MENTAL HEALTH WITHOUT BORDERS

SPEECH*: From Harm to Healing: The Villa Maraini Model and the Humanitarian Imperative in Global Addiction Care*

Distinguished colleagues,

My name is **Massimo Barra**. I am a medical doctor, Chairman of the Partnership on Substance Abuse of the International Federation of Red Cross and Red Crescent Societies, and founder of the Villa Maraini, the treatment and rehabilitation centre opened in 1976 in Rome, Italy, Drug Agency of the Italian Red Cross.

As the world's largest humanitarian network, the **Red Cross and Red Crescent** has a simple mission: **to prevent or alleviate human suffering, in all its forms, wherever it is found, and independent of political bias.**

I began my journey with the Red Cross at the age of eight, taking on various roles over the years, becoming President of the Italian Red Cross and Chair of the Standing Commission of the International Red Cross and Red Crescent Movement.

I was among the first Italian physicians to work on drug addiction in the 1970s, during the explosion of the opioid epidemic. As a Red Cross volunteer, I realized that helping those people where dying like flies on the streets, was an urgent humanitarian duty Red Cross could not ignore.

So I tried to open a small help desk for people with drug problems in one abandoned house of the Italian Red Cross. That was the first stone of what would later become one of the most known addiction-treatment centers in Italy and today internationally.

My first project presented to the National President of Italian Red Cross was to host five drug users four hours a day. The President answer was “avanti con giudizio” remembering the Spanish Don Quichote “Adelante Pedro con juitio” that means “go on whit prudence”.

Now, after fifty years, we have met and assisted through Villa Maraini

over 60,000 people struggling with addiction.

People who use drugs remain among the most stigmatized and discriminated individuals in our societies. Many are punished when they should be treated. For decades, despite overwhelming evidence, the health approach has too often been ignored.

This event is titled *“Mental Health Without Borders,”* and I believe this message reflects exactly what our work demands.

Addiction does not respect borders — not geographic, not social, not cultural, and certainly not political.Addiction is democratic.

Suffering crosses every frontier, and so must compassion.

As the Red Cross and Red Crescent, our mission has always been to reach people *wherever they are*, without judgment or discrimination— even in the “last mile” where institutions often do not arrive.

If mental health is to be truly “without borders,” then our services and our policies, must be without borders as well. This is at the base of the pioneering approach of what we started calling: Humanitarian Drug Policy, that I tried to disseminate here in Italy and around the world.

But let me clarify also something that I’ve learned from my long experience: **mental-health vulnerability is an important risk factor for addiction, but psychiatric intervention is not always required.**

Only a small fraction of the people treated at Villa Maraini needed psychiatric medication.

Most needed safety, stability, medical and psychological support, social assistance, and a place where they are welcomed and not judged.

This distinction is essential:recognizing the relationship between addiction and mental health does *not* mean assuming that every person with a substance-use disorder requires a psychiatric intervention. What every person does require is **continuity, flexibility, with respect and dignity in a system that we call continuum of care.**

A first point we must all agree on is this:

drug-use disorder is a chronic, relapsing disease, not a moral weakness and not a choice.

There is a strong association between addiction and mental-health conditions such as trauma, depression, anxiety or socio-economic stress; sometimes psychosis. With this knowledge, punitive approaches become irrational.

But we must also acknowledge a universal truth:

Since the time of Noah, human beings—like all animals—have followed the principle of the pleasure:

seeking pleasure, avoiding pain, even at the cost of suffering later.

Humanity has always used substances to feel relief or escape reality; no force will ever prevent this impulse.

The act of using drugs is deeply rooted in the irrational areas of the brain. Warning people “don’t do this, it will hurt you” does not work when pain is stronger than fear.

Given this reality, we must ask:

What interventions truly reduce harm, save lives, and improve individual and public health?

Science is clear:

a humanitarian, health-centered approach is exponentially more effective than punishment.

But yet the gap between evidence and practice remains large.

Every health professional should consider three combined factors that shape substance-use disorders:

1. **The substance/es**
2. **The brain**, with its vulnerabilities and traumas

3. **The environment**, including family, poverty, violence, exclusion, and stigma

Any treatment ignoring one of these dimensions is incomplete.

This is why detox alone does not work.

Substitution alone does not work even if it is very important

Psychotherapy alone does not work.

I do not believe in miracle treatment or dogmatic formulas. Anyone who sells quick therapy is very likely a fraud!

There is **no fast solution**.

Treatment must be **flexible, individualized, and patient-tailored**

Time is therapeutic.

The success of treatment is proportional to the **time spent in care**.

Throughout my career, one principle has remained constant:

“The therapy must be adapted to the person, not the person to the therapy.”

A person with addiction is a **sick person** who cannot simply stop using substances in a certain period of its life. If untreated, they become twice as vulnerable and dangerous —to themselves and to others.

The first goal of treatment is therefore simple:

avoid the point of no return—overdose, fatal infections, violence, or irreversible deterioration.

Treatment begins with **survival, stabilisation, and trust**, not with immediate abstinence demands. And unfortunately this world is full of therapeutic centres that ask for immediate abstinence, making a big discrimination towards those who are not ready to stop using drugs, and helping just those who are more motivated.

My belief has always been that drug dependence is not a moral failure; it is a disease, often rooted in trauma, poverty, violence, abandonment, and untreated mental-health conditions.

And like every chronic disease, it requires continuity, long-term engagement, and an unbroken chain of support.

What people call “harm reduction,” for us at Villa Maraini, is simply the first step of treatment.

A bridge — not the destination.

A way to meet people where they are; Harm Reduction is not an alternative to therapy—it is **the beginning of therapy**.

Through sterile equipment, overdose prevention, mobile outreach, rapid HIV or Epatites C testing, Methadone and crisis units, we build the first bridge: **trust**.

Detoxification requires caution.

A person may not be ready to quit; forced detox can provoke relapse—and relapse can kill or bring to further frustrations.

Detox is one step among many, generally not the starting point.

Therapy evolves over time.

Motivation is not a prerequisite.

To accommodate different levels of motivation, Villa Maraini created the **threshold model**, an adaptive continuum of care under the same strategy:

Very Low threshold

Is when we go in the street, where people use drugs and where our workers,many of whitch former drug users,adapt to the rules, the slang, and the environment to offer unconditional help**.**

Low threshold

Immediate access in our treatment center. No bureaucracy. No waiting lists. No judgment.Clients need to respect basic rules and show a minimum of commitment. This level prevents clients to misbehave in the street, and keeps people connected to care.

Medium threshold

Under our rehab centre. Stabilisation, medical and psychological support, motivation building, risk reduction.Clients here are more motivated and start a more comprehensive treatment path

High threshold

Rehabilitation and reintegration, once the person feels ready. High motivation.

There are more than 10 different services under these 3 thresholds options to better adapt the treatment to the person. This model prevents abandonment.

It shows that **treatment and rehabilitation must coexist**, not follow rigid sequences.

One of the most underestimated aspects of public policy is **time**.

For a person with problematic substance use, waiting for treatment can mean:

- **risk of overdose**,
- **risk of infections**,
- **risk of incarceration,**
- **exposure to violent events**,
- **loss of all motivation for change**.

A functional system must guarantee **immediate access**, at least to the stabilisation phase.

24/7 availability is not an optional extra — it is an operational necessity.

A system that closes at 5 p.m. is a system that abandons those people it is meant to serve.

At Villa Maraini, we practiced what today is called a “holistic” approach long before it became a trend: seeing the whole person.

The physical diseases, mental health, the family context, the social environment.

At the same time, we have always applied evidence-based practices — not built in conference rooms, but forged in the streets, in emergencies, in crisis units, side by side with real people.

Fifty years of work have taught us one undeniable truth: people do not change because we command them to; “they are the ones who hold the knife by the handle.”

Our golden rule: always keep a door open.

Every worker, every clinician, should remember this simple principle.

The role of the therapeutic centres isto treat everyone, Not Just the “Motivated Few”

A person with drug disorders who is motivated is sick, but who’s not motivated should be considered twice sick and in need of more care.

Addiction is a complex chronic condition.

The public health responsibility is not to “select” the most motivated individuals, but to **take care of everyone**, with different levels of intensity and realistic pathways.

Stigma—toward users or toward those who care for them—is not only a moral failure;**it produces inefficiency, higher costs, and greater public-health harm. We use to say: Stigma kills.**

Stigma is an infectious disease, it affects the clients and also the practictioners

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All health services should “roll out a red carpet” for those seeking care.

Treating everyone is in the strategic interest of every nation: the more people are treated, the fewer victims a society will face—exactly like in a pandemic.

Drug markets evolve cyclically:

Humanity has always cultivated stimulating or sedative substances throughout every era. Some of these substances are considered legal in parts of the world, others illegal. But the brain does not care about this distinction. Stimulating and sedative substances periodically alternate on individuals and on the markets.

We need **operational flexibility**, the ability to respond rapidly to emerging trends, and services that adapt their strategies to the evolution of substances and behaviours.

Based on fifty years of work, an effective system should be:

- **open** – accessible 24/7, withoutbarriers;
- **flexible** – adapted to individuals and to changing drug markets;
- **integrated** – linking mental, physical, and social health in one pathway;
- **pragmatic** – based on what works in real life, not in ideology;
- **data-driven** – guided by evidence, not moralism.

This approach saves lives, reduces costs, and improves public safety.

It is, simply, **rational public health**.

Conclusion: A Humanitarian Imperative

Treating people with drug-use disorders is not only a moral duty—it is a strategic necessity for safer communities, healthier families, and more peaceful societies.

After half a century in the field, I can say with certainty:

Every life is worthy of recovery. Every relapse is part of the journey. Every person carries its dignity.

Healing begins the moment someone hears:

“You matter. And we will walk this path with you, no matter how long it takes.”

This is the essence of the Villa Maraini philosophy.

This is the foundation of humanitarian drug policy.

And this is the path we must advance: across borders, across disciplines, and across all systems of care.

And now with yourpermission I give the floor to Philippe, one of our workers, to speak more in deep of ou rdifferent services.

Massimo Barra