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International Drug
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Regional Centre for East Asia and the Pacific

Drug Abuse and HIV Vulnerability

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with the support of
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for

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1. Thank you to UNAIDS Asia Pacific Intercountry Team

My dear colleagues, I am delighted to be part of this important consultation on behalf of UNDCP and I would at the outset like to thank the members of the UNAIDS Asia Pacific Intercountry Team for its organization of this meeting and for the opportunity to share with you some views and strategies of the Regional Centre on the emergent issues of drug abuse and HIV vulnerability in the region.

2. UNDCP comes to the meeting as the lead UN agency in drug control activities

To begin, I would like to provide some context for the way that we handle ourselves on drug control matters. Globally our direction is taken from three conventions;

- the Single Convention on Narcotic Drugs of 1961, which sets the parameters for the international control of plant based drugs according to four schedules, and the operation of the related international control organs, namely the Commission on Narcotic Drugs (of ECOSOC) and the International Narcotics Control Board,

- the Convention on Psychotropic Substances of 1971, including the international control of synthesized

drugs; hallucinogens, stimulants, sedatives/hypnotics and tranquillizers, according to four schedules. One of the articles also provides for measures against the abuse of psychotropic substances.

- the Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988 which reinforces the first two while also making additional provisions for the confiscation of drugs and proceeds, extradition procedures for drug related offences, and other procedures for mutual legal assistance and controlled delivery. One article also provides in part for the elimination or reduction of demand for narcotic drugs and psychotropic substances and cross references the Comprehensive Multidisciplinary Outline adopted by the International Conference on Drug Abuse and Illicit Trafficking in 1987.

Additional global context has been added through the Special Session of the UN General Assembly Devoted to Countering the World Drug Problem Together in June 1998, finalizing a Political Declaration, Declaration on Guiding Principles of Drug Demand Reduction, and Measures to Enhance International Cooperation to Counter the World Drug Problem. The measures included separate action plans on the manufacturing, trafficking and abuse of amphetamine type stimulants and their precursors, control of precursors (for narcotic and psychotropic drugs, promotion of judicial cooperation, countering money laundering, and international cooperation on the eradication of illicit drug crops and on alternative development.

From these strategic benchmarks and under the ongoing advice of the Commission on Narcotic Drugs which meets annually to establish and reinforce UNDCP policy, our programmes are generally organized into thematic areas separately dealing with reduction of supply - including alternative development (to the production of crops such as opium and coca) and law enforcement, and reduction of demand which is the main thematic concern that we bring to this meeting. We also direct our efforts toward programme advocacy at both regional and country levels.

3. The Regional Centre has its principle programmes invested with the MOU on drug control

Much of the recent work by the Regional Centre focuses on the Memorandum of Understanding (MOU) on drug control that was first signed in 1993, then amended in 1995 to eventually include the countries of Cambodia, China, Laos, Myanmar, Thailand and Vietnam. In approximately one month, the MOU group of senior officials, representing their respective national drug control agencies, will meet with UNDCP as they have done on an annual basis for the past five years to review progress and update their Sub regional Action Plan.

The Plan uses a project structure to operationalize the thematic areas I just described. Currently there are six projects within the law enforcement theme, two in alternative development, one providing assistance for cooperation and interagency collaboration, and four within demand reduction which include regional initiatives for the almost completed project to reduce demand for drugs in the highlands of East Asia; building capacity for demand reduction among high risk groups - currently in its second year of operation; improving drug abuse data collection systems - which unfortunately has not captured the interest of the international donor community; and taking action against amphetamine type stimulant abuse in the East Asia and Pacific Region, an initiative soon to be presented for signing by MOU members and the Philippines. In dollar value, the Subregional Action Plan (SAP) projects require about thirty six million of which the demand reduction component needs eleven million. For full implementation of the current SAP portfolio, UNDCP needs to secure about eighteen million more dollars.

Each of the four demand reduction projects are related to corresponding priorities established by MOU governments. There is also a fifth priority area for the prevention of harmful consequences of drug abuse, which has recently been given greater attention. At the next MOU meeting in May at Phnom Penh, a regional project idea for reducing HIV vulnerability from drug abuse will be considered by the Senior Officials.

4. The hard realities of emerging drug abuse and HIV trends are influencing UNDCP and national drug control agencies to become partners with others in tackling the epidemics.

UNDCP and its partners in UNAIDS cosponsorship

In part, the project idea reflects the ongoing operational obligations of UNDCP to provide technical and financial support to countries needing assistance in the development of sustainable demand reduction initiatives. But it also reflects our new role as a cosponsor of UNAIDS. We take on that role with a clear view that the UNDCP and indeed the UN system, through its conventions and resolutions, is the guardian of the drug control conventions and mandated to develop strategies to address the adverse consequences of drug abuse, such as HIV infection.

We also take on that role in recognition that different organizations within the UN family have different priorities in respect of their concerns about drug abuse, reflecting their different mandated operational goals. We are sensitive to those differences and are careful not to undermine the work of our other UN family members. At the same time, we hope for reciprocity to that sensitivity in the work undertaken by UNDCP.

Facilitating the resolution of the "harm reduction" debate

In the application of our new role and ongoing mandate for drug control, we are also sensitive to the debate over the concept of harm reduction, its meaning, and its relationship to more general political and ideological debate about drug abuse; for example the view that harm reduction encourages drug abuse and as such is unacceptable or that harm reduction objectives are only achievable through dismantling of legislation prohibiting the use of drugs.

When raised in international forums it is our experience that this kind of debate has prompted a reluctance of some UN organizations, including UNDCP and some countries in the region, to address the issue of adverse consequences. This position is untenable amid the expansion of the HIV epidemic, especially through injection drug use in countries such as China, Myanmar and Vietnam.

Rather than continuing to engage in such a debate, many in UNDCP believe there is need for clarity and consensus on the UN family position. This need for clarity is also reflected in the discussions of the UNAIDS/APICT and UNDCP Task Force on Drug Use and HIV vulnerability which as recent as February of this year called for a more unified UN message on the topic.

In reaching a consensus, I do not believe that we need to directly address the topic of harm reduction itself, but rather consider what activities are in line with our mandated goals. This is not withstanding a recognition that in seeking to reduce the adverse health and social consequences of drug abuse, some of our work could be described as harm reduction approaches.

However in doing so, I should also be clear in my view, as has been expressed by others in UNDCP who are working on the technical aspects of these issues, that the often referred to harm reduction methodologies such as needle exchange and drug substitution should be considered within the framework of tertiary prevention strategies for demand reduction, and that these kinds of programmes and methods should not be considered as substitutes for demand reduction programmes.

The message from UNDCP

My suggestion is that our approach to intervention into the adverse health and social consequences of drug abuse should be guided by the Declaration on the Guiding Principles of Drug Demand Reduction, recognizing that demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse.

In practical terms, for UNDCP, and perhaps for the other UN family, this means that a comprehensive approach to drug problems are required; preventing people for initial use of illicit drugs, legal and interdiction activities to reduce the availability of drugs of abuse, provision for treatment and rehabilitation services to help drug abusers reduce and stop abuse, and measures to alleviate the health and social problems caused by drug consumption.

For example, there is no inherent conflict in discouraging heroin abuse by prevention and control activities, encouraging heroin users to stop use, encouraging injectors to give up injecting, and encouraging injectors not to engage in behaviors that will lead to HIV infection.

In deciding upon the appropriateness of demand reduction interventions to reduce drug abuse and adverse health consequences, I believe that we need to recognize:

- an overall comprehensive goal that includes prevention work, development of opportunities for treatment and rehabilitation, and interventions designed to reduce the health and social consequences of drug abuse;

- short term priorities will exist for demand reduction activities and resources - the priority of activities will depend on the particular needs of the community in question;

- in judging the effectiveness of an intervention to reduce health and social problems related to drug abuse, analysis should be conducted on the impact on the community as a whole in addition to the impact on the target population;

- interventions need to be evidence based, sensitive to local culture, and carefully monitored and evaluated to ensure they are beneficial and at least produce no harm;

- interventions that are appropriate in one cultural setting are not necessarily appropriate elsewhere.

MOU Countries

In carrying this kind of message to the MOU countries, I believe we will begin to better address some of the many difficulties in the way that adverse consequences of drug abuse, including HIV infection through drug injection are being handled. These difficulties are well covered in the recently completed UNAIDS/APICT led seven country study on policies concerning drug use and HIV vulnerability. Some of the issues will be

directly addressed in the project idea mentioned earlier, with a plan to define critical geographic areas and programme priorities; develop national interdepartmental task forces to be led by drug control agencies; further the development and application of preventive life skills approaches; include HIV prevention and care activities into drug abuse treatment and rehabilitation strategies; and facilitate better access to regional practices.

I also believe that the MOU countries will welcome these new efforts of the Regional Centre and our partner UN organizations. This view is based on our emerging positive experiences in the delivery of the Subregional Action Plan and by the feedback received through various forums, including the UNAIDS intercoutry technical consultation that was held last year in Bangkok, and through the process of gathering data for the seven country study.

The MOU countries are more prepared than ever before to move forward in tackling the issues of drug abuse and HIV vulnerability and UNDCP, with the support of the international donor community will do all within its capability to provide the necessary technical and funding support in that area.

In the early eighties when HIV was identified in North America, some futurists for told the development of an epidemic that would challenge the humanity in all of us; to reach out beyond our personal and professional boundaries, to work in partnership with those in need, to contribute to both the prevention and care of those affected one way or another by the disease. That is the challenge which continues to face us more than fifteen years later, and it is my earnest hope that this meeting will move us forward in providing a more effective response.

Thank you for the opportunity to make this rather lengthy statement. We look forward to further discussions about the development of integrated strategies for the region and hope that you will consider the key points of our position.

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Appendix 1. Policy statements by the United Nations System

Drug Abuse issues cut across much of the work of the United Nations family. These are not restricted to direct drug control and demand reduction issues. Drug abuse is directly and indirectly associated with many complex public health and social problems. For example, drug injection is one of the major routes for HIV transmission, affects the workplace, undermines social and economic development activities, and has impact on the lives and well-being of children.

The policy of the 1961 Single Convention on Narcotic Drugs permitting the use of drugs for medical and scientific needs, while preventing their harmful uses, is articulated in its preamble:

> "*Recognizing* that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,
> "*Recognizing* that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,
> *"Conscious* of their duty to prevent and combat this evil,...
> *"Desiring* to conclude a generally acceptable international convention replacing existing treaties on narcotic drugs, limiting such drugs to medical and scientific purposes..."

ECOSOC resolution 1993/35 "Demand reduction as part of balanced national strategies plans to combat drug abuse"

> "The Economic and Social Council, (...) Urges alla Governments to address the problems raised by hepatitis, the human immunodeficiency virus and acquired immunodeficiency syndrome, and, where appropriate, to take steps, including increased accessibility to treatment and other approaches, to reduce their harmful effects;"

INCB 1993 report

> "29. The Board acknowledges the importance of certain aspects of "harm reduction" as a tertiary prevention strategy for demand reduction purposes. The Board considers its duty, however, to draw the attention of Governments to the fact that "harm reduction" programmes are not substitutes for demand reduction programmes."

CND 1995. Official records.

> "47. Several representatives expressed their reservation regarding the use of the term "harm reduction". In their view, it had the connotation of tacit acceptance of drug abuse and was, in their countries, synonymous with legalization of the non-medical use of drugs. Other representatives said that in their countries that was not the case. UNDCP was invited to establish a definition of the term and a common understanding regarding its use. One representative noted that the definition should cover the concept of seeking to reduce to a minimum the social and public health risks associated with drug abuse.

48. According to several representatives, the term "harm reduction" should be reserved for special measures associated with tertiary prevention for hard-core drug abusers. The term should be used for measures to reduce the harmful effects of drug abuse on individuals, such as the spread of HIV/AIDS infection among intravenous drug abusers. Harm reduction programmes were not a substitute for treatment and rehabilitation; They were a supplement to treatment and rehabilitation, and one aspect of an overall demand reduction strategy. Support was expressed for a similar position taken by the Board, which had been reflected in its report for 1993."

Declaration on the Guiding Principles of Drug Demand Reduction

The declaration does not talk about harm reduction directly. Instead it says:

"Demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse."

Statement of the President of the INCB'S to the Thirty-Ninth Session of the CND (16-25 April 1996)

The statement reflects the position of the INCB on the controlled distribution of heroin to drug addicts.

Pursuant to the Commission resolution 1 (XXXVIII) of 23 March 1995, entitled "Prohibition of the use of heroin", the President of the International Narcotic Control Board read a statement at the Thirty-ninth session of the Commission on Narcotic Drugs. The President of the INCB said that the international drug control system evolved with the common understanding that free and unrestricted availability of narcotic drugs to people for non-medical purposes leads to widespread abuse with serious public health consequences. The will to restrict to only medical and/or scientific use, he said, appeared to be weakening in some countries and the proliferation of radically liberal attitudes and legitimization of non-medical use of drugs under the umbrella of harm minimization was not justifiable. He argued that while a reduction of harm to the individual might be demonstrated in certain circumstances, the harm caused by such policy to the society as a whole could be very significant.

WHO's statement at the Fortieth Session of the CND (8-25 March 1997) (Commission on Narcotic Drugs, Report of the Fortieth Session)

"142. The observer for the World Health Organization expressed the view of WHO that the advocacy of the non-medical use and controlled supply of heroin, without medical supervision, was not founded on any scientific or practical experiments, and would be likely to be deleterious to any country in which such a practice might be initiated. The current state of scientific knowledge did not allow a fully informed opinion to be given on whether prescription of heroin to selected heroin addicts under carefully supervised treatment conditions could be generally regarded as medical use or not. There was currently no scientific evidence to support the view that controlled supply of heroin to addicts was, or could be, a safe and effective form of treatment. WHO did not take any position on whether there should be any additional studies. However, before considering any clinical studies on the efficacy of heroin for the treatment of heroin addicts, very careful consideration must be given to the possible impact of such studies on overall drug-control policies. For example, it was noted at the meeting of the WHO

Executive Board that such studies might lead to greater advocacy of heroin use and could compromise the effectiveness of demand reduction and supply control. Any treatment involving the prescription of heroin for defined therapeutic purposes would be likely to have very limited applicability. Among the conditions for such applicability would be a well-developed and comprehensive treatment system in which alternatives to intravenous opioids were available, for example oral methadone and similar long-acting opioids. The current view of WHO was that most countries would find it difficult, if not impossible, to meet those conditions. WHO strongly recommended, therefore, that Member States should strengthen and apply proven methods of treatment and rehabilitation such as oral methadone and similar long-acting opioids. The position taken by WHO on the matter was endorsed by many delegations."