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“Humanitarian Drug Policy”

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Substance abuse is a complex issue, that goes through the dimensions of life and death, pleasure and suffering, freedom and constriction, economy and corruption, law and customary law, social control and welfare, development and poverty, emotion and rationality.

The use and abuse of substances is as old as the world itself. Even Adam and Eve, by eating the apple of good and evil showed that the limits of their privileged life were not enough for them, and wanted to try the experience of a superior and better dimension that would make them as almighty as the Lord.

Their eviction from the Garden of Eden shows us that such a desired condition is not for the humans and that only searching for it is a truly expensive sin. The same know those who take heroin, who have to pay with many years of sufferance and pain for that superior and forbidden pleasure that appears by miracle when the substance goes through their veins and gets into their nervous system.

Use and abuse of substances has to deal with the frailty and imperfection of the human nature. It has always existed and will always exist.

It is not possible to retain the suffering and mortal man from looking into nature or labs for relief to his sufferance, for the pill of happiness that makes him immune from diseases and pain and extend his life up to immortality.

As all the other animals, men look for pleasure, strive for pleasure and try to avoid pain. In front of pleasure, the man is naked, he can do anything. The dimension of pleasure has nothing to do with the one of rationale and logic, it has to do with the one of instinct and irrational.

Saying that the use of a certain substance is harmful is too a rational message to avoid a person to take that substance. Saying that drugs are harmful and thinking that we are sending a correct information and, by doing so, we are doing prevention, is an illusion, as it implies that men always do good and abstain from evil, which is not true. Also because we should say that substances give a superior pleasure, which incentives consumptions instead of hampering it.

It is my strong belief, in any case, that nobody is obliged to be a drug user for his entire life. Even after 20 years of strong dependency it is possible to regain a drug free dimension. The longer the time goes, the more realizable is this goal. Time is therapeutic, time is our allied.

Results of a treatment are proportional to the length of the treatment. With time, even those who are under methadone maintenance therapy can stop their daily assumption without falling again into the abuse of illicit drugs. With time, every pas-

sion, every love get re-dimensioned.

Routine is a love's grave, even of the crazy love a drug user has towards drugs.

When the mother of a young consumer ask us if we are still on time to cure, we reply that therapy is a long-lasting path, along which the most important thing is to survive reducing the harm, rather than reach a drug-free dimension as soon as possible. In other words, physical detoxication is not forcibly the start of a therapy, but its final point, that drug users can reach only with time.

To quit drugs is easy. But to re-start taking drugs is even easier.

There are four steps in the relationship between an individual and the substance he takes, that we can call "intoxication scale": the use of a substance, the abuse of a substance, the dependency from a substance and the obsession for a substance.

After spending 35 years aside drug users, it is still not clear to me why some individuals get dependent on a drug and why some other fall into obsession for the same drug, at the point that their entire world turns around the unrestrainable wish and crazy love for a substance. In other words, I do not know if it is the substance, the individual or the context that create what we call an "addict".

Whatever the path or the dominant factor are, those who develop a dependence or an obsession, also known as craving, are not healthy persons anymore.

Not recognizing and not treating this sickness, at the same level in which any other disease is treated, not only is a mistake, but is a wicked action the world of healthy people does to the world of drug users. It is also a masochistic choice by the society in its whole: a drug user who is treated is dangerous for himself and for the others, but a drug user who is non treated or not even recognized as a sick person is as twice as dangerous.

It is even worst when “the others” start to stigmatize and give moralistic judgments, that become a form of violence and discrimination against drug users. And our daily experience tells us that violence always bring violence.

Many people expect that drug users behave according to rules that do not take into consideration objective and repeatable experiments carried out on animals in laboratories, but behave according to rules that only take into consideration the wish or the will of those who consider themselves as normal, being them a majority against a minority.

In reality, nobody can oblige anybody else to feel good and to stay well, and the knife of well-being or discomfort is always in the drug user’s hands, not in those of the doctor or the family.

Forcing the hand to the nature of a disease often causes artificial damages that are provoked without a necessary cause. A forced detoxication that is not shared with

and not asked for by the drug user can lead to irreparable damages, such as an overdose, because it contributes to remove the protective shield of tolerance. Many drug users die of overdose after a forced stay in prison or in a therapeutic community.

The life of a drug user is marked by easy detoxications, but it is even more marked by easier relapses. The starting point of each therapy has to always be a clear relationship between the doctor and the patient, in which no judgment has to be done. As our Lord said, "Do not judge if you do not want to be judged, do not condemn if you do not want to be condemned".

The first, immediate objective of each therapy is to improve a drug user's quality of life, and to avoid that a drug users kills himself or does not harm himself too much. We call this "Harm reduction". These two words, Harm reduction, have been in the last two decades at the centre of strong debates all over the world, as they have taken an ideological and political meaning, which goes well beyond their semantic meaning: the clear, self-evident truth that reducing harm to individuals and to the society is better than increasing them, and that no health policy can wish to increase the harm caused by a morbid event.

But logics, even if it based on scientific evidence, is not enough to explain political choices. Would it be so, scientists would have the full control over Governments, thing that has never happened.

Appealing to evidence in order to influence the political debate is not enough if on

the other side there are pre-judgments that are not based on logic but on irrationality and emotion, illogicality and instinct. And we do know how much these can influence a man's action, often even more than logic. Should it be driven by the light of science and evidence Mankind would not go to war or kill.

The promotion or the denial of Harm reduction have become the symbol of the opposition between two different ways of intending the problems linked to substance abuse, as if it was a barrier between two opposite extremisms.

On the one hand, the prohibitionists “without if and without but”, those for whom drugs are evil, drug users are criminals or sinners to be redeemed; the supporters of strong anti-drug policies, of the Zero-tolerance; those who are for the savage behavioral strategy of the carrot and stick; those who justify any violation of a drug user's human rights, should it help him to quit; those who clap people with bad reputation and origins if they manage authoritarian therapeutic communities using punishment as a forced step to redemption; those who think that a drug user has to touch the bottom in order to rise again and do their best as therapists, parents and friends to worsen a drug user's quality of life, to accelerate the moment in which he will regret his crime, ask for forgiveness and accept any kind of punishment in order to get rid of drugs; those who having a budget at their disposal, spend it all on repression, police, customs.

On the other hand are the non prohibitionists, those who consider drug users as sick persons and not as sinners; those who consider punishment and prison as counter-productive, who think that public health interventions based on scientific evidence

represent the best way to fight the negative effects drugs have on both individuals and the society; who think that a drug free world is unrealistic and unfeasible, who consider the sanctionary system as a source of stigma and discrimination towards drug users, as it creates more harm than substances (Stigma kills!), up to those who ask for liberalization of any substance, for the end of prohibitionism, abolition of international treaties up to the full liberty to take drugs as a mean to expand a person's knowledge and conscience.

It is self evident that a synthesis between these opposite and extreme positions can not be done without a major, common effort that tries to get the debate out of the boundaries of emotion and irrational.

I do believe that everybody's freedom should stop where somebody's else freedom starts. I do not believe in the freedom of taking drugs, because a distorted relationship between an individual and the reality surrounding him always brings damages to the individual and to the society.

Even though prohibitionist regimes, by corrupting and provoking tens of thousands of deaths every year, do whatever they can in order to worsen the problem, I can not be an antiprohibitionist. Freedom of production, commerce and traffic of any substance might have its logic in a world of wise men, capable to distinguish between good and evil, between what is reasonable and what is not, between licit and illicit.

While prohibition is a stop to consumption, for which we pay a very high social cost, permission brings along a very high social costs in terms of rise in consumption.

It is not by chance that the 2 main drugs whose consumption causes the highest number of deaths are the prototype of licit drugs, alcohol and nicotine. Having said that, let me say that I am a strong supporter of Harm reduction, a strategy that has not valid alternatives.

Harm reduction is the first objective of any therapeutic intervention, as it tries to avoid the irreparable and the point of no return for an individual and to prevent some of the social damages linked to the phenomenon.

There is no magic treatment or simple answer in the field of substance abuse. But a treatment that works is a treatment that we can adapt to the special circumstances of any individual.

It is like there were two different and completely opposite strategies, one totally against drugs and drug users, the other one more flexible, and in my opinion realistic, with the consequence that supporters of the first approach consider supporters of harm reduction as facilitators and partners in crime with consumers.

It is now time for listening to the voices of the most vulnerable ones and to advocate a new way, beyond prohibition and even harm reduction. A new global approach based on humanitarian principles that empowers people to make healthy choices.

But what exactly is a harm reduction strategy, in reality? A harm reduction strategy is the opposite of a harm increase strategy, which humiliates, mortifies, criminalizes and stigmatizes drug users, producing negative effects both at the individual and public health levels, as well as at the social one.

There is no other field in medicine in which doctors have the objective to increase the harm of patients. Many people think, in good faith, that associating a form of harm, or punishment, or violence, to the action of taking drugs could help “unconditionate” the positive conditioned reflex associating drugs with pleasure.

According to this point of view, if the memory of pleasure makes it easier to continue taking drugs, the memory of sorrow and grief should act as a deterrent. On the contrary, the more an individual is treated with violence, the more he looks for substances that can give him comfort, that can help him, that can give him back serenity and calm, that can love him.

Many drug users could not revive from the evil consequences of sadistic and unqualified therapeutic treatments, which have increased, and not decreased, the damages related to drug consumption.

Harm increase is as dangerous as substances, and a harm increase approach implies and justifies stigma and discriminations of drug users.

Everywhere in the world, even in countries that uphold human rights, drug users are still denied basic citizen rights. Drug users are humiliated, bullied, discriminated and treated more as criminals than as sick people. Public opinion and well thinking people are often accomplices of this stigmatization.

If this is the situation in the world today, we have to consider it as one of the major problems to face from the humanitarian point of view. And that justifies the intervention of the International Movement of the Red Cross and Red Crescent, which has always been in the frontline against any kind of human suffering. The Red Cross “makes no discrimination as to nationality, race, religious beliefs, class or political opinions”. It bases its anti-drugs activities on the Principle of Humanity and on scientific evidence.

A few years ago, we took a strong position in favor of Harm reduction, with a publication that you can find on the web of the International Federation, under the name “Spreading the light of Science”. Shortly after we involved Red Cross and Red Crescent National Societies from all the continents into an initiative called “The Rome Consensus for a humanitarian drug policy”. The Rome Consensus, that today counts 119 member National Societies, advocates to Governments for anti-drug policies that are respectful of fundamental human rights and are not violent and punitive.

Even the UN system, with the UNODC and WHO Joint Initiative, is improving its strategy. I want to read you, in this regard, two statements made by UNODC Executive Director, Antonio Maria Costa, who said that “ Scientific evidence shows that drug addiction is an illness that can and must be treated. There are no ideological debates about curing cancer or diabetes. Left and right are not divided on the need for treating tuberculosis or HIV. So why are there political contraposition about drugs?” and that “Drug control has an image problem: too much drug-related crime; too many people in prison, and too few in health services; too few resources for prevention, treatment and rehabilitation; too much eradication of drug crop, and not enough eradication of poverty” and finally “although drug kills, I don’t believe

we need to kill because of drugs”.

Even the UN Secretary General, Ban Ki-Mon, who by the way has been an active volunteer of the Korean Red Cross Youth and who spent one month in the USA invited by the American Red Cross, being received by President John Fitzgerald Kennedy, in its speech on the occasion of the 2008 World Day against drugs, used new and unusual words for the UN bureaucracy, saying that “No one should be stigmatized or discriminated against because of their dependence on drugs”.

All these factors and considerations, ranging from the position of the International Movement of the Red Cross and Red Crescent and the European Union, up to the recent opening signals from the United Nations, together what we could now expect from the United States, makes me feeling slightly optimist for the future, and think that the worst and repressive aspects that have transformed the fight against drugs into the fight against drug users could finally give the way to reason and evidence, for a global action based on compassion and therapy, far from prejudice, violence, stigma and discrimination.

Thank you.