After the War on Drugs
Blueprint for Regulation

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Background

• Broad consensus around the failure of prohibition, and its central role in creating harm
• HR as a symptomatic response, historically failing to engage with the primary cause
• Progress regards decriminalisation of use
• Conventions limit exploration of legally regulated alternatives models for production/supply
• Debate stalls without clear vision of replacement...
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Regulation

• Regulation is what Governments do for risky products and activities
• Regulation is the norm – Prohibition is the radical experiment
• Regulation is guided by evidence and public health principles – not ideology
What do we regulate?

- Production and transit
- **Products** (dosage, preparation, price and packaging)
- **Vendors** (licensing, vetting and training requirements)
- **Outlets** (location, outlet density, appearance, hours of opening)
- **Buyers/Users** (Who has access: age controls, licensed buyers)

- A menu of options
Five basic models

• **Medical prescription and supervised venues** for the highest risk drugs (notably injectable opiates) and most problematic users.

• **A specialist pharmacist sales model**, combined with named/licensed user access and volume sales rationing for mid-risk drugs, such as amphetamines, powder cocaine, and ecstasy

• **Various forms of licensed retail**

• **Licensed premises for sale and consumption** (familiar with pubs and Dutch-style cannabis coffee shops)

• **Unlicensed sales** for the least risky products such as caffeine drinks, or coca tea.
• Phased / cautious roll out
• We can use regulation gradients (more > less restrictive controls depending on risks) to encourage less risky drug use; products, behaviours, environments
• Impact assessments
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