



UNODC

United Nations Office on Drugs and Crime

**Drug Issues and Priorities for Southeast Asia:
a UNODC Perspective**

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Excellencies, Distinguished Guests, Ladies and Gentlemen,

Asalaam alaikum,

- On behalf of my fellow participants – especially those who have travelled from overseas to be here today – I would like to thank the conference organizers and co-hosts for their very warm welcome.
- I am honoured to have been invited to address you this morning.
- At the moment, here in SE Asia, there is a lot going on in respect of drug control and drug demand reduction. And I have been looking forward to sharing some reflections today on both the overall global drug control system and then some matters in our regional specifically which require our urgent attention.

[The international drug control system is still valid]

- In recent months there have been strident calls for changes to the international drug control system.
- Those who make these calls range across the entire spectrum – from those who would reform the system – to those who would overturn it entirely.
- But there is a history to how we got here. The current international drug control system has been developed by the countries of the world working together.
- It has been codified through the adoption of three conventions.
- These drug conventions enjoy near-universal adherence.
- What is more – the validity of the system has been frequently reiterated by governments collectively – certainly in the Special Session of the General Assembly in 1998 and more recently during a high-level summit of the Commission on Narcotic Drugs in 2009.
- We ought not to underplay this element of near universal adherence.
- We often seem to forget that a multilateral system can only be made – or reformed – or changed – through the collective will of governments.

["Containment" works]

- Having said this, I would go further.
- I would argue that “containment” has worked. Having served as a drug control officer for the better part of the past two decades, I believe this personally.
- Opiate cultivation over this period has declined globally.
- Same with coca cultivation.
- Production of botanically-based illicit hard drugs is limited to a few countries across the planet.
- According to UNODC estimates, drug use has effectively stabilized across globe.
- However, there are warning signs – mainly related to our region, in fact. I will come this later.

- So, the international drug control system is not perfect.
- But it has nonetheless contained the drug problem to “only” about 5% of world’s the adult population¹.
- “Problematic” illicit drug users are significantly fewer than 1% of the adult population of the world.²
- So, the argument that drug control is a failure because the drug problem has not disappeared is flawed and polemical.

[Improve the system by using evidence]

- But I would certainly agree that the international drug control system can be improved, and made more effective.
- And I fully support the call – made by many, some of whom sit among us today – for the greater use of evidence to establish what works.
- To improve the effectiveness of our conventions we need more debate, more evidence. And we need to use the evidence to inform policy.
- Finally, we need leaders who are brave enough to act on the consequences of what the evidence is telling us.

[Balanced approach]

- One of the things the evidence tells us is that over the last half century of implementing the drug control system, we have put too much emphasis on law enforcement, and too little on public health and human rights.
- Redressing the balance does not mean neglecting law enforcement and putting all our effort into public health and human rights.
- But it does mean that public health and human rights issues should be elevated to the same level of attention and resource provision as law enforcement.

[Health at the centre]

- Historically, the conventions called for the protection of public health as the first principle of drug control. Law enforcement is only a means to achieve that end.
- People of who use drugs are far too often perceived, at best, as people with a moral affliction – or, at worst, as criminals who needed to be punished.
- All of this flies in the face of conclusive scientific evidence that drug dependence is a chronic, relapsing disorder. It is a disease, not a crime.
- A disease can be prevented. And, if it still occurs, it can be treated.
- Treatment offers a far more effective cure than punishment.

¹ The segment aged between 15 and 64 years.

² Figures from WDR 2011: Number of illicit drug users, who use at least once a year, i.e. annual prevalence, from 149 to 272 million, which is 3.3% to 6.1% of the adult population; number of problem drug users, 15 to 39 million, which is 0.3% to 0.9% of the adult population.

- Even if we consider that there are a maximum of 29 million “problematic” drug users in the world, it does not seem like an insurmountable obstacle to offer treatment to what is significantly fewer than 1% of the world’s adult population.

Ladies and gentlemen, these are some of what I would call **global home truths** which I believe need to be shared with a distinguished audience such as yourselves.

But what about the situation close to home – here in SE Asia?

[We have taken our eyes off the ball on drug control in SE Asia]

- For the past four years (2007-2010) we have seen increases in poppy cultivation in Myanmar, which is far and away the largest poppy cultivator in the region, and we are worried about the prospects for a further expansion in 2011.
- By almost every single yardstick, **amphetamine-type stimulants** (or ATS) have supplanted opiates in terms of drug production, trafficking and consumption in East and SE Asia. The figures are alarming.
- In a few weeks, UNODC will release its latest regional ATS trends analysis. And the news will not be good.
- My overall conclusion is that the international community has **taken its eye off the ball** on drug production and trafficking in South-East Asia.
- The numbers are heading in the wrong direction.
- We must be proactive on all fronts to prevent our region again becoming a major drugs hub.
- And in this context, I use this opportunity to pay tribute to the many brave law enforcement officers and prosecutors who are tackling the criminals who move drugs into and through our region. The UN tries to do what it can to help them.
- But on the health side – on the demand reduction side – how are we faring?

Approaches which need changing in our region

Prevention:

[More evidence-based primary prevention is needed]

- I believe that simply not enough is being done on the **primary prevention** of drug use. At times, yes we see efforts to prevent drug use – but these are often not grounded on evidence and hence they do not make a difference. We may not even know whether they are making a difference or not – because there is no monitoring or evaluation.

[Less talk about “wars on drugs”]

- Another worrying – and perhaps increasing – trend in some parts of the world is the persistent idea of the so called “**war on drugs**” – which is implicitly also a “war” on drug users. For the record, “war on drugs” is not part of the

language of UNODC. Any “war” is a war on people – our brothers and sisters – and our children. There are better, more effective, solutions available.

Treatment:

[Substance use disorders are not a reflection of moral weakness]

- Too many colleagues in the treatment business are also either unaware of – or fail to understand – the **neuro-biological** basis of addiction.
- As a consequence, we continue to believe that a **punishment-centred** approach is likely to dissuade or deter people from using drugs.
- And for this reason, we fail to provide effective remedies for their dependence.
- For example, available evidence indicates that “only” some 11% of people who use ATS develop some level of dependency on that drug. These are the citizens who will benefit most from **evidence-based** drug dependence treatment.
- However, many countries provide long-term residential rehabilitation for people who use drugs – whether or not they are drug dependent – often without the consent of the patient. This is – in reality – a type of low-security imprisonment.

[We have made significant investments in things that don’t work]

- Compulsory centres that house people who use drugs are the most obvious manifestation of this distortion.
- According to government reports, there are currently over 300,000 people detained in some 1,000 **compulsory centres** in East and South East Asia. These centres constitute a complex phenomenon³ as well as a challenge with serious public health, human rights and rule of law implications.
- UNODC is very concerned about the existence of such centres for four main reasons.
 1. The detention of people who have used drugs often does not distinguish between occasional users and those who are drug dependent.
 2. The centres are often ineffective in treating people who are drug dependent, since evidence-based drug dependence treatment is mostly not available in the centres. Result? Very high relapse rates.

³ It is noted that investments often provide dividends to local communities through employment, trade etc. which make such communities resistant to move towards change. Any move towards change will require the introduction of evidence-based approaches that enable economic sustainability in the communities where those centres are established so as to prevent a political back slide.

3. The centres tend to lack HIV prevention, treatment and care services and, in many cases, primary health care is limited.
 4. Finally, we are concerned about reports of human rights violations such as allegations of forced labour.
- In view of these various concerns, the United Nations system agencies in Asia have decided to develop a joint **UN Position Statement** on the compulsory centres with the aim of making its concerns on the centres clear. This statement will be issued shortly.

[UNODC's objective: Voluntary, evidence-based drug dependence treatment]

- The bottom line is that we do have an alternative – and that is the provision of **voluntary, evidence-based, community-based drug dependence treatment**.⁴
- This is what UNODC is promoting. Our aim is to work with governments and NGOs to establish and scale-up drug use prevention, drug dependence treatment and HIV prevention, treatment, care and support services for people who need them.
- To do this effectively, we need the support of our donor community since the current level of funding for evidence-based drug dependence treatment services simply does not meet the demand at country level.

[Positive example: Malaysia's Cure and Care 1Malaysia Clinics]

- Nonetheless, there are already examples where countries in the region are moving in the right direction – using their own resources.
- Please allow me to praise the very positive approach taking place in our host country – Malaysia.

⁴ Such treatment is in line with the *Principles of Drug Dependence treatment and Care* proposed by UNODC and WHO. The following four principles are strongly encouraged in treatment: (1) Individual treatment plan should be built on following screening and assessment of the level of drug dependence; (2) any treatment must respect the right by the individual to consent to treatment, just like before treatment of any other health condition; (3) treatment services should be available and accessible to all those that need treatment in the community; (4) only a small minority of people, the most complex cases, require residential treatment. The majority of people can be treated on an out patient basis. In addition, we need more cognitive-behavioural and case-management approaches. There is an acute lack of human resources to implement evidence-based treatment approaches. Often is because the workforce has often not been equipped and trained in the use of cognitive behavioural interventions. Or the safe and effective use of medication treatment. An additional difficulty is that while “talk” therapies and medication approaches are important, a case management approach is often not part of the overall package. We need to fix these shortcomings.

- Under the visionary leadership of Puan Sri Dato' Zuraidah binti Haji Mohamed, the Director General of the National Anti-Drugs Agency (NADA) – and under the Malaysian Government's Transformation Programme – Puan Sri Dato' Zuraidah has led the transformation of compulsory centres into **Cure and Care 1Malaysia Clinics**.
- These clinics are open-door and only accept people who volunteer to come forward for drug treatment – a vast contrast to the earlier compulsory detention of people who use drugs.
- The transformation we have witnessed is remarkable and I would – again – like to congratulate the Government of Malaysia for the extraordinary and visionary change in the provision of drug dependence treatment.

Harm reduction

[Injecting drug use]

- Much of what I have been speaking about so far relates to individuals who have not yet started to inject.
- However, it is injecting drug users – the really chronic dependent users – who are often also the most marginalized of our citizens.
- We believe that injecting drug use will continue to be one of the main drivers in determining the course of HIV epidemics in Asian countries.⁵
- In Asia⁶, the countries with the highest burden of HIV – among people who inject drugs – are China, India, Indonesia, Malaysia, Pakistan, Thailand and Viet Nam.⁷
- The good news is that we have the science to prevent HIV transmission in this population. We know what to do. We need to do it right. And we need to do more of it.

[Comprehensive package]

- The World Health Organization, UNODC and UNAIDS recommend a **Comprehensive Package** of 9 HIV prevention, treatment and care interventions. Among these 9 interventions, I would like to emphasize that the evidence is clear - two interventions, **needle and syringe programmes** and **opioid substitution treatment** for those who are dependent on opioids are particularly effective in preventing new HIV infections in this population.⁸

⁵ Several countries report high HIV and Hepatitis C prevalence in this population and people who inject drugs account for a large proportion of cumulative total and new HIV infections annually.

⁶ Of the estimated 16 million people who inject drugs worldwide, approximately one in four (3-4 million) live in Asia.

⁷ High HIV burden among IDU countries as listed in the UNAIDS Strategy Getting to Zero.

⁸ However, despite the high burden of HIV among IDUs in several countries in Asia and compelling evidence on the effectiveness of these interventions, only a small proportion of people who inject drugs have access to the recommended HIV prevention services. Because of low coverage HIV and Hepatitis

- But the vast majority of people who inject drugs in Asia, either do not have access to, or are not reached by these two critical HIV prevention services.⁹

["Getting to Zero new HIV infections"]

- As a cosponsor of UNAIDS, UNODC has embraced the new Global Strategy of UNAIDS – *Getting to Zero* – for 2011-2015. Our approach is to focus efforts on the 7 countries that I just mentioned which are the ones with the highest burden of HIV among people who inject drugs.
- Zero New Infections among people who inject drugs is an ambitious target.
- But such an ambitious target is attainable. It can best be achieved through collective efforts by governments and NGOs, with support from donor partners and the UN, among others.

[Call for Action]

I would like to end my speech by a Call for Action – at two levels.

- One is technical.
- One is emotional.

Ladies and Gentlemen, Colleagues, Friends,

- First, four technical suggestions. Let us use this Conference as a platform from which to call on all those who are involved in the response to drugs to move for concerted action on the following agenda:
 - One. Let us expand evidence-based interventions aimed at primary prevention of drug use coupled with good monitoring and evaluation.
 - Two. Let us do much more to involve networks of drug users and community based organizations in the delivery of prevention, treatment, care and support services.
 - Three. Let us maximize financial and technical resources for primary prevention of drug use, evidence-based drug dependence treatment and

continue to spread in this population with significant negative ramifications for the individuals, communities and societies. But we are finding solutions. In June of this year, the UN General Assembly 65th Session noted with alarm the rise in the number of new infections of HIV among people who inject drugs. The meeting culminated with the adoption of a Resolution, the Political Declaration, in which governments committed to working towards reducing transmission of HIV among people who inject drugs by 50 per cent by 2015.

⁹ Estimates are that only some 14% of people who inject drugs in Asia are reached with needle and syringe programmes. The recommended level of coverage is at least 60%. Even fewer people, some 6%, are currently benefiting from opioid dependence treatment while the recommended level of coverage is 40%.

for achieving zero new HIV and Hepatitis C infections among people who use drugs.

- Four. Let us commit ourselves to achieving the target set in the Political Declaration adopted by Heads of State at the UN General Assembly 65th Session this June: reduction of HIV transmission among people who inject drugs by 50 per cent by 2015.
- Finally, the emotional appeal.
 - I am acutely aware that I am addressing the world's largest grouping of NGOs who work on the frontlines to save countless users and their families from the darkness of drug addiction.
 - So I reserve my final words to say – in all humility – **thank you**. Thank you for all you have been doing for humanity. Thank you for everything you continue to do to support your citizens, your governments and the United Nations. We simply could not do without your passion, your ideas – and – yes – your criticism, too.
 - Your voices and your views are crucial. As we see when we look at what is going on elsewhere on the planet, there can be no success without a healthy civil society.
 - Please, continue to do your part. Help us to sustain the drug user networks – the networks of positive people – the social media activists – and the human rights defenders.
 - Thank you very much for your strong support for United Nations goals – for your own personal engagement – and for your and leadership.

[Thank you]

Thank you.