Canada.

Table 9 - Groups Needed for Regulatory Reform

Group	**Proposed Mandate**
Psychoactive Substances Regulation Steering Committee	Refine the policy framework (appendix 1), identify additional questions needing answering regarding strategies (appendix 2), oversee and coordinate the activities of the following groups, facilitate communication and knowledge transfer between the groups, and evaluate the outcomes (intended and unintended) of the regulatory changes. This group will also need to link with groups that are working on other aspects of a comprehensive approach.
Tobacco Regulatory Reform Advisory Group	Examine all aspects of current tobacco regulation and propose a regulatory overhaul for tobacco that moves from the current relatively unregulated commercialization of tobacco to a situation where tobacco is regulated as a substance with serious health consequences.
Alcohol Best Regulatory Practices Advisory Group	Collect, evaluate, and make available the best evidence with regards to regulation of alcohol that protects public health, advise on priority research needs for the regulation of alcohol, and produce annual reports on each jurisdictions performance with regards to implementation of best practices.
Cannabis Regulation Advisory Group	Develop models of cannabis regulation that recognize the widespread use for symptomatic relief and other personal reasons, while limiting commercialization and protecting health.
Opioid Regulation Advisory Group	Develop models of regulating opioids for symptomatic and other personal use, while limiting diversion of powerful medically used opiods, limiting commercialization, and protecting health.
Stimulant and Hallucingens Regulation Advisory Group	Develop models of regulating stimulants for symptomatic and personal use, while limiting diversion of medically used stimulants, limiting commercialization, and protecting health.
Sedative/Hypnotics Advisory Group	Develop models of regulating these substances for short term symptomatic relief, while limiting dependence and addiction.

APPENDIX 1

Proposed Policy Framework For A Comprehensive Approach To Psychoactive Substances

Introduction

Government is responsible for creating conditions that are supportive of the health and welfare of their citizens, including minimizing the harms of psychoactive substances, while allowing for realization of their benefits.

It is clear that both commercialization and prohibition psychoactive substances have led to too little control, resulting in excessive death, illness, and social problems.

Ongoing dialogue with their citizens by government is needed to arrive at the best approaches to substances. Central to this discussion is exploration of the best means for regulating substances, including taking care to not increase harms by overly punitive regulations.

To assist with this the following is a public health oriented policy framework that firstly outlines assumptions and principles, and then proposes possible goals and objectives related to a number of social "sectors" which have a major role to play in managing psychoactive substances.

The purpose of proposing this framework is to stimulate discussion regarding a coherent, multisectoral approach to psychoactive substances, and to provide a foundation for designing regulatory and other strategies.

Assumptions

- Psychoactive substance use will continue to be a common feature of human behaviour.
- New substances or variations on existing substances will be discovered, and their consequences will need to be managed.
- Coordinated, evidenced based, multi-sectoral strategies oriented to health protection and improvement will make substantial, positive differences.

Principles

Policies and strategies for psychoactive substances should be based on:

- Promotion and protection of life, health, security, and human rights and freedoms.
- Empowerment, autonomy, and non-discrimination.
- Evidence and evaluation, not ideology.
- Criminal sanctions only for endangering others.
- Compassion.

The processes to develop policies and strategies for psychoactive substances should be based on:

- Rational and respectful discussion.
- Consensus building.
- Involvement of the public and those directly affected.
- Access to information and transparency.
- Where evidence is lacking, encouraging pilot research projects with careful evaluation.
- Where policies and strategies are made without supporting evidence, this should be made explicit, and evaluation and research should be initiated.

Vision

All people live in free and democratic societies that deal with alcohol, tobacco and other psychoactive substances in a mature and open manner. This includes using the law as an important source of rules for behaviour, while also promoting autonomy and therefore making only sparing use of the instruments of constraint. This is needed in order that people may seek their own well-being and development and recognize the presence, difference and equivalence of others (adapted from [10]).*

Proposed Policy Goals and Objectives

Overall Goal:

Minimization of the harms from the use, policies, and programs associated with all psychoactive substances†; and a realization of the benefits; for individuals, families, communities, and society.

Health Sector

Goal: Minimize substance related morbidity and mortality.

Objectives:

- Reduced demand for substances.
- Reduced risky use of substances i.e. injection, smoking during pregnancy
- Reduced use of concentrated forms of substances.
- Delayed onset of substance use by youth.

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* This is the original quote from the Senate report – the parts about "guiding prinicples have been incorporated in the "Principles" section:
"in a free and democratic society, which recognizes fundamentally but not exclusively the rule of law as the source of normative rules and in which government must promote autonomy insofar as possible and therefore make only sparing use of the instruments of constraint, public policy on psychoactive substances must be structured around guiding principles respecting life, health, security and rights and freedoms of individuals, who, naturally and legitimately seek their own well-being and development and can recognize the presence, difference and equivalence of others."

† E.g. Tobacco, alcohol, prescription drugs, illegal substances

Social Welfare Sector

Goals: Maximize individual, family, and community self reliance.
Minimize discrimination, stigmatization, and marginalization.

Objectives:

- Reduced family breakdown.
- Reduced individual and family dependence on social services.
- Reduced homelessness.
- Enhanced child development.
- Reduced child abuse and neglect.
- Enhanced community stability.

Education Sector

Goal: Maximize educational attainment

Objectives:

- Increased school completion.
- Reduced school problems related to substances.
- Reduced post-secondary school substance problems.

Safety, Public Order, and Justice Sector

Goal: Maximize public safety.
Minimize public disorder and crime.

Objectives:

- Reduced threatening activities and public disorder.
- Enhanced sense of security.
- Reduced arrests and incarceration of drug dependent people.
- Reduced crimes due to intoxication.
- Reduced psychoactive substance related organized criminal activity.

Agriculture Sector

Goal: Maximize agricultural activity.

Objectives:

- Increased agricultural production and revenues.
- Increased crop and product diversity.
- Increased agricultural land under production.
- Increased agricultural work force.

Environmental Sector

Goal: Maximize environmental sustainability.

Objectives:

- Reduced herbicide use.
- Reduced fossil fuel use.
- Increased conservation of forests.

Business and Finance Sector

Goal: Maximize business activity.
Use scarce public resources wisely.

Objectives:

- Increased revenues to legitimate businesses.
- Reduced adverse effects on businesses due to substance related activities.
- Increased tax revenues.
- More prudent, effective use of funds for health, social, education, public safety, and criminal justice programs.

APPENDIX 2

Proposed Regulation And Strategy Development Questions

The proposed policy framework in Appendix 1 is a starting place for dialogue regarding the relative value of the various policy goals and objectives, and the strategies that are needed for managing each category of substances.

With regards to regulatory strategies, the "life cycle" and business model that supplies the substance to the consumer needs consideration. Of particular importance will deciding whether substances are supplied using largely "for profit" business models, or largely "public interest" models as described earlier.

The following provides some questions to be considered for the regulation of each substance category. The answers to each question will need to be analyzed according to the policy framework principles, and with respect to how the answer options meet the policy goals and objectives.

Public health based regulation would include the entire spectrum of psychoactive substance management (growth/production, wholesaling, marketing and distribution, retailing, prescribing, information provision, taxation, and consumption).

Growth/Production

Should individuals be allowed to grow, produce, or acquire the substance for their own personal use?

What restrictions on growth/production should be imposed to mitigate potential adverse impacts of such activities on family, neighbours, and community?

Should individuals be permitted to sell or other wise trade substances that they have grown, produced, or acquired?

Should larger scale growth/production be allowed for selling or otherwise distributing substances?

Should growers/producers be public sector or private sector owned and operated?

What standards should exist for growers/producers? e.g. quality control, standards, risk minimization to consumer.

What other regulations should be applied to growers/producers?

Wholesaling, Marketing and Distribution– Includes purchase from wholesaler, packaging/ advertising/ other promotion/ sponsorship etc.

Should any business model other than public interest wholesaling, marketing and distribution[*] be allowed?

Should any advertising, promotion, or sponsorship be permitted, and if so, under what conditions?

Should marketers be required to support prevention and minimization of the harmful effects of their product? If so, how?

What labeling, warning, and other packaging is required to protect public health?

If promotion is permitted in exceptional circumstances for reasons of low harm potential (e.g. some caffeine products), what restrictions are required?

What information do marketers have to provide about appropriate use, harms, benefits, and resources for help if problems arise from use.

Should marketers bear a liability for withholding information about harms, misleading consumers, or for the health and social costs of their substances?

Retailing

How should prices will be regulated to prevent pricing being used as a promotion of products, and as a method of influencing access and consumption?

What information must retailers provide as part of the sales about appropriate use, harms benefits, and resources for help if problems arise from use?

Should retailers will be allowed to engage in promotional activities?

Prescription/Therapy

What are the standards of practice, and how is their implementation monitored/audited?

Information

What should governments be required to do regarding tracking and reporting the use and harms of psychoactive substances at the local, regional, provincial and national level?

What information and education should be required to be provided regarding substances?

[*] E.g. Wholesaling, marketing, and distribution only through a dedicated agency that has primarily a health promotion, protection, and harm minimisation charter. This would allow for control of the form and contents of, and information about, substances to minimise harms, manage the supply in ways that remove promotions, and provide incentives to develop less harmful products.

Taxation

Should taxation be used as a public health measure to affect patterns of use?

Should taxation levels be set to ensure that revenue is commensurate with the cost of harms to society?

Should taxation revenue be targeted to prevent and reduce the harmful effects of problematic substance use?

Should taxation revenue be used for general revenues?

Consumption

What age and other restrictions should be established to protect children and youth?

What behaviours should be subject to penalties and criminal sanctions? i.e. supplying substances to minors, impaired driving or impaired operation other machinery, production and sale of substances outside the regulatory regime

Public Services

In addition to the above regulatory strategies, it is critical to undertake a comprehensive review of the services available to determine the range and depth of programs (i.e. monitoring of trends, health promotion, education, protection, prevention, harm reduction, treatment, rehabilitation, enforcement, and discrimination reduction) that need to be in place to both support the regulatory strategies, and for the regulatory strategies to be most effective.

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