Massimo Barra -Keynote address

Red Cross and Red Crescent Humanitarian Drug Policy Training
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Dear Red Cross colleagues, partners, and friends, before starting let me remember my previous presence in Tanzania about half century ago. In 1977 I was in Dar for a regional seminar of YRC. At that time I was chair of YAC of the League of Red Cross/Red Crescent Societies and the Vice- President was Mohamed Chande, a well know Tanzanian.

What we did at that time is still well present in my mind and in my heart.

It is a great pleasure for me to address you today, even from a distance, at the opening of this important training initiative in Tanzania.

First of all, I would like to express my sincere appreciation to the Tanzania Red Cross Society for hosting this programme, and to all the partners who have contributed to its organization.

I am particularly pleased to see Red Cross volunteers and professionals, government representatives, healthcare workers, law enforcement authorities and civil society organizations gathered around the same table.

This is already an important achievement, because the problems associated with drug use cannot be solved by one institution alone.

But allow me to begin with a question.

Why should the Red Cross and Red Crescent be involved in drug problems?

Some may still consider drug dependence primarily a matter for law enforcement. Others believe it is exclusively the responsibility of doctors or specialized treatment centres.

I believe that both perspectives are incomplete.

Drug dependence is a medical and social condition, but its consequences are also humanitarian. We encounter people living in extreme vulnerability, affected by disease, exclusion, poverty, violence, imprisonment and the loss of family relationships.

These are precisely the circumstances in which the Red Cross and Red Crescent have a responsibility to act.

Our Fundamental Principles of Humanity and Impartiality oblige us to prevent and alleviate human suffering wherever it may be found, without discrimination or moral judgement.

We do NOT select the people we assist according to whether society approves of their behaviour.

This is the starting point of what we call Humanitarian Drug Policy.

This year, Villa Maraini Foundation celebrates its 50th anniversary.

I founded Villa Maraini in Rome in 1976, at a time when drug dependence was surrounded by profound ignorance, fear and prejudice.

Since then, as a medical doctor, I have spent much of my life working directly with people who use drugs, listening to their stories, understanding their needs and observing the successes and failures of different therapeutic approaches.

After 50 years, I can tell you that the greatest challenge has not simply been the drugs themselves.

It has been the difficulty of convincing society, institutions and sometimes even healthcare professionals that people affected by drug dependence deserve the same attention, dignity and opportunities for treatment as anyone else.

Today, Villa Maraini assists approximately 700 people every day through a wide range of services.

Why so many different services?

Because people are different. Their needs are different. Their motivations are different. And their readiness to accept treatment changes over time.

We have learned a very simple lesson:

We must adapt the therapy to the person, not the person to the therapy.

Unfortunately, too many treatment systems around the world still operate in the opposite way.

They establish rigid conditions, impose expectations, and then exclude those who cannot immediately comply.

They may be required to follow a programme for which they are not yet prepared. Or they may simply be abandoned after their first failure.

But if someone suffering from a chronic condition does not immediately respond to treatment, do we deny them medical assistance?

Of course not.

Why should we behave differently with addictions?

This is why we developed what we call **a continuum of care**: different services connected to one another, allowing people to enter the system at different points and move between services according to their needs and motivations.

The first contact may take place on the street. It may happen on the phone, in a prison, a police station, or through a family member.

What matters is that this **first contact opens a door rather than closes one**.

This brings me to an issue that I have defended for many years, including at the United Nations Commission on Narcotic Drugs and the World Health Assembly: harm reduction.

Unfortunately, harm reduction continues to be misunderstood and unnecessarily politicized.

Some people consider it a sign of surrender in the fight against drugs. Others believe that providing assistance to people who continue using substances means accepting or encouraging their behaviour.

This is profoundly mistaken.

For us, **harm reduction is not an alternative to treatment. It is the first step of treatment.**

It allows us to establish contact with people who would otherwise remain completely outside the healthcare system.

When a Red Cross volunteer approaches someone on the street, provides information about HIV, offers a rapid test, or helps prevent an overdose, that volunteer is not encouraging drug use.

That volunteer is protecting a human life.

And, perhaps more importantly, creating the possibility of a future therapeutic relationship.

At Villa Maraini, we know from experience that a person who initially refuses treatment may eventually accept assistance after repeated encounters with our staff.

Trust cannot be imposed. It must be earned.

And this requires time. Time is therapeutic.

I often describe the relationship between a person and drugs as a complicated love story.

At the beginning, there may be the honeymoon, a period of attraction, when the person enjoys the effects of the substance.

Later comes ambivalence, when the individual begins to recognize the enormous physical, psychological, social and economic costs of dependence.

Only gradually the motivation to change become stronger.

This evolution cannot simply be accelerated through punishment, threats or forced decisions.

Again, time is a therapeutic resource.

Our responsibility is to ensure that people remain alive, as healthy as possible, and connected to services throughout this process.

This is also why people with lived experience, as former drug users, are such valuable members of our teams.

They possess knowledge that cannot be acquired from textbooks alone.

They understand the language, fears, expectations and difficulties of the people we are trying to reach.

Their involvement demonstrates that recovery is possible and helps transform humanitarian assistance into a relationship based on trust.

Another important lesson from our experience concerns cooperation with law enforcement and the justice system.

For too long, public health and public safety have been treated as separate, sometimes opposing worlds.

On one side, healthcare professionals and humanitarian organizations. On the other, police officers and courts.

But the same vulnerable individual frequently moves between these systems.

A person with a substance use disorder may come into contact with the police long before encountering a doctor or a social worker.

This represents an enormous opportunity for early intervention.

At Villa Maraini, we have developed cooperation with law enforcement authorities over many years.

Our teams intervene when police stop or arrest people with drug disorders who require medical or psychological assistance. We collaborate with judicial authorities to support alternatives to incarceration, where permitted by law, and to facilitate access to therapeutic programmes.

We have learned that police officers can become important partners in protecting health, just as healthcare professionals can contribute to greater community safety.

This is the philosophy behind deflection and diversion strategies: where appropriate, connecting people affected by substance use disorders to healthcare and social services instead of automatically relying on criminal justice responses.

It means recognizing that a person suffering from drug dependence cannot be helped through punishment.

Treating an illness should not be confused with excusing a crime. But neither should punishment become a substitute for treatment.

In many countries, enormous public resources are invested in repression, incarceration and punitive measures, while community-based treatment and rehabilitation services remain insufficient or inaccessible.

This imbalance is not only unjust. It is also irrational.

Investing in prevention, treatment and recovery can reduce suffering, improve public health and contribute to safer communities.

In my experience, advocacy becomes much more credible when it is supported by concrete activities.

We can deliver hundreds of speeches about cooperation, but when a police officer and a social worker jointly help a vulnerable person access treatment, we achieve something much more powerful.

We demonstrate that another approach is possible.

This is why I consider the cooperation with the Drug Control and Enforcement Authority in this training particularly important.

Through the Red Cross and Red Crescent Partnership on Substance Abuse and the Rome Consensus 2.0 alliance, we have worked to promote this humanitarian approach internationally, at the highest level and in many corners of the world.

However, we've learned that international declarations have limited value if they are not translated into services. Accessible services!

This is why our Partnership places particular importance on capacity building and cooperation between National Red Cross and Red Crescent Societies, public institutions, and CSOs.

And this is why our growing collaboration in Africa is so encouraging.

I would particularly like to recognize the experience of the Kenyan Red Cross Society.

The development of rehabilitation services in Lamu, supported through cooperation with the Italian Red Cross and Villa Maraini, represents an important example of how international partnerships can contribute to locally managed responses.

The experiences of Lamu and Mombasa offer opportunities to examine community engagement, access to treatment, rehabilitation, harm reduction and cooperation with healthcare providers.

But let me emphasize one essential principle.

Our objective is not to export an Italian model abroad.

Every country has its own social and cultural characteristics, healthcare system, legal framework, challenges and resources.

What works in Rome cannot simply be reproduced in Dar es Salaam, Nairobi or Lamu.

The value of exchanging experience lies in understanding the principles behind successful interventions and identifying which elements can be adapted to local realities.

The Tanzanian Red Cross Society, national institutions, local organizations and communities themselves must remain the protagonists of this process.

And I believe that this training can create an important foundation for further cooperation.

Dear colleagues,

During these days, you will have the opportunity to explore many aspects of humanitarian drug policy.

You will discuss substance use disorders, stigma and discrimination, community outreach, harm reduction, overdose prevention, treatment and rehabilitation.

You will learn from the experiences of Villa Maraini and the Kenyan Red Cross, while examining the specific situation in Tanzania.

You will also consider how humanitarian organizations, public authorities, healthcare providers, law enforcement agencies and civil society can work together to develop more effective responses.

But I would like to challenge you to look beyond the training itself.

The success of these days should be measured by what happens afterwards.

Will more vulnerable people be reached by community services?

Will Red Cross volunteers and social workers be better equipped to recognize people in need of assistance?

Will there be stronger relationships between institutions and clearer pathways from the street to healthcare and treatment?

Will a person encountering a police officer, a Red Cross volunteer or a healthcare worker have a better chance of receiving the support they need?

These are the questions that really matter.

The wider cooperation between the Rome Consensus and PTACC Africa, including the forthcoming African Leaders Deflection Summit, offers an opportunity to continue this dialogue and develop regional partnerships.

I hope that Tanzania can play an active role in this process, contributing its own experience, expertise and leadership.

Dear friends,

I have dedicated more than 50 years of my life to working with people affected by drug dependence.

During this time, I have seen people who appeared to have lost everything rebuild their lives.

I have also witnessed many avoidable deaths, unnecessary suffering and missed opportunities, often because assistance arrived too late or was made too difficult to access.

These experiences have strengthened my conviction that humanity must always remain at the centre of our work. And the best ingredient to measure our humanity action is to use compassion in our daily work.

We should never forget that behind every statistic there is a person. Behind every person, there may be a family, children, relationships and a future that can still be recovered.

We cannot promise that every individual will overcome drug dependence. And we cannot live in the illusion that there will be a drug free world. We must be realistic and make our part, by investing our resource to make sure that treatment is available, evidence-based and ethical and that we can facilitate the access to it.

We can ensure that no one is denied the possibility of receiving help because of stigma, prejudice or institutional indifference.

The Red Cross and Red Crescent have a unique capacity to reach people, the most neglected ones, whom other systems fail to reach or have no interest to reach. Under the protective power of the emblem we can change the destiny of many who are hopeless and desperate.

Our volunteers are present in communities. We can build trust, mobilize humanity.

This is both an opportunity and a responsibility.

I would therefore like to conclude with a simple message to all the participants:

Do not be satisfied with learning about humanitarian drug policy. Put it into practice.

Reach those who are excluded. Work with those who may have different responsibilities or perspectives. Build opportunity rather than barriers, by starting with very small activities for few, as I did in 1976…

And above all, never forget that there is an individual human being behind the problem, and when this human being has no option than taking drugs to feel better in this society we need to make a further effort to see this person with compassion and avoid any judgement.

Because, ultimately, the success of drug policy will be determined by **the suffering we prevent and the opportunities for recovery we create.**

I wish you productive work, open dialogue and practical learning.

Thank you for your commitment, and thank you for being part of this common humanitarian mission.

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