



*In the Name of God, the Compassionate, the Merciful*

**Keynote speech of**

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**to the**

**FIRST MIDDLE EAST AND NORTH AFRICA**

**HARM REDUCTION CONFERENCE**

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Ladies and Gentlemen

It gives me great pleasure to attend this important conference which addresses a number of the most crucial health issues in our Region, namely drug use and its impact, and in particular, the risk of blood-borne diseases such as HIV/AIDS and hepatitis. I think the issue is so important that we need to address it quite candidly. It is estimated that there are approximately one million injecting drug users in the Region. Millions more are affected by drug use through other routes of administration. Disease, loss of life, marginalization and crime are affecting our young people and their families because of drug use. We have a responsibility to put an end to those losses.

With approximately 530 000 people currently living with HIV/AIDS, the countries of the Eastern Mediterranean Region have relatively low prevalence rates. However, even in countries with low prevalence an HIV epidemic can emerge very rapidly, especially among vulnerable groups, one of which is the population of drug users and particularly injecting drug users (IDUs). Almost all countries of the Region have now reported the transmission of HIV among IDUs and injecting drug use is the main mode of HIV transmission in several countries. In addition, we must also consider non-injecting drug users in the Region, who are at risk of transition to injecting, and at risk of sexual transmission of HIV. Drug use impacts on other health and health-related areas; hepatitis, death due to overdose, and aggression and crime related to drug use are among these other risks.

Traditionally, reducing demand for drugs has been addressed through prevention and treatment programmes that did not tackle the comprehensive nature of the problem. Thus, abstinence or gradual decrease in drug use are methods that address only some issues related to drug use. When we started to understand the full impact, including the risks I mentioned earlier, it became clear that those strategies were no longer sufficient. To address these newly understood conditions, harm reduction approaches were introduced. Substantial scientific evidence has shown that comprehensive harm reduction programmes are effective in reducing risk behaviour among IDUs, and that epidemics of HIV among IDUs can be prevented, slowed or reversed.

Distinguished friends and colleagues,

These are important issues and confronting them requires important decisions, changes in attitude and new innovative approaches. Let me start with a brief historical account of the issues related to drug use in our region. Recreational use of different drugs has existed in this region for centuries and although the extent of use differed from country to country, no country could be called drug free. Substances such as cannabis, khat and opium have been produced and consumed for a long time. However, the old, traditional use of these substances was not associated with major public health issues like HIV/AIDS and hepatitis and, in many cases, the effect of drug use on families and society was not as dramatic as nowadays. Traditional societies of this region started to change following the Second World War. The nomadic and agriculture based societies started to break down. Migration from rural to urban areas increased. The extended family system, which was a great social capital, started to break down. Cities started to become larger and larger. The new migrants, and at times refugees, many of them strangers to city life, lacked the support of their larger families and there was nothing to replace that support for the lonely youth of these new communities or the nuclear families they formed. At the same time the region was, on the one hand, modernizing with the flow of oil and, on the other hand, had its share of war, upheaval, occupation, economic hardships and refugees. So, production and supply were there, the conditions for stress and demand were there and no extended family or social system existed to offer support. These are some of historical reasons for recreational drug use to which we should add the fact that the drug business, illegal as it is almost everywhere, remains one of the most lucrative businesses on earth.

One of the most important issues related to drug use in the region is the continued production of huge quantities of opium and heroin. According to a United Nations Office on Drugs and Crime report of 21 October 2009, 92% of the global annual production of opium is from Afghanistan. Of this production 40% flows to Pakistan, 30% to the Islamic Republic of Iran and the rest directly to other countries, including others in our Region. There is also manipulation of pricing. The value of such drugs doubles with each border crossing. In addition, price fixing and playing with availability and purity inside countries affect the patterns of use, and in many instances endangers even further the lives of the drug users and others.

As a result of all these conditions and many more, during the past two decades, drug use has risen dramatically. As I pointed out, almost all the reasons for this increase were beyond the reach of health care systems. But we followed the trends. Along with the net increase in the number of drug users, we witnessed some alarming changes in the patterns of drug use. Demographically, the average age of the users was decreasing and more women were using drugs. There was also another major change. In many populations, injection was replacing eating and inhaling, a change which had major public health consequences in terms of potential for transmission of blood-borne viruses such as HIV and hepatitis.

Facing these alarming issues, the WHO Regional Office for the Eastern Mediterranean decided to form a Regional Advisory Panel on Impacts of Drug Abuse in 2002. This committee has held a number of deliberations, which showed the dangers are real and has advised on new strategies to face these dangers. Harm reduction is a major approach recommended by this committee, and was approved by ministers in a resolution of the Regional Committee for the Eastern Mediterranean in 2005. Just last month, another resolution addressing the issue of hepatitis was endorsed by the Regional Committee at its 56<sup>th</sup> session in Morocco. The use of harm reduction approaches for drug users was emphasized in that resolution. Thus, the use of harm reduction measures is a regional commitment expressed by all the Ministers of Health, and WHO is mandated by its governing body to bring this approach about.

## Distinguished Participants

Have you ever thought about why we use so many different terms when talking about the use and/or misuse of substances that affect the mind? We use terminology like “addiction”, “addictive behaviour”, “substance abuse”, “substance use disorders”, “drug abuse” and so on. Why are we so divided and even confused in agreeing on a name for a common condition? Is it because we do not understand the whole picture, use purely medical models of thinking, or purely non-medical models that neglect biological realities? Is it because we are so fascinated by psychological and crime control theories that we neglect socioeconomic and cultural facts? Is it because we neglect individual differences and special interest groups? Is it caused by oversimplification? The fact is that both substance use and the related harms are human conditions of a complex nature. Such conditions are not explainable by single reasons, such as personality and psychological make-up, alone and are caused by complex, interactive, inter-related factors—biological, psychological, political, economic and cultural. No condition of a complex, multifaceted nature responds to a single linear solution focused on one etiology, one way of prevention and one means of treatment. Substance dependence is a condition with different levels of supply (availability of drug), demand (individual and complex social conditions), individual vulnerability and dependence. Therefore, we need different levels of response.

Substance dependence and our understanding of it have changed. It can no longer be defined in narrow terms as purely a mental health issue, an ethical problem, a crime or however else people try to define it. Human beings are now exposed to so many dangers. We accuse them of causing us harm, but it is time to question what harm our policies have caused them, and thereafter, have caused the whole society. Our new understanding indicates a number of facts.

- All psychoactive substances can be harmful to health, depending on how they are taken, in what amounts and how frequently.
- Use of psychoactive substances is to be expected because of their pleasurable effects, as well as peer pressure and the social context of their use.
- Substance dependence is a complex disorder with biological mechanisms affecting the brain and its capacity to control substance use. It is not only determined by biological and genetic factors, but psychological, social, cultural and environmental factors as well.

- Treatment for substance dependence is not only aimed at stopping drug use. It is a therapeutic process that involves behaviour change, psychosocial interventions and often, the use of substitute psychotropic drugs.
- Dependence can be treated and managed cost-effectively, saving lives, improving the health of affected individuals and their families, and reducing costs to society.
- One of the main barriers to treatment and care of people with substance dependence and related problems is the stigma and discrimination against them.
- Studies in countries of the Region have shown that people with drug dependence have the highest stigma among a list of physical and mental health conditions. This stigma prevents affected persons from getting care. In one study from greater Cairo, only 12% of those dependent on drugs had received treatment at any time.

We need innovation to address these new understandings.

Dear colleagues,

In two weeks from now, on 1 December, we celebrate World AIDS Day. The theme this year is Universal Access and Human Rights. Universal access to HIV prevention, treatment and care means universal access for all, irrespective of who they are, how they live and what they do. The right to the highest attainable level of health for every human is a fundamental value in WHO's constitution, and Health for All is the vision. All human beings means everyone, including drug users.

Working to decrease "supply and demand" is necessary. However, such efforts are limited by the fact that they stop at a point before the causing of harm to drug users and to society and do not address those terms. The health of those who use drugs and the public health considerations are of prime importance. We have witnessed and collected evidence over so many years that our tunnel vision has focused on abstinence only, compulsory detoxification, imprisonment, social denial and rejection and we have not achieved the desired objective of social and health protection.

To address the individual and public health impact we need courageous approaches. Harm reduction is one such approach.

My dear friends,

As we sit here today, we share many concerns regarding the health, safety and future lives of the people of the Region. Of particular concern to us are the health-related issues that endanger our people. And among them, children, young people and the other groups who are most vulnerable are the cause of our greatest concern. We are in charge of public health, and it is our responsibility to bring health services to all. In our Region, substance use disorders are on the rise. Whatever the reasons, one cannot deny the fact that more than 90% of narcotic production in the world comes from this region. The statistics also tell us that a great percentage of blood-borne diseases, such as HIV/AIDS, are caused by sharing the contaminated syringes and needles of infected injecting drug users. This is a health alarm requiring a set of bold actions to address the problem.

Ladies and Gentlemen,

The time is now ripe for these actions which include, among other things, the implementation of harm reduction strategies and clear, non apologetic responsible responses from the media.

It is time to act.

Thank you.