

2nd Global Conference on Addiction Medicine, Behavioral Health and Psychiatry Orlando (23/10/2021)

A health-centred approach to drug disorders: The humanitarian drug policy

Dear Chair,

thanks for inviting me to contribute to this Conference debate. Substance abuse remains a major cause of suffering across the world, and among those who suffer the most, people with drug disease are certainly the most discriminated. Since Noah's time, man, like all other animals, has followed the pleasure principle: he seeks for pleasure and escapes from pain even at the cost of facing greater sorrow as an inevitable consequence of his choices.

Humanity has used drugs since then, no force will ever be able to prevent humanity from seeking relief for its pains by using a substance that can make people feel happy and omnipotent. The act of taking drugs has its own roots in the irrational part of the brain and is therefore insensitive to such warnings: don't do this because it will hurt you!

If this is the situation, which realistic and feasible interventions should have priority to lighten the burden afflicting the individual and the community due to substance use?

Evidence says that a humanitarian and health-centered approach is exponentially more effective than punishing. But the gap between science recommendations and practice unfortunately is still significant.

In this regards, it could be of help clarify, among all the health professionals engaged in addressing drug disorders, some key principles:

- a person with drug addiction is a sick person who cannot survive without drugs for a certain period of life, and must be treated for a better quality of life but also because he represents a danger for himself and for the others. A person who is not treated is twice dangerous for its own life and for others.
- There are 3 main factors that contributes to the development of a substance disease: the substance itself, the brain and the environment. And any treatment should take into account these 3 key combined factors that influence the good or bad result of a therapy. That's why the only substitution therapy, or the detoxification, or the behavioural psychotherapy support, alone cannot be enough.
- There's no *one solution therapy* and I don't believe in professionals that sell *these one solution therapies* around the world. Dogmatic solution can be very dangerous. Based on my experience, neither fast solution of therapy exists. Treatment must be flexible, adapted to the person, and with no rush.

Evidence shows therapy is a long path – the chance of the success of the therapy is proportional to the time spent in treatment. That is why we should consider the time as our ally and not as our enemy.

I believe also that the very first step of treatment path is the harm reduction programme. Build a linkage to care and a trust, especially for '*hard core*' drug user in the street is crucial. The fundamental goal is to avoid the point of non-return, that means to avoid the death or a pathological condition that will lead to death over time. Therefore the harm reduction key factor is the patience, the time. Is the starting point where health professionals build a trust with the person, in order to facilitate and engage the patient in a continuum of care. Detoxification can be considered just as one of the steps of the treatment path.

We need to be careful with detoxification issue, because the patient could not be ready to quit from drugs, but just need to be assisted in other ways, and forcing the patient to get clean can have a big boomerang effect that can cost his life.

There is a general trend, especially in Conferences network, of health professionals that are looking for the most effective medical assisted treatment or psychological behavioural treatment. Evidence can give us the best and fastest treatments options, but drug disease is a chronic relapsing illness, this means that the therapy can be a very long path, and while time is passing also the therapy can change according to client's motivation. Time is therapeutical, and it's vital to avoid any forcing treatment option.

Another dogma that should be dismantled is the dichotomy between treatment and rehabilitation. Therapy and Recovery are two sides of the same coin that should be applied contemporary. I consider treatment and rehabilitation programs should be combined and interconnected.

There's another important factor we should take into account, the high cost and the waiting lists that clients have to face to access rehab centers or any behaviourist attitude exercise asked to get in some rehab. All those practices create avoidable frustration on patients, affecting their path towards the treatment.

Increasing and diversifying the number of treatment centers can be an effective way to keep the patient away from the harms and from the substances. Many treatment centers offering different services contribute to strengthening the patient's adherence to therapy in a continuum of care. Network of health services, in relation, that talk to each other and put the patient at the center, considering all its internal and external needs, is an effective strategy, in which the therapy is adapted to the patient and not vice-versa.

All the health workers engaged in treating drug user should remove any obstacles to access them to treatment. I believe that it is in the interest of each of us, and of any Government to "roll out a red carpet" for those who want to be treated in a recovery center. According to the community health and safety, getting to know everyone and treating and rehabilitating them all should be a strategic interest of every nation.

The more you know how widespread the phenomenon is, like for a virus pandemic, the more people are treated, the higher the chances that the virus will claim fewer victims and infect others. In this sense improving treatment access to all has the effect of prevention.

There is no country in the world that is protected from what can be considered an epidemic, and in some cases a real pandemic, such as the one that has been hitting the United States for some years for the consumption of Fentanyl and other powerful opioids synthetic with an increasing number of deaths, which last year reached the impressive record of 80 thousand lives.

In the past, authorities have underestimated this phenomenon, with counterproductive strategies, such as the so called war on drugs, which quickly turned into a war on people with drug problems, or paternalistic slogans such as "Just Say No".

The result is that today, despite the improved results of evidence, still in many countries, governments continue to ignore the health consequences of those who are affected by drugs by considering them just as criminals and therefore punished and incarcerated instead of being treated. Indeed, 1 out of 4 of the inmates in the world are in prison for drug reasons, and they are forced to live in a pathological and pathogenic environment where their disease is not treated at all.

I believe that treatment and punishment can't work together. Treating people with drug disorders is a common interest for all humanity, for all the governments and for each country in order to have healthier, peaceful and safer communities.

For this reason I am advocating for a humanitarian drug policy inside the Red Cross/Red Crescent Movement and outside, towards civil society organizations. Together we launched a health based international campaign called The Rome Consensus 2.0. This campaign can be found on the web, [ROMECONSENSUS DOT COM](http://ROMECONSENSUS.DOT.COM), where we are collecting the signatories of all the experts, professionals, activists and people who believe in a health-centered approach to the problem of drugs and want unify the voice to increase the possibilities of treatment and protection for people with drug disorders worldwide. For this reason I invite you to give a read to the Rome Consensus Manifesto that hopefully will find your consensus too. But to sign and ideologically support is not enough.

International community must find more concrete strategies that can change people's lives, like it has been done with the Global Fund against Hiv, TB and Malaria. Indeed, the Global Fund changed in better the world and millions of people's lives. For this reason in the last months, together with other international experts, we are discussing about the idea to create a New Global Fund specific for the Drug World Problem. A Global Fund, based on humanitarian drug policy, could be an effective tool to truly mitigate the health conditions of millions of people marginalized, stigmatized and left behind. Making easier the access to treatments for all the drug users, will dramatically decrease the rates of violence and deaths all over the world. And the direct involvement not only of medical doctors, psychologists and social workers but also law enforcement, judges and tribunals can do a lot to improve the quality of life of drug users but also of the whole community. I mean for example by providing alternative measures in the criminal justice field like pre-arrest deflection or diversion. Those strategies hold the promise of addressing the opiate crisis in particular and drug use more generally on a practical level while also

contributing to more positive, human and effective attitudes toward police, instead of just punish and arrest someone who use drugs. When implemented, deflection can literally save lives, reduce drug use and rebuild community trust while promoting public safety.

Instead of utilizing traditional police interventions (i.e., arrest, punish, and charging), deflection relies on law enforcement to be the referral source to community-based drug treatment and mental health services prior to potential crises/violence. In this way, law enforcement opens up new treatment access points not previously available to those in need. Law Enforcement and First responders in general can help in bridging the gap between key population and health services. The goal of deflection is to refer people to the help they need before the crisis occurs.

The pathway to Treatment should be considered as a Continuum of Care. This is a long path in which many actors have a role and might intervene. One of the first step that is vital to save people lived is the engagement of first responders, Police officers above all, for the overdose response in the streets.

The engagement of Police forces for overdose response team in the street can be the first step to make the difference between the life and the death with the use of the Naloxone.

As you see there are a lot of things we can do together to meliorate our response to drug use in the interest of the quality of life of all the people of our common world.

Massimo Barra

Chairman of the Red Cross and Red Crescent Partnership on Substance Abuse,