

ROLE OF RED CROSS RED CRESCENT IN HARM REDUCTION

Within the 7 Fundamental Principles, the first and most important one is the Humanity Principle which obliges us to intervene for alleviating human suffering everywhere in the world, regardless of the reason it results from.

It is beyond dispute that all drug use related problems represent one of the major reasons of mankind's suffering, regarding some 200 million users, more than 10% of whom so critical as to affect their lives heavily.

Another Fundamental Principle, the Neutrality one, prevents us from taking sides in controversies of political nature on strategies to be adopted for tackling this pathological phenomenon. But if the Red Cross has to abstain from taking sides in controversies of a political, racial, religious or ideological nature, it has to be pointed out that it cannot remain neutral towards human suffering.

And we are against human suffering anyway. In our 2020 Strategy saving lives and changing minds activities are clearly set as priorities. In particular, in order to change minds, we have to release evidence based reports on most effective policies for preventing/combating human suffering linked to drug use as well as on main mistakes which can make worse the matter.

I believe, as many others do, that the "war on drugs" strategy has failed, aggravating drug use related problems. Besides, when you go at war, you should always bear in mind that war can be lost: if everybody acted in this way many stupid and useless wars could be avoided!

Without taking sides in the political debate on prohibition, legalisation, decriminalisation or liberalisation of drug use, we can

suggest replacing the “war on drugs” strategy with a humanitarian drug policy.

Harm reduction is the part of this policy intended to improve drug users’ living conditions by both reducing their suffering, safeguarding their health, especially from drug use related pathologies, promoting their integration into the community and, finally, setting them completely free from drug addiction, at the end of a long therapeutic path.

The expression “Harm reduction” literally means the reverse of “Harm increase”, of that hard approach towards drug users according to which they will give up taking drugs only if they face the ultimate negative consequences of their addiction.

Such a violent approach can inspire either some kind of behavioural treatments performed in different therapeutic and rehabilitation organisations or even tough living conditions prepared for patients in other centres, which often look like real concentration camps, where the role of jailer is played by so called therapists.

This approach is based on the link between the use of substances and the pleasure it normally brings to the user. As we know, such a pleasure forces the drug user to the repetition of substance intake, driving him into a compulsive spiral. The rationale of this approach is then to try to reverse this mechanism by associating painful factors to the use of substances. It is often called “*aversion therapy*”.

But this does not work in real world. It is a fact that substances feature an organic reflex, caused by the spread of endogen substances, in particular dopamine, which makes the drug user feel good and then force him to repeat the drug intake in order to safeguard this feeling of wellness. But the contrary does not work:

painful factors, sometime amplified artificially also thanks to the significant cooperation of parents, relatives and friends, produce only frustrating situations in which the further use of drugs appears the last resort. Drugs never say no, drugs love you, drugs protect you, drugs allow you to survive in a frustrating world.

Drug addiction is a pathology to deal with as it is, and not as we would like it to be. Addiction is something which is not related to a rational dimension. Addiction is a love story: the crazy love of a person for a substance. It is useless to force patients to change their attitude, also because violence always brings violence. Time has a therapeutic effect, time needed to pass from the honeymoon to the end of a love story. Routine is the tombstone of love. That is why time is a friend of the therapy. It is far better to assist patients by both helping them to find valid alternatives and avoiding non-return situations such as HIV, HCV and prison (where often they enter as mere drug users and when they leave they are criminals).

It is quite strange that one third of detained population all over the world went to prison because of drug related issues; I would even say that it is a clamorous auto-goal for communities. As I am used to saying, any violent reaction to the simple drug use, including jail, brings useless suffering and contribute to the increase of stigma and discrimination towards drug users. And we all well know that stigma kills, stigma kills far more than substances themselves.

Knowing and meeting all drug users represents a collective interest because a known drug user is always a danger for himself and others, but an unknown drugs user is much more dangerous!

Our branches and our volunteers are everywhere till the last mile with their baggage of humanity and this is a good reason for the International Movement of the Red Cross and Red Crescent to

get more involved in the field, considering the undisputed and unselfish public trust it enjoys in any part of the world and which could be used for bridging the gap among different components of civil society, so contributing to subdue the growing violence immanent in different communities.

Sometimes the Movement has been dealing with urban violence, but so far a clear link between this violence and drug related issues has not been drawn, even if in many cases, such as shoots out, homicides it is not hard to find a link, either direct or indirect, with drug trafficking induced by the use of substances. The Red Cross can further contribute to a less violent and a more safe community development, provided that there is a strong leadership willing to commit itself in these borderline activities requiring specific and continuous training.

Aware of the relevance of leadership as well as of volunteers' training for playing a not easy role in dangerous contexts, the Federation has established at Villa Maraini, in Rome, a training and research partnership for supporting National Societies in developing their competencies in the field of drug and harm reduction.

In last years, many National Societies have started working in this field as auxiliaries in the humanitarian services of their governments, intervening in both prevention, advocacy for a humanitarian drug policy and in the more difficult area of direct assistance to drug users.

Setting up specialised structures, equipping mobile units for distributing methadone or buprenorphine based maintenance treatments, providing patients most exposed to opium substances overdose with lifesaving kit of naloxone to be injected in case of need, providing drug users with new syringes replacing the used ones, opening low threshold welcome centres for badly motivated

patients, adopting a peer to peer approach for spreading health education elements focused on the prevention of both overdose and HIV, HCV, MST within hard-to-reach groups of drug users, distributing condoms, promoting public awareness of drug addiction by organising specific trainings: these all are examples of harm reduction activities already put in place by different National Societies in many parts of the world according to available resources, socio-cultural context and level of cooperation with public authorities.

If we compare such activities to those carried out 30 years ago we will immediately realise how impressing the RC/RC development has been.

We all are called to promote a further development for the sake of our communities.