

Colleagues and friends,

Good morning.

It is my honour to address this important meeting on policy development for methadone maintenance therapy in Viet Nam on behalf of the United Nations Country Team and international partners including the United States Government, the World Bank and FHI who are also present here. Today Viet Nam will take a critical step towards achieving the government's ambitious yet achievable target to provide methadone to 80,000 heroin-dependent drug users by 2015. Gathered in this room today is a rich pool of authority and expertise. I am glad to see veterans of the response to drug use and HIV in Viet Nam, as well as new leaders, here together. I am sure that your combined political will and experience will be able to achieve a strong result.

But before going further, I would like to tell you a story about a person receiving methadone treatment whom I recently met in Hai Phong. His story came to my mind again this early morning on the way to our meeting and I hope you will indulge my story telling.

This man became dependent on heroin after retiring from military service. Feeling ashamed, he was determined to wean himself off drugs. He tried to quit at home on his own. He failed and returned to heroin use. Then he was referred to a O6 centre. But when he came out he soon turned back to heroin.

Then, in mid-2008, he was recruited into the pilot methadone maintenance therapy program. When I met him recently, he had reduced the level of methadone and returned to his normal life, a responsible man and taking care of his family. He told me: "Now that I have won back the

respect of my family and neighbours, I will not lose that again.”

How can methadone make such a big difference to this man’s life, to the community where he lives, and to that of the many other methadone programme clients?

It is because methadone is the single most effective treatment for heroin dependence. More than any other treatment, methadone keeps people off heroin and within their own communities, allowing them to contribute to their family and society. Methadone replaces the person’s heroin dependency, which reduces criminal behavior, drug related morbidity, overdose deaths and HIV transmission.

The impact that methadone programmes can have on the HIV epidemic is particularly important in Viet Nam, where HIV has spread mostly among people who inject drugs, and then on to their sexual partners and their children. The Government of Viet Nam estimates there were 150,000 drug users in 2010, and approximately 80 percent of them are thought to be people who inject heroin.

Methadone treatment is highly cost-effective too. It costs only about VND 20,000 per day to treat a methadone patient in Viet Nam. This saves the country at least VND 70,000 for each VND 10,000 being spent on the methadone program. In the current global trend of decreased

HIV funding, being cost-effective means being able to keep more people who inject heroin in Viet Nam free from HIV. This, in turn, reduces the amount the government will need to pay for the long-term treatment of people living with HIV.

As such, methadone can be the way for Viet Nam to deliver what the country committed to at the United Nations General Assembly High-Level Meeting on AIDS this June in New York: **reducing by half new HIV infections among people who inject drugs by 2015.**

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infections,

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discrimination and

**zero AIDS-related deaths.**

There are even more savings when one considers the additional economic productivity and crime reduction that result from an overall reduction in the number of heroin- dependent people.

Viet Nam's methadone maintenance therapy pilot programme was evaluated in early 2010

and judged to be a major success. The program has since been expanded to many more provinces across the country. The first co-pay methadone clinic was opened in Hai Phong earlier this year with contributions from communities and the private sector complementing support from the government. This expansion of models for methadone maintenance therapy provides more choices for drug users who want to be on treatment but are not eligible yet for the current program.

Ladies and gentlemen,

I would like to take this opportunity to acknowledge the great leadership and tireless efforts of the Government of Viet Nam at both national and sub-national levels in making this happen. Colleagues working in the health, public security and social affairs sectors have worked especially hard alongside Provincial People's Committees to achieve it.

Your continued efforts are admirable, and I believe Viet Nam will be able to reach its target to provide methadone to 80,000 people by 2015.

But to get there, Viet Nam will need to take some difficult policy decisions in order to overcome the obstacles that provincial methadone projects are facing.

I would therefore urge you to:

<!--[if !supportLists]-->ü <!--[endif]-->Continue with and build upon the strong political commitment and leadership that leaders of the National Committee for AIDS, Drugs and Sex Work Prevention and Control have shown with regards to the methadone program;

<!--[if !supportLists]-->ü <!--[endif]-->Invest available resources on high-impact, low-cost programs such as methadone and shift away from high-cost, low-impact programs. The Provincial People's Committee of Dien Bien here today can share how they have moved funds from high cost but low impact approaches to methadone which is low cost but high impact;

<!--[if !supportLists]-->ü <!--[endif]-->Further mobilise the strength of Provincial People's Committees and the communities to scale-up the methadone program.

The United Nations in Viet Nam and the wider international community look forward to continuing to work closely with the National and Provincial Committees for AIDS, Drug and Sex Work Prevention and Control to support scaling-up of the methadone program.

Together we can ensure there are many more life-changing stories from methadone clients.

Thank you and chuc suc khoe.