

Thanyarak Institute Seminar on Reducing the danger of Drug Use, particularly HIV/AIDS On the occasion of World AIDS Day, 2009.

Statement by

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Delivered by

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on Collaboration with Ministry of Public Health on Harm Reduction Policy

Excellency Deputy Minister of Public Health Mr Manit Nopamornbodee, Distinguished guest and participants,

It is my pleasure to be here with you today and to extend greetings on this occasion from our Executive Director, Mr Antonio Maria Costa. In his World AIDS Day statement Mr Costa made special reference to the importance of the right to health and to freedom from stigma and discrimination for all people, including those who are infected with HIV, those who use or have used drugs and those who are in prison or have been in prison.

Recently there have been some very significant advances made in Thailand's HIV response, particularly in the area related to drug use. For this, the Minister and indeed the Royal Government is to be congratulated. Developing an effective programme in this area has proven to be a great challenge to many countries, precisely because, how to deal with the issue of illicit drug use in society is very difficult, even without the issue of a communicable disease to complicate matters. It is a fact, an unfortunate fact, that experimenting with illicit drugs is a relatively common occurrence in society today and this has to be addressed effectively, both as a public health matter and as a matter for the justice system and for the agents of public security – the police, border patrols and of course the national drug control authority.

The most effective way we can address the multiple challenges posed by illicit drugs is by working together, having a single strategy which

- Reduces supply.
- Reduces demand
- And reduces the harms associated with drug use



In order to reduce the flow of drugs into society the strategy needs an effective supply reduction component. This will reduce the production, transport, trafficking and selling of illicit drugs (justice, border control, trafficking initiatives).

In order to reduce the extent of drug use, the strategy needs a demand reduction component, again using proven, evidence-based methods to educate people, particularly the young, so that they will delay or avoid altogether, experimentation with illicit drugs. I could add, with cigarettes and alcohol (education, public health and social services).

Finally, in order to reduce the harms associated with illicit drug use, the national strategy needs a harm reduction component, which will minimise the damage done by illicit drug use, to drug users, their families and communities, without increasing the dangers associated with illicit drug use (public health, non-government agencies, community sector and the private sector).

We recently had the privilege of participating in a mission to Malaysia with a group of professionals from different Ministries and organizations. It included doctors, narcotic control officers, police officers, legal officers, journalists, staff from corrective services, together with staff from civil society organizations, who saw how the harm reduction policy has been developed and implemented successfully there. We would be very pleased to continue to support the Thailand Ministry of Public Health and others, in further developing an effective, evidence based harm reduction programme here as part of the comprehensive response to illicit drugs.

Since the coming of HIV, AIDS has been the greatest threat associated with illicit drug use, particularly injecting drug use. So a comprehensive national strategy, which combines supply, demand and harm reduction elements is all the more important.

UNODC is one the UN Agencies, standing with others, in UNAIDS, supporting the comprehensive package of HIV prevention, treatment and care for drug users. A vital part of that package is proven drug dependence treatment, particularly methadone maintenance therapy, which we also support through our drug demand reduction programme, along with WHO. Another, equally vital part of the package is the needle and syringe exchange programme, which has been shown to be most effective in stopping the spread of HIV among injecting drug users. It doesn't matter which drug is being used, if it is being injected, then there is a huge HIV risk which has to be reduced and the needle and syringe exchange programme will do that.

And of course the comprehensive package also includes treatments for those who are HIV infected – antiretroviral therapy as well as access to available treatments for TB and Hepatitis.

As a final point I would like to refer to the commitment of Member States to Universal Access to HIV prevention, treatment and care by 2010. The whole UNAIDS

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family supports this effort but for UNODC this means making a particular effort for people who are marginalized and at greater risk, whilst often having reduced access to services: people who are or have been in prison and those who are vulnerable to human trafficking. These people have the same right to health as others and we have to include access to services in these difficult situations as part of the programme being developed. I want to emphasize the full support of UNODC to achieving the right to health for all, including these groups.

I would like to recognize the Ministry of Public Health for its leadership and collaboration with other Ministries and organizations in developing and expanding the harm reduction programme.

Congratulations and every success in developing a comprehensive programme of services for drug users, in the community and elsewhere: one which will reduce HIV transmission and improve the quality of life for all.