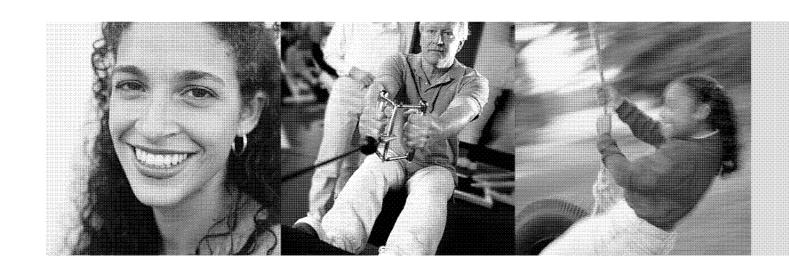
Salvia divinorum The Canadian Experience

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Canada

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Outline of presentation

Legal Status

Historical Perpective

"Monitoring the situation"

Decisions Regarding Control

Legal Status of Salvia in Canada

- Salvia meets the definition of a Natural Health Product (NHP) in accordance with the Natural Health Products Regulations and the definition of a drug under the Food and Drugs Act.
- It is illegal to sell NHPs in Canada unless they have market authorization.
- No salvia products have been approved for sale by Health Canada.
- All unauthorized drugs and NHPs may be subject to compliance and enforcement actions.



Historical Perspective

- 2002 Awareness:
 - anecdotes (media), requests from custom officers regarding legal status, issue sheet published in the US
 - informal calls to Canada Border Service Agency, Natural Health Products Directorate and others to encourage them to provide information/evidence as it becomes available
- 2004 Adverse Drug Reactions reported (n=4) through the "Canada Vigilance Program" of Health Canada



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Historical Perspective (2)

- 2005 Signal Assessment and first Issue Analysis Summary
 - What we knew about the substance
 - International situation
 - Gaps in knowledge
 - Risks
- 2007 Initial scheduling assessment
 - Need to seek more information, in particular regarding extent of abuse



"Monitoring the Situation"

- 1) Seizure data
- 2) Emergency room visits
- 3) Prevalence of use



Seizure Data

- Exhibits from drug seizures made by police forces and custom officers are analysed for content by the Drug Analysis Service of Health Canada mainly for prosecution purposes; data are stored in the Laboratory Information Management System (LIMS)
- Salvia is not a controlled substance
 - Exhibits containing salvia are usually a result of police suspecting the substance is controlled.
- Exhibits containing salvia were first seen in LIMS in 2006 (n=9).
- Number of exhibits containing salvia has remained small: 2007 (n=8), 2008 (n=4), 2009 (n=20), 2010 (n=36)



Emergency Room Visits

- Pilot project in 2 centres in British Columbia starting in 2007
 - Interviews in ER with people showing signs of intoxication
 - Did not identify salvia
- Pilot project in one hospital in Montreal in 2010
 - ER cases reviewed for alcohol and drug mentions
 - Did not identify salvia
- Early Warning System Pilot project (Data Fusion) under development: use of electronic ER records and other sources (e.g. ambulance and poison centre calls) to identify new substances, patterns etc...
 - No data yet



Prevalence of Use

High-risk population surveys (street youth, street entrenched adults, bar/party scene)

- Don't provide rates but rather early indication of use
- Pilot project in 2 provinces (starting in 2007 in British Columbia): did not identify salvia

National population surveys

- Youth Smoking Survey (YSS) 2008-2009 data released in May 2010
- Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) 2009 data released in June 2010

Provincial student use survey

 Ontario Student Drug Use and Health Survey (OSDHS) 2009 data released in November 2009



Youth Smoking Survey 2008-2009

- Student survey grades 7-12
 - Salvia monitored for the first time
- 4.9% of students reported having used salvia in the past year
 - 2.6% for grades 7-9 and 7% for grades 10-12
 - 6.9% for hallucinogens (LSD, PCP, magic mushrooms, mescaline)
 - 27.3% for cannabis



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Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) 2009

- Ongoing general population survey 15 years and older (minimum about 10,080 respondents per year)
 - Opportunity to add/change/remove questions every year
 - In 2009: question on salvia asked for the first time
- 1.6% of 15y+ reported having used salvia in their lifetime (and 0.2% in the past year)
- 7.3 % of youths aged 15-24 reported having used salvia at least once in their lifetime (0.5% among adults 25 years and older)



Decisions Regarding Control

Factors considered in determining whether the scheduling of a substance under the *Controlled Drugs and Substances Act* (CDSA) is warranted:

- Overall risk to public health and safety posed by the substance.
- Chemical and pharmacological similarity to other substances already regulated under the CDSA;
- Legitimate uses of the substance (i.e., therapeutic, industrial or commercial);
- Potential for abuse and risk of addiction associated with the substance;
- Extent of actual abuse of the substance in Canada and internationally;
- International requirements and trends in international control.



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Conclusions

- Anecdotal/ad hoc nature of the initial sources of information trigger the need for further monitoring rather than quantitative/solid information
- General population prevalence of use may be informative but may not be timely and often limited by low rates
- Available tools need to include more than one target population and data sources