



Commission on Narcotic Drugs
68th Session

Agenda item 7: Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.

The International Federation of Red Cross
and Red Crescent Societies (IFRC)

Statement by
Dr Massimo Barra

13 March 2025, Vienna

Thank you Chair,

Excellencies, Distinguished Delegates,

On behalf of the International Federation of Red Cross and Red Crescent Societies (IFRC), network of 191 National Societies, we reaffirm our commitment to addressing HIV/AIDS and substance abuse through principled, evidence-based, and inclusive approaches. We support strong coordination between the Commission on Narcotic Drugs and the UNAIDS Programme Coordinating Board to ensure effective responses.

Humanitarian crises exacerbate vulnerabilities, particularly for people living with HIV, Hepatitis and individuals struggling with substance use disorders. The IFRC supports updating the 2010 Guidelines for Addressing HIV within Humanitarian Settings. Through our community-based work in complex



settings, disaster-affected regions, as well as our humanitarian assistance along migratory routes, we witness firsthand the need for tailored interventions that integrate HIV and harm reduction services into emergency response mechanisms. Ensuring continued access to treatment and support is crucial.

Community leadership is vital in responding to substance abuse and HIV. The IFRC works alongside partners to ensure that key populations and marginalized communities are central to decision-making and service delivery. Compassion and science should guide harm reduction efforts, as the first step of treatment in a holistic continuum of care.

We support reinforcing an evidence-based, public health approach to substance abuse and HIV.

Harm reduction strategies must be aligned with an individual's condition, avoiding unrealistic demands for rapid detoxification and instead focusing on supportive care.

Substance abuse remains a critical public health concern, especially in emergencies where displacement, trauma and lack of healthcare worsen conditions. Harm reduction services, including opioid substitution therapy, needle exchange programs, and psychosocial support, must be integrated into emergency responses to reduce HIV, Hepatitis C transmission and improve health outcomes.

We recognize the funding challenges, however sustainable and early interventions are key to maintaining progress against communicable diseases and drug abuse. Based on operational experience, the IFRC supports partners in advocating for predictable funding mechanisms that allow for long-term planning and impactful interventions. Equitable access to HIV and harm reduction services need to be prioritized.

Harm reduction must return to its ethical and humanitarian roots, evidence based, free from ideological divisions and prejudices. The IFRC stands ready to collaborate with all stakeholders to advance these



efforts, ensuring humanitarian action that upholds dignity, equity, and access to health services for all.

Allow me to draw your attention to our side event of today at 1 p.m. “Clarifying Harm Reduction” which aims at building a consensus within the international community on a unified definition of harm reduction free from political and ideological interpretation.

Thank you, Chair.