

## **Let us control drugs without creating new dangers to the community**

Opening Speech by Dr Sandro Calvani, Representative, UN ODC Regional Centre for East Asia and the Pacific at the :UN Regional Task Force on Drugs and HIV Vulnerability 12 – 13 December 2002 Hanoi, Vietnam

Honorable Professor Pham Manh, Vice Minister for Health,

Distinguished representatives of the Government of Vietnam,

Dear Task Force Members and Participants,

I am pleased to be in Hanoi today and I would like to thank you for this opportunity to address this opening ceremony.

I believe it is very significant that Hanoi is the host of the second meeting of the United Nations Regional Task Force on Drugs and HIV Vulnerability for 2002. I would like to thank the National AIDS Standing Bureau, the Standing Office on Drug Control and the Ministry of Health of Vietnam, the UNAIDS Office on Drugs and Crime in Hanoi for their support in organizing this meeting. I am pleased to welcome representatives of the Ministry of Justice, Ministry of Labour and local NGOs and I specially recognize those who have come from the provinces to contribute to the meeting.

I would like to welcome four new Task Force members from the Indonesian National Narcotics Bureau, from China's National Narcotics Control Commission, from the Standing Office for Drug Control of Vietnam and from Asutralia's Agency for International Development. Finally, I wish to welcome the representatives from the foundations, bi-laterals and multilateral agencies who are present today.

It will take the concerted efforts of all institutions and organizations represented in this room and many more to turn the tide of the HIV epidemic among drug users.

Since the last meeting of the Regional Task Force in Kuala Lumpur in July, the epidemic has continued to progress in the region. The latest Global Epidemiological Update released for World AIDS Day indicates that the Year 2002 saw another 1 million people infected with HIV in Asia and the Pacific and a further half million people died of AIDS. Within the next 5 years, an estimated 11 million additional people will be infected in Asia unless we collectively stop the epidemic. Injecting Drug Use is still driving the epidemic in many Asian countries. In my view, the most important message contained in the World AIDS Day report is the narrowing window of opportunity to address the epidemic among Injecting Drug Users. It is the role of this Task Force to advise the United Nations on how this challenge can be met in the Asia Pacific region.

From the past work of the UN Regional Task Force, it has become more evident that current drug control measures are not enough; because they do not address the issue of HIV. The high priority given to abstinence oriented treatment and HIV prevention limited to information and awareness will not suffice to contain and curb the HIV epidemic among drug users. It is well documented that limiting the availability of injecting equipment will increase risk behaviours, with no significant impact on drug abuse. Likewise, high level of awareness of the HIV risk does not curb risk-taking behaviours among drug injectors, unless essential for intervention are in place.

The essential elements of a successful intervention to control the epidemic among Injecting Drug Users are well known, they include:

- Early interventions,
- Availability of needles and syringe exchange programmes
- Availability of treatment and rehabilitation programmes, including substitution maintenance
- Outreach with strong involvement of the drug user community

There is a growing awareness among policy makers in the region over the issues I have mentioned, and more countries are now introducing elements of sound HIV prevention targeting specially drug users. But not to a scale that is likely to make a difference. To be effective, the interventions will have to cover as close as possible to 100% of the injecting drug users population in order to have an impact on behaviours. As we all know, large-scale intervention has a cost. The session on costing this afternoon is very timely from this point of view.

The biggest challenge ahead of us is to scale up our collective response in order to make a difference. The difference that we can make can be measured in millions of lives saved, and also in the millions of dollars saved. I will just quote a recent study entitled “Return on investment in Needles and Syringe Programmes in Australia”. The government of Australia has calculated that by the Year 2000, as many as 25,000 new HIV infections, 21,000 Hepatitis C infections had been prevented. Net saving to the government from its investment in Needles and Syringe Programmes was estimated at AUS\$ 2.4 billion.

In conclusion, I would like to say a few words about Hippocrates who lived and worked 2,500 years ago (Fifth Century BC). He is the founder of Western modern medicine, remembered for his scientific approach of medicine and also for his ethical stand in the Oath of Hippocrates, that has become a standard in the medical field. The Oath pledges the physician “to work for the good of the patient, to do him or her no harm”.

The fundamental principle is “Primus non Nocere” .. “First of all, To Do No Harm”. It is a fundamental principle that finds application beyond the medical profession, in all aspects of public health including drug control laws and policies. The prohibition of dangerous drugs is based on the same fundamental principle, which is To Do No Harm. Laws on drugs were passed for public health reasons, to protect individuals and communities against drugs. Drugs are illicit because they are dangerous but the response to drugs cannot become another danger to the community.

Today, our approach to the epidemic of HIV among Injecting Drug Users should be guided by the same principle.

I wish you a successful meeting.