



UNODC

United Nations Office on Drugs and Crime

Opening Remarks

Gary Lewis
UNODC Regional Representative
East Asia and the Pacific

Second Regional Consultation on
Compulsory Centres for Drug Users

Kuala Lumpur
Malaysia

1 October 2012

Honourable Deputy Minister of Home Affairs, Dato Lee Chi Leong,
Mr. Michael Wilson, Minister-Counsellor, AusAID Regional Office,
Excellencies, Distinguished Delegates, Ladies and Gentlemen,

Asalaam alaikum,

- I would like to start by saying how delighted we all are to be here today.
- And on behalf of the organizers – ESCAP, UNAIDS and UNODC – I would like to thank our co-host, the Malaysian National Anti-Drugs Agency, for the very warm welcome to all of us – especially those who have travelled from overseas to be here today.
- My special thanks to Puan Sri Dato' Zuraidah Haji. Mohamed, Director General, National Anti-Drugs Agency, and her team for the excellent support.

- As I look around the room, I am especially pleased to see so many colleagues and friends with whom we have worked so closely – over the past several years – in the area of health and development.

- Friends, it has been almost two years since a group of senior officials from eight countries and the United Nations gathered for the first Regional Consultation on Compulsory Centres for Drug Users in Bangkok (14-16 December 2010).

- That groundbreaking consultation culminated in the adoption of a series of recommendations.

- The most critical of these were the need to:
 - Promote public awareness about the nature of drug dependence and the need for public health responses;
 - Increase coordinated responses among law enforcement, health, judiciary, drug control and other relevant sectors, as well as with affected communities;
 - Address stigma and prejudice as well as legal and policy barriers to universal access to prevention, care and treatment for drug users affected by HIV and AIDS.
 - And finally, to call for greater financial and human resources to promote community-based drug dependence treatment services.

- The next three days here in Kuala Lumpur will take us further forward in this direction. The agenda is structured to help us:
 - To take stock of the progress we have made in following up on the December 2010 Consultation;
 - To exchange experiences to promote community-based drug dependence treatment and HIV services for people who use drugs.

As you know, this consultation is the **second of three** planned consultations that will address these matters.

- Please allow me to reflect on some of the critical challenges and opportunities that we are facing at present.

1. CHALLENGE – How are we faring in treatment of drug dependence in SE Asia?

- Do we need to do more to promote the understanding that drug dependence is a chronically relapsing health condition?
- Is it possible that too many of us continue to believe that a **punishment-centred** approach is likely to dissuade or deter people from using drugs.
- For example, are many of us in the region, with well-meaning intentions, continuing efforts to treat and rehabilitate people who use ATS but who are in fact not dependent on drugs? Is this a meaningful use of limited financial and human resources? Could these resources be better utilized to treat that minority (one-in-ten) who actually have developed dependence on ATS and who could really benefit from treatment?

2. CHALLENGE – do we need to recognize that we have made significant investments in things that don't work?

- Are many countries also continuing to provide long-term residential rehabilitation for people who use drugs – whether or not they are drug dependent – often without the consent of the patient? Is this – in reality – a type of low-security imprisonment?

According to official reports, there are currently over 235,000 people detained in over 1,000 what we refer to as **compulsory centres** in East and South East Asia.

These centres constitute a complex phenomenon as well as a challenge with serious public health, human rights and rule of law implications.

The United Nations is concerned about the existence of such centres for four main reasons.

1. The detention of people who have used drugs in these centres often does not distinguish between occasional users and those who are truly drug dependent.
2. The centres are often ineffective in treating people who are drug dependent, since evidence-based drug dependence treatment is mostly not available in the centres. The result? Very high relapse rates.
3. The centres tend to lack HIV prevention, treatment and care services and, in many cases, primary health care is limited.
4. Finally, we are concerned about reports of human rights violations such as allegations of forced labour.

In view of these various concerns, earlier this year, 12 United Nations system agencies and entities issued a joint **UN Position Statement** on the compulsory centres. Our aim was to make our concerns on the centres clear and to pledge our support to our Member States to help move towards voluntary, community-based and evidence-based treatment.

3. OPPORTUNITY – but we do have an opportunity to increase voluntary, evidence-based drug dependence treatment

- But the good news is that we do have an alternative – and that is the provision of **voluntary, evidence-based, community-based drug dependence treatment**.¹
- This is what the United Nations is promoting. Our aim is to work with governments and NGOs to establish and scale-up such options.
- To do this effectively, we need the support of our donor community since the current level of funding for evidence-based drug dependence treatment services simply does not meet the demand at either the country level – or the regional level.

4. OPPORTUNITY – Positive example: Malaysia’s Cure and Care 1Malaysia Clinics

- I am also pleased to say that there are now countries in our region which are moving in the right direction – and doing so using their own resources.
- Please allow me to use these opening remarks praise the very positive approach taking place in our host country – Malaysia.
- Under the visionary leadership of Puan Sri Dato’ Zuraidah and driven by the Malaysian Government’s Transformation Programme, an increasing number of compulsory centres have been transformed into **Cure and Care 1Malaysia Clinics**.
- The transformation we have witnessed is remarkable. Tomorrow we will get to witness this transformation up close and to ask questions. Again, I think the Government of Malaysia for this opportunity.

Call for Action

Honorable Deputy Minister, Excellencies, Ladies and Gentlemen, Colleagues, Friends,

I would like to end my opening remarks with a Call for Action.

¹ Such treatment is in line with the *Principles of Drug Dependence treatment and Care* proposed by UNODC and WHO. The following four principles are strongly encouraged in treatment: (1) Individual treatment plan should be built on following screening and assessment of the level of drug dependence; (2) any treatment must respect the right by the individual to consent to treatment, just like before treatment of any other health condition; (3) treatment services should be available and accessible to all those that need treatment in the community; (4) only a small minority of people, the most complex cases, require residential treatment. The majority of people can be treated on an out patient basis. In addition, we need more cognitive-behavioural and case-management approaches. There is an acute lack of human resources to implement evidence-based treatment approaches. Often is because the workforce has often not been equipped and trained in the use of cognitive behavioural interventions. Or the safe and effective use of medication treatment. An additional difficulty is that while “talk” therapies and medication approaches are important, a case management approach is often not part of the overall package. We need to fix these shortcomings.

- Let us use this Consultation as a platform from which to call on all colleagues who are involved in the response to addressing the health consequences of drug use and drug dependence to move forward in the following way:
 - One. Let us maximize financial and technical resources for evidence-based drug dependence treatment.
 - Two Let us expand evidence-based interventions for preventing people who use drugs from becoming infected with HIV or Hepatitis.
 - Three. Let us do much more to involve individuals and networks of people who use drugs and community-based organizations in the delivery of drug dependence treatment services as well as HIV prevention, treatment, care and support.

[Thank you all.]