

World Health Assembly 2026

From commitment to coverage: integrating Substance Use into UHC

20 May, 5-30 – 6.30 PM

Auditorium de la Pastorale – 106 Route de Ferney, Geneva

Distinguished colleagues, ladies and gentlemen, concerning Universal Health Coverage we want to underline the need to ensure that people affected by substance use disorders are no longer left at the margins of our health systems.

As a medical doctor leading a drug treatment centre in Rome, I feel this urgency more than ever. Over the past 50 years, I have personally witnessed the obstacles, resistance, and frustrations involved in guaranteeing daily access to care for more than 700 people every day.

And still today, this remains an enormous challenge because of the stigma and the profound ignorance that too often prevail within bureaucratic systems.

The same Universal health systems should support treatment centres by listening to those working on the front lines, instead of creating further barriers to care.

When we speak about Universal Health Coverage, the slogan is: *leave no one behind*.

But the reality is still too often different: only 1 out of 11 people receive adequate treatment.

People suffering from substance use disorders remain among the most excluded populations in the world.

Excluded from healthcare systems, from political priorities and very often excluded from compassion itself.

For decades, governments have invested enormous amounts of public money in repression, criminalisation, incarceration, and punitive responses to drugs. Meanwhile, treatment systems remain underfunded, fragmented, or simply absent.

This imbalance is not only unjust.

It is irrational.

We still spend far more to punish addiction than to treat it.

But evidence and science are clear:

meeting and treating all people with drug problems produces benefits for the entire community.

We ask for a common understanding: **harm reduction is not an alternative to treatment. Harm reduction is the first step of treatment.** It is the point of contact that prevents people from reaching the point of no return. Through harm reduction **we save lives, we build trust, and we open the door to care.** Every person who accesses treatment is one less person abandoned to addiction and marginalization. This means:

- less pressure on criminal justice systems and
- better public health and public safety.

So perhaps the problem is not the lack of resources.

But the way public authorities have decided how to allocate them, until now.

If Universal Health Coverage is to be credible, we need a real paradigm shift: **moving resources from repression to care, from punishment to treatment, from exclusion to inclusion.**

Because **addiction is not a moral failure.**

It is a health condition that requires medical, psychological, and social responses.

Within the Red Cross and Red Crescent Movement, we witness every day the consequences of exclusion of millions.

This is why we are working to promote a different approach:

a humanitarian approach based on compassion, science, inclusion and easy access to treatment.

Through our international partnerships, we promote concrete operational solutions:

- On how to build community-based prevention before criminal justice intervenes.
- On how to implement effective harm reduction strategies.

Because **recovery is possible: but only if systems are willing to open the door.**

Ten years after UNGASS 2016, we have an important opportunity.

The global conversation is evolving and many actors have changed their mind because evidence is strong.

Because **there is no Universal Health Coverage if people living with addiction remain invisible.**

And there is no resilient health system if the most vulnerable are left behind.

Thank you.

Massimo Barra

Chair of the RCRC Partnership on Substance Abuse