

***"Impacting policy - making voices  
heard" "***

***European Policy Seminar***

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Mr chairman, Ladies and Gentlemen, it is an honour for me to speak at this European Policy Seminar, in which different actors, from the grassroot to the policy making level have the chance to exchange their views and to share their expertise and experiences. I would like to express my particular thanks to the Correlation Network for allowing me to address such a qualified audience today on my experience as a Red Cross person, who last year was named President of the Italian Red Cross, which I joined as a simple volunteer at the age of eight, and as a medical doctor, who has been working with and for drug users for more than thirty years. And I want to do so by rising some issues that I hope could help our debate, in the interest of the most marginalized ones.

The International Movement of the Red Cross and Red Crescent is the world largest voluntary organization, and its mission is to intervene on behalf of the most vulnerable persons. Nowadays drug users can be considered among the most vulnerable ones in the world.

### 1. Stigma and discrimination

Since I founded Villa Maraini Therapeutic Community in 1976, I have met more than thirty-five thousand drug users, and I have learned that drug addiction is a disturbing but real fact of the human nature. Some among us are weaker and need substances to cope with the hardship of life. Living or surviving is difficult for anybody. Somebody finds it even more difficult. I am not talking about those

who use substances every now and then or just to enjoy themselves. Like all animals, men usually look for pleasure and tend to avoid pain.

I am talking about those who became addicted to or developed a mania for substances, which have turned out to be their only, almighty, object of love. If there is any intoxication scale, ranging from use to abuse, addiction and mania, I am talking about those who have developed a mania for substances. What they do not need is to be stigmatised and discriminated.

Within our RC RC Movement we say that stigma kills. We have the proves that discrimination and indifference kill even more than substances. Moreover, stigmatisation and lack of care for drug victims are unwise and destructive not only for the users themselves, but also for the communities

in which they live. A drug user is already dangerous to himself. But a drug user who is not known and taken care of by the institutions in a human way is twice more dangerous.

It is in the interest of any State and any Government to get in touch with and to know as many drug users as possible. Even all, if this is feasible. It is for this reason that what we need is not targeted interventions only reaching the top of the iceberg. What we need is low-threshold interventions, reaching drug users in the streets and in the dark and isolated places, where drug users live their daily tragedy.

If Governments understand what they normally do not want to understand, that it is in the public interest to invest resources in order to know and to take care of all drug users in a given place, the quality of life will improve

dramatically, not only for those under care, but for the whole community. And this improvement will be much bigger than political authorities around the world could imagine, if we consider that, with some rare exceptions, these activities are marginal, at least as well as the people who should benefit from them.

It is for this reason that we should privilege care and health over judgment about whether a substance is good or bad. Health-based interventions and fight against stigma represent the first, most effective approach to drug abuse problems. Because caring for drug users - regardless of their conditions and their type of addiction - makes a drug user less dangerous for himself and for the society in which he lives.

Despite strong resistances from different sides of the Italian political and civil societies, the Police, in the city of Rome, have understood after many years that a humanitarian attitude towards drug users pays more than a force-based approach. They have now become our allies. Every single time a drug user is arrested in Rome, whether during the day or by night, the Police call for Villa Maraini Emergency Unit, which is composed by a medical doctor, a Red Cross volunteer and a former drug user, for an immediate contact with the person under arrest. If that drug user has withdrawal symptoms, our Unit provides him or her with methadone. The same occurs in tribunals in cases of immediate trial after the arrest.

## 2. Empowerment

My experience at Villa Maraini teaches another important lesson: empowerment is the real and best therapy for drug users. We as a community have the moral duty to take care of drug users and to empower them. It is not true that a drug user can not quit.

Of course this is not an easy task: if we give power to drug users, if we trust them, we go against those institutions and doctors who do not want to empower them, who prefer to adopt behaviourist measures that too often have proven to fail just after a drug user has completed this kind of program.

### 3. Harm Reduction

On the contrary, I can affirm you that harm reduction works, that care and science work, in the case of harm

reduction, public health is dramatically improved; discrimination and repression create health and social situations out of control.

Only by empowering drug users and by utilizing harm reduction strategies can we avoid to turn sick persons into criminals.

It is therefore urgent to restore the social and health dignity of drug users, by putting drug policy into a more human and scientific perspective, not an ideological one.

Substitution therapies, and particularly methadone, represent the better way to empower drug users, as they allow drug users to conduct a fully normal life, without being everyday subject to thoughts which could undermine their physical integrity and could have on them the power of life or death.

But if we give power to those who do not have it, we take it away from those who have it. It is for this reason that old psychiatrists formed under the Soviet rule, who are used to treat their patients in mental hospitals keeping them tied, practicing electroshocks and lobotomies, or provoking insulin shocks, can not accept methadone, because by doing so, they would lose their power.

It is for this reason that we have to fight hardly against these attitudes, in the name of the Fundamental Principle of Humanity.

#### 4.RC/RC Movement

The work of the International Red Cross Red Crescent Movement does not stop at harm reduction. Our core

rationale is a humanitarian one, which embraces both public health and human right rationales. This broad humanitarian basis provides the Red Cross a unique convening power. In the case of drug policy and especially of drug users, we intend to use our humanitarian approach to conduct a diversified strategy: to fight the criminalisation of victims like drugs users, as well to prevent the causes of this victimisation.

Many associations advocate for the rights of emarginated groups. But advocacy alone is not enough. As the Red Cross strategy for the 2000 - 2010 decade says, "Advocacy is on a safer ground when supported by activities".

Let me now elaborate on how our advocacy work can do much to impact policy by mapping out a new human rights and health based approach to the drug problem.

Drug control should not rely on violent responses be it through criminal policy or even forced treatment.

It should be the policy *of* and designed *for* the most vulnerable.

The principles of harm reduction are important steps in the right direction. But harm reduction is a fire-fighting strategy, a desperate attempt to limit the damage within an overall dysfunctional approach.

I think the debate between the different extreme drug policy approaches has been going on for a long time now. I am not afraid to say that it has not really produced any substantial improvement in the formulation of a new response to the drug use problem focused on listening to

drug users' voices and advocating for the rights of vulnerable minorities.

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

We must use all public health instruments made available by science without the inhibition of dogma or prejudice.

Science has shown that substance dependency is a fact of life - it takes mild forms among most of us and more extreme forms among a vulnerable minority.

Law-makers have a crucial role to play, and advocacy organisation, a crucial role to influence them. The drug laws

you pass in your own countries can enable practitioners, in fact the people on the frontline of the drug problem, to use all available public health tools to improve the conditions of vulnerable groups and reduce danger.

Today, practitioners in Western Europe, but more worryingly in Eastern Europe and Russia, the countries hardest hit by the HIV/AIDS - injection drug link, cannot fulfil their humanitarian mission adequately.

It is not a problem of scientific knowledge or even of funding. It is one of political dogma.

Against the problem of ideology and politics, we need a collective banner for public health.

Civil society organisations, movements such as the Red Cross and Red Crescent, play a key role in advocating for dogma free policies aimed at saving lives.

Today, there is lack of clarity about which public health practices are legal; although we know which treatment options work.

In the case of drug treatment, users are everyday victims of this lack of clarity because they are deprived from some basic treatment.

Those who ignore the importance of health and care responses to drug use are guilty of ignoring the reality of scientific facts based on more than 30 years of practices.

A major step is still missing. Treatment options still lack the strong and clear legal ground that will make them available to all countries and all corners of society without political, racial or religious barriers.

I see an analogy here with human rights. Despite the fact that human rights are not applied evenly throughout the world, multilateral frameworks like the European Convention on Human Rights provide invaluable benchmarks, strengthening human rights practices on the ground.

Public health in the context of drug use is a matter of life or death, not only for drug users, but for their families and

their communities at large. I am sure that all of you, with your commendable experience of social exclusion and working with vulnerable minorities share this sense of urgency. For this reason I'm convinced it is the right time for a new European convention on the promotion of public health to combat drug use and consolidate in an international legal framework health practices on the ground like substitution treatment or clean needle exchange that has proven effective.

This initiative could bring together evidence of practices, which have worked on the ground. As organisations representing drug users' voices we have strongly advocated for it.

The Convention will create an international language for public health response to drug use. From Russia, Central Europe and Western Europe, policy makers, doctors and

social workers will know without ambiguity the whole range of tools available to fight the terrible health consequences of drug use.

Such framework sends a strong signals to countries who are still uncertain about life-saving measures like clean needle exchange. Public health projects to combat drug use will gain in international recognition, therefore channeling more international aid.

Ultimately, providing safer health conditions for drug users is the first leg of a long journey towards their full recovery.

I think this is the shape of a new drug policy consensus that proposes to reduce drug use through humanitarian, rational means away from dogma.

## 5. Appeal

Finally, I want to make an appeal to all of you: all together, we have to fight stigma and discrimination, we have to organize ourselves in order to have more power, to make pressure to our Governments, in order for them to adopt a three hundred sixty degrees humanitarian strategy, to know and to take care of all drug users and to avoid rising social problems.

In a globalized world, we all have to unify our energies and our skills in order to offer permanent and systematic solutions, not aleatory ones. We have to create synergies and alliances among skilled and good willing organizations. It is not Year 0, but we still have a long way ahead to get out

from the uncertainty and precariousness in which services  
to drug users are left nowadays around the world.

Together, only together, we can make a difference.

Thank you.

Massimo Barra