

69th Session of the Commission on Narcotic Drugs
Vienna, March 2026

Side event

***Strategic alliances: connecting CSOs, Public Authorities, and
the Red Cross/Red Crescent to implement Humanitarian Drug
Policy in the frame of Rome Consensus 2.0***

9 March 2026

Dear friends,

Allow me to conclude this discussion:

We do not suffer from a lack of declarations.

We do not suffer from a lack of evidence.

What we suffer is a lack of structured cooperation, and of sufficient public health investment.

Even in Europe, where harm reduction has proven its effectiveness for decades, funding cuts are pushing us backwards. We must say this clearly: Without sustainable investment in harm reduction, treatment and recovery, this policy will remain rhetoric.

Since UNGASS 2016, the international community has recognised that drug policy must be evidence-based and health-centered. We know harm reduction works. We know outreach works. We know that rapid testing and fast referral save lives.

But, in too many communities, people who use drugs still die alone.

They remain outside care. They move between fragmented services that do not communicate with each another.

This is the implementation gap.

Today, our colleagues from Athens have shown us something important, not a theory, but a practice. When there is dialogue among parties, it is possible to build mutual understanding and alliances that bring better results in terms of people reached and lives saved, following the humanitarian principles.

When national authorities support a health-centred approach...

When municipalities invest in outreach in public spaces ...

When the Red Cross reaches the most vulnerable through trained volunteers...

When civil society organisations provide expertise and capacity building...

Something changes.

Services stop competing and start coordinating.

People are no longer pushed from door to door: they are finally accompanied along a continuum of care.

This is the gap that the Rome Consensus 2.0 wants to address.

The Rome Consensus calls for the elimination of barriers that prevent access to treatment and to essential medicines.

They are well-positioned to bridge the gap between formal institutions and the marginalised populations. As auxiliaries to public authorities, they can strengthen trust, reduce stigma, and improve linkage to care.

Health-centred drug policy is operationally achievable even when funding is poor, we can find human resources that are critical, like the Red Cross volunteers, who express their humanitarian mandate under the protective emblem, recognized all around the world.

If we succeed, we will not simply implement commitments.

We will restore dignity.

Prevent infections.

Reduce unnecessary incarceration.

And save lives.

Thank you.

Massimo Barra

Chair, RCRC Partnership on Substance Abuse

