

**Opening remarks by
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Development Cooperation Seminar (DCS)
on Harm Reduction and Drug Treatment, a choice, a right, or a duty?
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Your Excellency Minister of Justice, Mr. Pracha Promnok

Dr. Anand Grover, UN Special Rapporteur on Right to Health

Harm reduction experts

Colleagues from several government agencies

People who use drugs

Civil society

Community members

Ladies and gentleman:

It is my great honour on behalf of the United Nations system to welcome you to this seminar entitled: Harm Reduction and Drug Treatment, a choice, a right, or a duty? This is the 10th of a series of so called Development Cooperation seminars.

Development cooperation Seminars have been organized in the last few years by the UN system with relevant government partners to elicit policy recommendations on emerging or persistent development challenges that Thailand is facing.

Drug use is a global and complex issue that intersects across health, justice, and law enforcement sectors. It would be fair to say that all countries struggle with how to respond effectively to the challenge of drug use and its health and social consequences.

When we think about drugs we usually associate it with illegal substances. In fact, under the definition of psychoactive substances, like methamphetamines, we should include alcohol, of which the World Health Organization estimates there are 2 billion users worldwide, or tobacco, with an estimated 1.3 billion tobacco users. People who use drugs are estimated to be 185 million the world over. I would like to note here that while alcohol and tobacco use is rarely criminalized, drug use often is – and this translates into drug users themselves being stigmatized and criminalized.

While most of the health damage and related costs to families, communities and society as a whole is from tobacco and alcohol use, it is drug use itself that attracts the most attention in the media and in national drug policies. Drug use and how it should be managed remains a much debated issue, which often attracts extreme views. In these

heated discussions, one often loses sight of the fact that drug dependence is a chronic relapsing disorder like diabetes or high blood pressure – for which there may be no ‘cure’ but which can be managed to help the individual be functional, productive, safe and healthy.

All countries tend to focus on one or more of three main approaches or a combination of them in dealing with the issue of substance use. These are: supply reduction, demand reduction and harm reduction. How can these different approaches be properly balanced, and how can the contradictions and tensions between them be managed to give optimal results for the individual and the larger community. These are the questions that should form the basis of all rational drug policy.

To date, a wide range of approaches have been tried – approaches where drug use itself has been decriminalized like in Portugal and the Netherlands, approaches involving court mandated treatment in many other countries, and approaches involving strong punitive action against those who use drugs, repeatedly or otherwise, by detaining them for long periods of time in establishments which are often run by the military or other law enforcement agencies. These establishments often do not provide any medical treatment, but focus on building discipline and attempting to help people recover from drug use through ‘labour therapy’.

Some of these approaches have been met with more success than others. This affords countries an opportunity to reflect on what has worked and what has not, and learn from it. Let us reflect on a few key points to challenge our own understanding and knowledge.

- Did you know that not all drug users are dependent on the drug they consume, and that only those dependent may benefit from formal treatment? 89% of those who use drugs like methamphetamine will in fact not become dependent on it.
- Did you know that in many parts of Latin America, it is now generally accepted that the so called ‘war on drugs’ has failed, despite billions of dollars in tax payer’s money spent on it?
- Did you know that Malaysia has stopped locking up people who use drugs in compulsory centres on the basis of its cost and ineffectiveness? It has piloted and expanded large scale community based treatment, including methadone programs.
- Did you know that China has also rapidly scaled up its methadone program to reach over 250,000 opioid users in over 750 clinics.
- Did you know that in Thailand 3 people who inject drugs get newly infected with HIV per day? Blood-borne infections among drug users has had a major impact on how countries think about managing the issue of substance use – leading them to take pragmatic steps which reduce public health impact and improve social functioning, rather than focus on the idea of abstinence itself.

- Did you know that epidemics of HIV and Hepatitis C, which have ravaged communities of drug users and their families in Asia, have been contained in other places. In these other places, the focus of law enforcement activities is now on the drug trafficker - rather than the individual who consumes drugs – freeing up valuable human and financial resources for the law enforcement sector. At the same time there is no actual increase in drug use itself. This is arguably a good outcome.

I could go on with a vast array of examples, but this is not my role today. I am here to welcome you, set the tone for the discussion and remind us that at the UN we believe in an approach to drug use that is rights-based and evidence based.

Today we have the good fortune to be able to hear from an international expert who will give us a summary of international perspective on what has worked and what has not worked globally, and also help us to reflect on the costs of approaches to the tax payer, to the communities and the individual him or herself.

We also have an impressive panel of speakers who will reflect on these global issues in the context of the response to substance use in Thailand. We have the opportunity to hear the voices of all concerned stakeholders, and having a free and frank discussion on what has and has not worked here in Thailand and get recommendations from the group on what can be done differently or better. So, I implore you. Let's make the most of the collective experience, perspective, and brainpower in the room today. We look forward to hearing the outcomes and recommendations of the working group discussions.

We are here to learn, listen, share, and move forward together for a healthier, stronger, safer, and compassionate Thailand.