

Building synergies between public health and public security for the prevention of drug related harm

Opening speech at 14th International conference on reduction of drug-related harm

Drug control is rooted in issues of national security.

Within the global community East Asia is challenged with one of the most serious problems of drug control, manifested by HIV transmission in the form of injecting drug use. The trend toward IDU is one of many that relate to a massive increase of illicit drug production, trafficking and abuse that has emerged in the region over the last decade.

The evolution of these drug related problems in Asian nations are not easily explained or understood. Certainly, historical residue from the size and impact of the opium industry during the late nineteenth and early twentieth centuries has settled on the current regional experience. Today, depending on the changing political and economic environment of South Asia, the Eastern region continues to hold the unenviable ranking of first or second in illicit opioid production.

The 1950s saw the development of international treaties and later UN conventions that clearly marked governments concern about the personal devastation of opium abuse. Within the region, opium production was also strongly linked to counterinsurgency movements with the proceeds used to fund armies and influence drug trafficking in many countries.

The overall size of the regional illicit drug industry is immense.

The emergent production and distribution of heroin from many of the same opium producing areas reinforced the size and nature of the drug industry. And within the past five years those areas have also been accountable for almost unimaginable production and distribution of methamphetamine tablets counted in the hundreds millions. Today, the region is still faced with all of the poisonous fallout of the opium and heroin trends in production, distribution and abuse, amid a dual growing epidemic of amphetamine type substance misuse among much wider populations of youth and workers.

These trends clearly infer a real and present threat to public security and social order with the consequent need for a range of drug control responses. The recurrent magnitude of that threat is evident, for example, in the high priority given by the governments of Thailand to countering that nations drug problems through various campaign focused on different manifestations of the drug scourge over the past thirty years.

Law enforcement agencies in East Asia take a major responsibility for drug control.

Until the 1980s, and even today, much of the responsibility and burden of the public security imperative toward illicit drug supply and demand has been assigned to the criminal justice system. Historical public and political sentiment has linked opium and heroin abuse to minority group or “special populations” status operating on the margins of mainstream societies, and ascribed with immoral and counterproductive social motivation. Drug abuse was seen as an extension of the illegal production and distribution continuum, with recourse to be taken through the criminal justice system, including punishment through confinement in compulsory rehabilitation facilities and prisons.

During the same period public health agencies in the region had little obligation or commitment to share that burden of responsibility. Some attention was given to a few selective measures to counter some of the secondary socio-medical effects of drug abuse, such as intoxication or involvement in

property crimes to ensure enough funds for an uninterrupted drug supply. Detoxification programmes were established in many countries of East Asia as a way of handling public intoxication, while two states established methadone programmes essentially as a mechanism to reduce drug related crime.

Conventional drug abuse control measures have been shaken by the emergence of the HIV epidemic.

The emergence of HIV in the mid 80s and its linkage to public transmission through injecting drug use has thoroughly shaken the government approaches to drug control, specifically in relation to drug abuse. There is clear evidence that heroin abuse trends in the region are directly connected to high risk injecting practices and related sexual transmission, with the consequent reality of HIV threatening to become a major regional public health issue. Available data from China, Indonesia, Myanmar, and Vietnam definitively points to these risks. In the Asian region over 7.2 million people now have the HIV virus. That is 600,000 more people who are HIV positive now than when the last Global AIDS Report was released in mid 2002. An estimated 490,000 Asians have died of AIDS-related illnesses in the last year. Projections indicate that another eleven million Asians will contract HIV in the next five years.

Alternative approaches toward improved responses in tackling the drug and HIV nexus have been guided by two special sessions of the United Nations General Assembly.

In 1998 member nations developed guiding principles of drug demand reduction as part of the larger agenda devoted to countering the world drug problem. These principles aim toward preventing drug abuse and reducing the adverse consequences of abuse while also encouraging participation of individuals at the community level and in situations of particular risk. The principles also insist on culture and gender sensitivity together with the development and sustainability of supportive environments.

The United Nations have provided leadership and guidance.

Within the UN system, the principles are operationalized through the guidance of the Administrative Committee on Coordination (ACC) where programming priorities have identified to provide advice, technical assistance, and information on best strategies to member states. This includes the development and implementation of national demand reduction strategies to cover all areas of prevention, including a reduction in the negative health and social consequences of drug abuse, as well as developing capacities within the criminal justice system for assisting drug abusers' reintegration into society. The UN system is also advised to concentrate on drug related HIV/AIDS as one of four critical areas for the identification of best strategies.

In 2001, many of the guiding principles were reinforced by the special session on HIV/AIDS and the declaration of commitment. This included a call for assurance; in the development and implementation of multisectoral national strategies to address the HIV/AIDS epidemic, and engaging the full participation of those in vulnerable groups and people most at risk, including injecting drug users.

UNODC is a pro-active partner of national and international programmes which address the harm caused by drug abuse.

UNODC is fully committed to contributing to the global fight against HIV/AIDS by supporting Member States to implement effective prevention, care and treatment interventions that will reduce the spread of HIV/AIDS associated with any form of drug abuse. Of particular importance is the organization's emphasis on interventions that protect and preserve the health of injecting drug users, and thereby limiting the spread of HIV/AIDS through the sharing of contaminated injecting equipment.

The guiding policy document of UNODC's current activities in this work area is the ACC-approved document titled "Preventing the transmission of HIV among drug abusers: A position paper of the United Nations System", which was also endorsed as a conference room paper (E/CN.7/2002/CRP.5) at the 2002 meeting of the Commission on Narcotic Drugs (CND). This document recommends a comprehensive package of services which could include outreach services, HIV/AIDS education, access to clean needles and syringes, condoms, drug dependency treatment (including substitution treatment, and where appropriate, rehabilitation), voluntary HIV testing/counseling, and psychosocial support).

UNODC currently implements drug abuse and HIV/AIDS prevention projects which contains, to varying degrees, different elements of the above "comprehensive package" in Brazil, India, Myanmar, Vietnam, Pakistan, Central Asian countries, and the newly independent states of Belarus, Moldova and Ukraine. In East Asia and the Pacific a regional programme on reducing HIV AIDS vulnerability caused by drug use has started in January 2003, and significant parts of the comprehensive package are part of the Asean and China Cooperative Operations in response to Dangerous Drugs, which is a multisectoral and comprehensive Plan of Action, called in short ACCORD. The plan is fully transparent, participatory, it has measurable targets and timelines.

Where the legal provisions of Member States allow for this, UNODC's projects support access to clean needles and syringes, and substitution treatment, services that could be subsumed under the broad category of "harm reduction services". Nonetheless, the terminology "harm reduction" is not officially used in UNODC in view of the lack of consensus among members of the organization's governing board, the CND, as to the correct definition, usage and meaning of the terminology;

However, UNODC has provided an operational definition of "harm reduction principles" in its case studies booklet titled "Drug Abuse and HIV/AIDS: Lessons Learned in Central and Eastern Europe and the Central Asian States" (UNODCCP/UNAIDS 2001 Monograph Collection ISBN 92-1148144-9) as comprising (a) Reaching out to injecting drug users; (b) Discouraging the sharing of contaminated injecting equipment by providing sterile injecting equipment and disinfectant materials and (c) Providing substitution treatment.

UNODC will continue to work closely with the UNAIDS Secretariat and Cosponsoring organizations in supporting the advocacy for the implementation of the various elements of the "comprehensive package of services" as recommended in the UN System Position Paper. These include all known effective interventions to address the adverse health effects of HIV/AIDS associated with IDU, inclusive of the "harm reduction" services.

A human rights based approach is conditional to successful interventions.

At the same time, the UN system advocate also holistic policies well beyond the "public health" domain. For example the UN declaration of commitment on HIV AIDS has departed from the explicit guiding principles by calling for appropriate legislation, regulations and other measures to eliminate all forms of discrimination against members of vulnerable groups.

Furthermore experience shows that a human rights based approach is not only right per se ; it is also effective if one just measures its impact on drug control policies. In fact, in the context of current regional trends toward HIV vulnerability from injecting drug use, applications of the human rights approach have important ramifications for the existing legislation and regulations; i.e. some national laws stigmatize drug use and dependence as an illegal behaviour that is counterproductive to public security and therefore justified as a punishable criminal act.

For some countries, a commitment to both declarations is indicative of a policy dilemma as to how the human rights perspective on drug related HIV should best be handled in the mutual interest of national public security and public health.

Some legal experts suggest that a pathway through the dilemma might be found in legal mechanisms to maximize information for independent choice. Advocates of civil liberties would welcome limiting prescriptive recourse to any behavior that does not infringe upon the rights of others or hurt social or national public security interests. Sexual intercourse among consenting adults and drug abuse are mentioned as examples of such behaviors.

Some countries in the region have already begun to search for resolution of such issues through informal practices, for example by minimizing interdiction in the purchase, possession and use of needles and syringes.

From the UN perspective the need for attention to the human rights issue is unquestionable, since it must be guided by its own declarations and resolutions, including the Declaration of Human Rights proclaimed in 1948. The protection of human rights is also critical to the more recent position of the United Nations system in preventing the transmission of HIV among drug abusers.

The right to remain healthy is enabled by the duty to behave responsibly and to advocate risk-free behaviours.

The history of infectious diseases in mass populations in the past centuries has proved the overriding importance of behavioural norms, customs of socialization, personal and community hygiene in controlling epidemics. However before the HIV threat, humankind had never confronted an infectious biological agent, a virus or a bacteria, whose success rate in entering and killing human bodies is so completely dependent on a few acts of co-operation by humans. This unique characteristic of the HIV suggests that human beings –and thus communities and behavioural norms- have a responsibility much higher than in other pandemics. Let us not forget that, in practical terms, the virus is innocuous where people are not accomplice or acquiescent to infect or get infected. In other infectious diseases human beings and prevention policies can only reduce or minimize the virulence of the infectious agent. In the HIV AIDS case people are protagonists of their own vulnerability.

Adaptive changes need more momentum.

From the surveillance of various drugs and HIV information networks in the region, awareness of the drugs and HIV connection has shown a dramatic improvement in the past five years; at both national and regional levels, policy dialogue on drugs and HIV has become more focused and explicit. These changes, for example in China and Myanmar, clearly demonstrate adaptive changes that are prerequisite to a wider and more effective regional response to the drug related elements of the HIV epidemic.

The fact that public security agencies are, in some instances, leading that dialogue, is indicative of intent to resolve the injecting drug use issues within the framework of public security and public safety. It also demonstrates that public security agencies are willing to take on an even greater burden of the national drug control responsibilities by facilitating better-coordinated responses to the direct and extrinsic harms of drug abuse, such as HIV infection.

The desire for partnership in that agenda by public health agencies will be a critical factor in the direct minimization of drug and HIV related harms. Strategic partnerships are required at the national level that allow public health systems to interact with public security systems; at the local and community level, law enforcement agencies need to establish partnerships that focus more

clearly on the personal and social dimensions of the drug problem in the context of health models for disease prevention. Prisons and other custodial facilities for drug abusers are communities of special concern since they too often provide a social environment highly conducive to HIV transmission. Conversely, they also represent an opportunity to quickly influence and facilitate interventions that can reduce extrinsic harms.

Through these efforts, in conjunction with the reciprocal exchange of public security and public health programme competencies, together with technical assistance from the UNODC and its related cosponsor UNAIDS and donor agencies, there are solid opportunities to divert the region from a major expansion of the HIV/AIDS epidemic. The main target is to prevent harm to communities in executing the task of protecting people, and to minimize HIV transmission as one of the major contributors to the dark side of globalization.

Toward a partnership of modern days' healers.

Most of the above mentioned goals and good practices can be translated in day to day effective harm reduction activities through wide partnerships cutting across many concerned protagonists of public safety. Even where differences are cause of mutual advantage and not of conflict, it will always be necessary to recognize some common goals. As a matter of fact differences can be the cause of misunderstandings and conflicts, as they can be and often are, the foundation of a true and strong partnership cemented by common values.

Do no harm !

Hippocrates, who lived 2,500 years ago (Fifth Century BC), is the founder of European modern Medicine. He is remembered for his scientific approach to medical research and therapies and also for his ethical stand in the Oath of Hippocrates. The Oath pledges the physician "to work for the good of the patient, to do him or her no harm". Its essential principle is "Primus Non Nocere" = "Do No Harm". It is a fundamental oath that is still passed by today's doctors in many countries. It is the same principle that has guided relevant public health laws and policies. In philosophy it would be called a postulate, a statement that does not need to be proved because it is self demonstrated. We sincerely hope that harm reduction practitioners will not have significant differences on this principle. In fact anybody who wishes to heal, should have first renounced to cause harm.

Peoples' and community peace of mind are an output of evidence based policies.

Successful and well-balanced harm reduction policies require a strong partnership between public health and law enforcement agencies. Beyond the differences, there is a common goal to ensure the welfare, peace and tranquillity of affected communities. The challenge posed by the HIV/AIDS epidemic calls for a continued review of our approach to drug control, against the fundamental Hippocratic principles. Such review by itself should also cause no harm: therefore it should not only be continuous but also accurate, transparent, participatory and evidence based.