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United Nations Office on Drugs and Crime

Regional Centre for  
East Asia and the Pacific

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**Address by Gary Lewis, Representative, United Nations Office on  
Drugs and Crime, Regional Centre for East Asia and the Pacific  
at the workshop on  
Exploring ATS Treatment Availability and Structured Guidelines  
in East Asia and the Pacific**

**30 March – 3 April 2009  
Jakarta, Indonesia**

Your Excellencies, Ladies and Gentlemen,

*Salamat Pagi!*

This is my first visit to Indonesia and I am very happy to be here.

I would like to start my remarks this morning by joining the other speakers to welcome all of you to this week-long workshop.

Its title is called “Exploring ATS Treatment Availability and Structured Guidelines in East Asia and the Pacific” – and it has been jointly organized by the Board of National Narcotics (BNN) Republic of Indonesia, the World Health Organization (WHO) Western Pacific Regional Office and UNODC’s Regional Centre in Bangkok, under our project “Improving Access for young people with ATS Abuse to Effective Treatment”.

It is for me a pleasure – and an honour – to be permitted to welcome to this workshop, participants from all the ASEAN countries – as well as China.

I also warmly welcome our consultants from Australia, Brazil, the UK and Indonesia.



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Friends,

The illegal manufacture, trafficking and abuse of amphetamine and methamphetamine has been – arguably – the major drug problem in the East and Southeast Asia since the mid-1990s. Many methamphetamine laboratories found in the region are among the world’s largest, and about half of global seizures of ATS still occur in the region.

Of the 24.7 million people who use ATS around the planet, 55% of them reside in Asia. Almost all of these users (97% to be precise – according to UNODC figures) are concentrated in East Asia and the Pacific.<sup>1</sup>

Since the mid-1990s, we have been able to develop our understanding of the extent and nature of the problem. But our response has not kept pace with the evolution of the problem. Nor has it been up to the mark.

We know that ATS use can lead to devastating medical, psychological, and social consequences. The problem becomes more complex as people are now using multiple types of drugs and often have co-occurring mental health disorders, such as depression and anxiety.

We know that ATS use can also contribute to the transmission of infectious diseases, such as hepatitis and HIV/AIDS.

**We know that the acts of desperate users can infuse whole communities with new waves of crime – unemployment – and other social ills.**

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<sup>1</sup> United Nations Office on Drugs and Crime, *2008 World Drug Report*.



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This continuing growth in ATS use throughout the region means that we must act. We must act not only to stop production and trafficking. But we must also act to prevent people – especially young people – from starting to use ATS. More than this, we must try to convince those who are using, to stop. And for those who cannot stop or will not stop, we must at least reduce the risks they pose to themselves and those around them.

And we must do so on the basis of what the evidence says works.

The good news is that methamphetamine addiction can be treated. People do recover. But this only happens when treatment is **effective** – and this means treatment which addresses the multitude of problems resulting from ATS use. And it only happens when treatment is **available**.

This workshop aims to contribute to both outcomes.

### **So, how did we get here?**

Some time ago, as part of our project on ATS treatment headed by **Dr. Manjul Khanna [identify in audience]**, we undertook a rapid assessment survey. We looked at the situation in Cambodia, China, Lao, Myanmar, Thailand and Viet Nam. Our purpose was to identify the treatment needs of young illicit ATS users and to map the current responses of governmental and NGO institutions to prevent and treat ATS abuse among the youth.

The survey results highlighted that there was – indeed – a lack of treatment facilities, as well as structured treatment protocols. On top of this there was a lack of trained staff who could administer the treatment.



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Because countries of the region are – even now – struggling to come to terms with ATS, many of them are currently adapting treatment for ATS from opiate therapies. As a result, currently, in East and Southeast Asia, there are very few options for ATS treatment which have not grown out of the opiate therapies. In addition, most forms of treatment follow a “no pain – no gain” abstinence-based approach.

In order to try to find out how other countries from the region were grappling with their own ATS epidemic, our project conducted a study tour to Melbourne Australia in July last year. The purpose? To develop a greater understanding of effective ATS treatment. This study tour allowed decision makers from the region to observe treatment options which have demonstrated that they can work.

When they returned to their respective countries they concluded that the best approach would be to modify existing guidelines in line with Asian social norms in order to enable communities in the region to build consistent and effective treatment responses mainly for their young ATS users.

Today’s workshop is thus an important **milestone** along this path.

### **Who will benefit?**

First, our work will eventually equip governments and NGOs with a tool to for effective ATS treatment throughout the region.

Second, service providers and staff working in the drug field, particularly those working in rehabilitation services will – once they receive training in the guidelines – possess a better understanding of ATS abuse patterns, as well as most appropriate treatment options available, and finally how best to effectively apply treatments.



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Thirdly, a key component of our strategy – under the UNODC project which is partly-supporting this week's event – is to identify and develop existing expertise in the region. Technical assistance projects down the line will be able to deliver these guidelines.

### **The Joint Programme of WHO and UNODC**

As I move towards the end of my remarks, I would like to take this opportunity to thank our brothers and sisters in the WHO Western Pacific Regional Office for their support in getting this workshop off the ground.

This event today provides WHO and UNODC with one of the first opportunities to manifest – on the ground – the recent agreement between our two agencies called the **Joint Programme** on drug dependence treatment and care.

This Joint Programme promotes science-based and ethics-based responses for drug dependence treatment and care. And it does so at the global, regional and national level.

I believe that the Joint Programme will become an invaluable tool for policy and decision makers and civil society. UNODC's *Treatnet* project is already part of this larger programme. As some of you know, the *Treatnet* project – managed in this region by Dr. **Juana Tomas-Rosello, also based in Bangkok [identify in audience]** – is already active in four countries of SE Asia. WHO and UNODC will continue to work together to expand such initiatives to cover as many countries as possible. We will provide technical assistance to build capacity. In so doing, we will help our Member States deliver a continuum of care to people with drug dependence.



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Research has taught us that those with drug dependence benefit most from services close to their communities that take into account their individual needs and that combine medications with “talk therapies:” and social support.

I believe that the Joint Programme will push hard for a coordinated public-health-oriented approach from the health, social welfare and law enforcement sectors to address the problem. Together we can demonstrate what works in the region and make sure that good practices are disseminated and shared across countries to ultimately improve the health and well-being of those suffering from drug dependence and their families..

All of us working together – government – service providers – community representatives – parents – family members – all of us will draw some benefit from the important work which has called us to Jakarta this week.

Friends, I started off this morning by saying that this was my first visit to your lovely country.

I hope to have many more opportunities to come – to listen – to learn – and also maybe to contribute.

But for now, I look forward to seeing the treatment guidelines – and then seeing them in operation. And I wish this workshop every success.

*Terima kasih.* Thank you.