

Sixty-fourth regular session of the Commission on Narcotic Drugs
April 2021
Plenary Speech

Chair,
distinguished Delegates,

Thank you for giving me the opportunity to address the commission today on behalf of the International Federation of Red Cross and Red Crescent Societies, comprising 192 member National Societies and working through millions of community-based staff and volunteers with the mission to prevent or mitigate human suffering in all its forms.

People who use drugs continue to be among the most vulnerable and marginalized groups in the community. According to the latest UNODC report¹:

- Only one out of eight people who need drug-related treatment receive it.
- While one out of three drug users is a woman, only one out of five people in treatment is a woman.
- Of the 11 million people who inject drugs, half of them are living with hepatitis C, and 1.4 million with HIV.
- People in prison settings, minorities, immigrants and displaced people also face barriers to treatment due to discrimination and stigma.

Most of those groups face double or triple discrimination. Evidence has shown that there is a strong association between drug use disorders and mental health. Their situation has further exacerbated due to the current pandemic, where many resources and staff have been diverted towards the COVID-19 health response.

For a very long time, we have been calling for a more humane approach to address the issue—one which does not rely on the pursuit and punishment of people who use drugs, but is based instead on support, access to care and treatment. This call is guided by a strong sense of humanity and well-documented evidence.

RCRC, led by the RC RC Partnership on Substance Abuse, developed the Rome Consensus for a Humanitarian Drug Policy, back in 2007 and Rome Consensus 2 in 2019. These initiatives enable different stakeholders to promote and implement a humanitarian response to drug use. It lays out the health principles and practices, information and research on drug consumption issues and best practices in drug policy responses, promoting a person-centered approach.

Drug use disorders are intrinsically connected to socioeconomic and health inequalities. Inadequate drug policies and marginalisation consequences extend beyond individuals to affect the health and well-being of the users' families, neighbourhoods and the community at large. To end this vicious cycle RCRC national societies are well placed, as auxiliary to public authorities on one hand, and with extensive community presence and trust on the other.

1 https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_Booklet_2.pdf

In order to achieve Universal Health Coverage (UHC) within the Sustainable Development Agenda, we need to ensure that no one is left reach the last mile first. People who use drugs and those with drug use disorders are some of the first to be left behind in almost all circumstances. Evidence-based approaches and shared responsibility, must be at the heart of balanced solutions to drug demand and supply. This is more important than ever, as illicit drug challenges become increasingly complex, and the COVID-19 crisis and economic downturn threaten to worsen their impacts, on the poor, marginalized and vulnerable most of all².

IFRC is ready to continue working together to protect the lives of those in need, adjusting to the new reality, working as locally as possible. We must ensure full access to services and human dignity to people who use drugs, that are shunned and excluded from the society and ultimately moving them out of harm's way.

² https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_Booklet_5.pdf