

China joins the regional fight against the devastating combination of illicit drugs and HIV/AIDS

Statement by Sandro Calvani

Representative

UNDCP Regional Centre for East Asia and the Pacific

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Mr Yang Fengrui, Permanent Deputy Secretary General of China National Narcotics Control Commission, Mrs Kestin Leitner, UN Resident Coordinator in China, distinguished representatives from the National Narcotics Control Commission, the Ministry of Health, the UN system in China, the embassies and international delegations, the prestigious Chinese academic institutions, ladies and gentlemen.

I am very pleased to participate in the inauguration of the national multisectoral task force on drugs and HIV/AIDS. It is the first of its kind within the region, thanks to the concern and interest of officials in the Ministries of Public Security and Health who have recognized that effective responses to the intertwined epidemics of drug abuse and HIV/AIDS require new forms of organization and new ways of addressing the drug and HIV/AIDS problems.

UNDCP welcomes the opportunity to be part and to facilitate of this process in developing an enabling national environment to integrate Ministerial roles and responsibilities, with other agencies, into an integrated plan of action for the reduction of drug abuse related HIV vulnerability, and to contribute to raising awareness within communities.

As the new Chairman of the UN East Asia Pacific Theme Group on HIV/AIDS, I bring also the wishes of good work and the support of the whole group of UN agencies in the Region.

This opportunity has been facilitated by the UN China Theme Group on HIV/AIDS and the UNAIDS Secretariat in Geneva, who have advocated and supported the need to build a national policy consensus response to HIV vulnerability from drug abuse.

The linked problems of drug abuse and HIV/AIDS infection have been especially evident in the region over the past five years. Despite the significant efforts of law enforcement agencies to reduce the supplies of illicit substances, the drug abuse trends are worsening in China and many of the ASEAN member countries. Amphetamine type stimulant abuse is increasing. Heroin abuse is increasing. The prevalence of heroin injecting is increasing. The geographical distinctions for these trends are becoming blurred. The rate of sharing of contaminated injecting equipment is significant, often beyond 30% in most of the sampled groups. The risk of infection to sexual partners of drug dependent persons is also high.

The net result is an increasing danger to public health and human security, with looming threats to sustainable development and economic security.

In past years, policy makers may have had some comfort in recognizing drug abuse as a special issue among marginalized populations that could be "quarantined" like a communicable disease, to reduce the impact upon public health. This is reflected by the number of involuntary drug treatment programmes that continue to operate in the region in institutional settings. Justification for this kind of treatment was also based upon the "criminal" designation given to drug abuse behavior, that is ...if the person uses an illicit substance, then the person becomes an illicit object to be handled as a

criminal. Once identified as a criminal, the person is often significantly challenged to establish or reestablish legitimate social networks in their community.

Fortunately at the global level, a loud voice has been heard through the UNGASS of 1998 where the guiding principles for drug demand reduction were adopted, calling for a greater sense of humanity in resolving the drug abuse problems from a health perspective.

In our view this perspective is critical to (1) unlinking drug abuse and HIV connecting points - by injecting, by sex, and in secret, and (2) the slowing and reversal of the drug and HIV trends. Success will also be governed by the way in which the person at risk is viewed; hopefully less as an object to be externally controlled, and more as a human being ...a son, a daughter, a brother, a father ...with an interest in reducing their personal health and social risks, one who has a potential, if not real capacity, to gain or regain self control, and one whose human rights should be honored.

We are truly at a critical juncture, with the trends toward HIV infection and the rapid increase of registered heroin abuse cases over the last year in China. There is little doubt that those trends have significant negative implications for the country and the region, so we particularly welcome the new efforts by the Peoples Republic of China to invest commitment, energy and funds toward the alleviation of drug and HIV/AIDS issues. The UNDCP Regional Centre, will do its utmost to assist that effort as needed within the resources that are available to us, and at the regional level we shall continue to advocate for improved programmes and resources that will effectively promote health through the prevention, treatment and care of drug abuse and HIV/AIDS infection.

I congratulate the Ministries in their mutual dedication to these efforts, and look forward to a successful outcome that may serve as a best practice for other countries in the region with similar needs.

Thank you.