

67th Session of the United Nations Commission on Narcotic Drugs
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International Federation of Red Cross and Red Crescent Societies

Thank you Chair, distinguished delegates,

I have the honour to speak on behalf of the IFRC and 191 National Red Cross and Red Crescent Societies, who are contributing to the implementation of the drug policy commitments as set in the Ministerial Declaration, especially on the challenges connected to health-related aspects, throughout its volunteers and staff that every day alleviate human suffering within the most marginalised groups and settings.

The IFRC welcomes the *High-level Declaration by the CND on the 2024 midterm review, following up to the 2019 Ministerial Declaration* and also underlines the importance of cooperation among all actors that is a central part of the declaration.

IFRC started long time ago to address world drug problems since the Bangkok Conference in 1922, and committed with specific Resolutions on substance abuse at its highest bodies, to mobilize for the prevention, treatment and rehabilitation of people with drug disorders, (also by broaden the co-operation with the WHO and other governmental and non-governmental organizations in the past decades.) IFRC, recently developed a common platform with CSOs, activists of human rights, community leaders, experts, and public authorities from across the world to explore ways to combine humanitarian attitude and policies in health, criminal justice, prevention and community responses to addiction, by promoting a shared statement called the Rome Consensus 2.0

The sense of this humanitarian drug policy declaration comes from the need to put emphasis on a more humane attitude in support of people with drug disorders, and focus the action on those who are struggling with their disease everyday. At the same time, IFRC stresses the central role of communities, civil society and local frontline workers, especially former drug users, who with their background experience should be considered the added value in the therapeutic context. A well applied practice of Villa Maraini Foundation, the training center of the IFRC on drugs, where professionals meet and treat 700 people a day for 45 years, and thank to the former drug users everyday they avoid the overdose of many in the streets with naloxone and harm reduction programmes.

The modern drug policies should feature more explicitly the essential contribution of former drug users as social workers.

Equity must be a prominent part of National Health and Drug Policies. IFRC recommends strengthening “Equity” and “equitable access” to health for all. According to the World Drug Report, since years only one in five individuals with drug-related disorders have access to treatment, and women and transgender encounter additional barriers when accessing these services. With this speed we will not achieve Universal Health Coverage and create a tangible impact on the world drug problem. It should be in the interest of every government to improve health condition of millions affected if we want to build safer communities.

Governance is essential for designing and implementing health and drug policies that are not only effective in addressing public health concerns but also considerate of human rights, social justice, and the evolving of drug-related challenges.

There’s overwhelming evidence that drug use undermines security in many regions and evolves into major threats to political and social stability, human rights and economic development.

Universal access to treatment and humanitarian drug policies are the best and most effective options we have in our hands.

Thank you for your attention.

Massimo Barra

Chariman of the RCRC Partnership on Substance Abuse on behalf of the IFRC