

## **Speech President IFRC at Barcelona Congress 6th of March 2008**

### ***Humanitarian Drug Policy***

*Address by Juan Manuel Suarez del Toro Rivero, President of the Spanish Red Cross and of the IFRC, at the opening of the Third Red Cross and Red Crescent Congress on Humanitarian Drug Policy, in Barcelona*

*5 March 2008*

*It is my pleasure to welcome you to this Third Red Cross and Red Crescent World Congress on Humanitarian Drug Policy and the Youth Leaders Meeting taking place over the next few days in Barcelona.*

*As you know, the Italian Red Cross and the Spanish Red Cross are coorganizing this congress, with the support of the Senlis Council and the cooperation of the Permanent Office of the Mediterranean Red Cross and Red Crescent Societies. There has also been consultation with the Secretariat of the International Federation.*

*This initiative is part of a new phase of the Rome Consensus, which focuses on awareness, social advocacy and action and represents a further step forward in our efforts to humanize drug policy.*

*It is a pleasure to introduce to you the people on this panel with me: Dr. Emmanuel Reinert, the Executive Director of the Senlis Council, and Dr. Massimo Barra, the President of the Italian Red Cross.*

*These are two people who have a strong commitment and close involvement in the area that we are addressing here today and play a crucial role in this arena: Emmanuel, in view of the close links between the postulates of the Senlis Council and the message endorsed by the Rome Consensus (promoting public health policy for drug control), and Massimo, in view of his extensive personal experience and professional career helping people affected by drug abuse and promoting the humanization of drug policy as part of his work with the Italian Red Cross.*

*I would also like to give a particularly warm welcome to Mr Oscar Zuluaga, the Special Representative for the Rome Consensus, who has done a great deal of valuable work to make this meeting possible.*

*I also give our sincere thanks to the central and regional government representatives for being here today and for their interest in this matter.*

*The International Red Cross and Red Crescent Movement has a long history of involvement in matters relating to drug dependence. The first resolution addressing this issue was adopted in 1922 at the First Asian Red Cross and Red Crescent Conference held in Bangkok, and since then it has been addressed in different ways at numerous conferences, decisions and resolutions.*

*This has helped forge a humanitarian approach to the problems arising from drug abuse and contributed to the formulation of important policy approaches developed in this area.*

*Following decisions taken at the 30th International Conference of the Red Cross and Red Crescent in November last year, we now need to strengthen our work in this area.*

*This work, and the commitment on which it is based, must be public health-orientated and based on rationality and an ideology that rules out any kind of action involving stigma or discrimination. It will have a wider impact, and contribute to strengthening the advocacy role of civil society in planning drug policy aimed at alleviating the suffering of the most vulnerable sectors of society.*

*It is perhaps instructive to look at the present situation in the world with respect to drug use and abuse.*

*We know that the illegal drug market moves some 322 billion dollars, according to figures published by the United Nations Office on Drugs and Crime (UNODC) for 2005. The amount spent on legal and illegal drugs was higher than spending on food in the same period.*

*The most recent United Nations World Drug Report indicates that 4.8% of the world population aged between 15 and 64 use illicit drugs (200 million people), and 25 million of them can be considered problem drug users. Some 159 million people consume cannabis (although for the first time in decades, consumption has stabilized). Another 14.3 million consume cocaine (global demand has declined, particularly in the United States, although there have been alarming increases in Europe, with Spain topping the list). Additionally, 15.6 million people consume opiates, while 24.9 million consume amphetamines and 8.6 million ecstasy.*

*However, for all types of illegal substances, there are signs of overall stabilization in terms of cultivation, production and consumption. Particularly notable is the stabilization seen in cannabis, the largest illicit drug market, which did not show an upward trend for the first time in decades.*

*Among the main challenges signalled by Thomas Pietschmann, one of the main authors of the UN report, is that of detecting new routes, which increasingly traverse Africa, now being targeted by cocaine traffickers from Colombia and heroin smugglers from Afghanistan. This diversion towards Africa could cause havoc across a continent "already plagued by other tragedies".*

*Europe and North America have traditionally been the biggest consumers of illicit drugs. Now however, the boundaries between production, trafficking and consumption are breaking down in the producing and transit countries, and addiction is on the rise.*

*South America is one such example. It has traditionally been a producing region, but is now registering increasingly high levels of drug abuse.*

*In many countries, the political response to drug issues exacerbates the negative consequences for both the local economy and human security and governance (illicit crops are eradicated and cultivators are pursued, but no attempt is made to provide economic alternatives; the poorest*

*social strata are excluded from the legal economy; drug users are increasingly stigmatized and marginalized, discouraging them from seeking help; certain social sectors are criminalized; instability increases and local authorities are delegitimized, corruption increases, etc.).*

*Our role in the Red Cross and Red Crescent is to address the humanitarian consequences of this situation.*

*This is very much in line with the way the issues were approached at the International Conference of the Red Cross and Red Crescent last year: we do not pretend to be able to solve the underlying problems, but we can and must address the humanitarian consequences.*

*The National Red Cross and Red Crescent Societies that have signed the Rome Consensus are very much aware of the suffering caused by drug abuse among the drug users themselves, their families and their communities (social, educational, health and economic impacts), but are also concerned by the fact that many current drug policies implemented around the world also cause suffering.*

*This is why we are reiterating our long-standing call for a broader policy model incorporating public health services and harm reduction and for the adoption of a humanitarian approach to the drug problem.*

*We also recognise that all the National Societies belonging to our Movement, in their role as auxiliaries to the public authorities, are in a position to undertake advocacy efforts to influence political decision-makers.*

*This is part of their commitment to help the most vulnerable..*

*One of the most recent advocacy initiatives that we have seen was the adoption of Resolution 1576 by the Parliamentary Assembly of the Council of Europe (the main pillar of which is the right to health).*

*This resolution has set in motion a legislative process towards the establishment of a European convention on promoting public health policy in the fight against drugs.*

*The main objectives include promoting the social reintegration of drug users, reducing social stigma and addressing drug-related health problems. The resolution makes specific reference to the International Federation of Red Cross and Red Crescent Societies and the Council of Europe's Pompidou Group as two of the organizations that have stressed the need to develop public health responses to problem drug use.*

*It goes on to ask member States to design a convention promoting public health policy in drug control and encourages cooperation with such organisations as the Federation, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and with civil society and community groups from the areas most seriously affected by problem drug use, with a view to implementing policies to address these issues.*

*The Committee of Ministers of the Council of Europe will study this resolution in the spring of 2008.*

*The resolution specified a number of points which should be taken into account in a drug control policy which includes public health policy. These include: prevention and education, including measures targeting the special needs of marginalized and vulnerable groups; treatment, including substitution treatment, needle exchange programmes, etc. and incorporating a psychosocial component; rehabilitation and social reintegration, including treatment alternatives to imprisonment and labour market rehabilitation; and monitoring and evaluation, aimed at identifying best practices.*

*In its Annual Report 2007, the EMCDDA observes that there are still considerable differences between European countries in the nature and scale of their national drug problems and also in the range and configuration of response.*

*Despite this, there is considerable agreement on more general fundamentals: that drug policies should be balanced, comprehensive and evidence based. In the area of demand reduction, the need for prevention, treatment and social rehabilitation activities is accepted by all.*

*But, historically, the topic of harm reduction has been more controversial. This is changing, and harm reduction as part of a comprehensive package of demand reduction measures now appears to have become a more explicit part of the European approach.*

*As we have commented on numerous occasions, the Red Cross and Red Crescent approach is consistent with a socially-based drug control policy, which is public health-orientated and adopts a humanitarian approach.*

*Social reintegration is a key element in this strategy. As stated by the EMCDDA in its most recent report, precarious housing, irregular employment and a history of imprisonment are indicators of social exclusion that characterize the life of many drug users.*

*In many European countries the number of problem drug users being reached, retained in treatment and undergoing drug substitution treatment is greater than ever, with the result that demand for housing, education, employment and legal assistance has significantly increased.*

*Care systems are therefore challenged to find novel responses to new client profiles, often characterized by multiple needs.*

*Every dollar invested in substance abuse treatment and prevention yields a saving of between seven and ten dollars in health care and reduced drug-related crime. Treatment and rehabilitation reduce drug use and improve the health and social functioning of drug users, as has been said by the Executive Director of UNODC.*

*Steps being taken in the European Union as part of the EU Drugs Strategy (2005-12) aim to improve access to public health-orientated responses that can reduce the morbidity and mortality associated with drug dependence.*

*However, it is clear that special efforts are required in relation to Eastern*

*Europe and Central Asia, where political obstacles and infrastructure deficiencies have hindered the implementation of such responses.*

*The escalating HIV/AIDS pandemic in these regions increases the urgency of addressing the problem. In Eastern Europe and Central Asia, 80% of HIV cases with a known route of transmission are due to injecting drug use.*

*The work of the Spanish Red Cross (SRC) in the area of drug dependence involves providing services aimed at prevention, assistance, rehabilitation and social and labour market integration, as a means of improving the quality of life of drug users and their families and loved ones, reducing the risks and harm associated with drug abuse and developing the personal skills of those affected.*

*Assistance programmes provide medical, psychological and social care for drug users who wish to stop and also for those who do not, adapting the response to each particular case. We have been carrying out drug-free, substitution treatment, alcohol abuse and harm reduction programmes for over two decades.*

*We also provide assistance to drug users in prisons, courts and police stations, run social emergency centres, implement programmes for under-age drug users, provide social support for the children of drug users, etc.*

*We attach great importance to prevention, awareness, guidance, information on available resources, schools for parents, training of professionals, early drug use detection, etc. Red Cross Youth works with adolescents and young people to prevent drug use and its effects in educational establishments. It produces entertaining, interactive material to address these issues with young people and adopts a harm reduction approach to help young drug users.*

*The SRC also focuses its efforts on labour market integration for drug users. Based on research conducted in collaboration with SRC drug centres, a working model was validated for social and labour market integration to provide support, encouragement and guidance to drug users in this regard.*

*This model is now being implemented through a network of mechanisms. It involves highly personalized, high-intensity actions seeking to activate or reactivate the personal resources and social and professional skills of the participants, taking into account the process of recovery that the person is undergoing and the possibility of a relapse and working with them at all times throughout the whole process. These activities are carried out in association with treatment resources.*

*I have summarized the activities of the SRC in the area of drug dependence, but I would also like to highlight another feature of our intervention model, which we seek to develop to the fullest advantage: volunteer involvement as a key component of our response.*

*The work of the SRC in the area of drug dependence, as with all the activities carried out under its strategy to combat social exclusion, has a component of added value that other governmental and private-sector*

*service providers do not have: its volunteers.*

*The involvement of volunteers in National Red Cross and Red Crescent Society drug programmes and services is one of the qualitative elements that differentiates our work, because no government authority, however well-intentioned, can provide individualized human support to those at risk or marginalized.*

*Volunteers work in the community, weaving a “social web” to provide protection against the risks of social exclusion faced by so many people. This is a highly valuable component which is difficult to quantify, but which reduces the risk of isolation and significantly facilitates social integration.*

*Volunteers play an important role as listeners, social support liaison and references for many other people. This social and, in a broader sense, educational support aimed at developing life skills is an important component of drug user support programmes.*

*Volunteers come from different social backgrounds and represent a wide range of profiles in terms of age, sex, origin, etc., facilitating the implementation of gender-sensitive support, interculturality, peer work, etc., in assistance and rehabilitation programmes and in prevention programmes.*

*Volunteers are people who have been trained in listening techniques, social skills, problem resolution, conflict mediation, community resource information, techniques to deal with emotional distress, etc.*

*All this is particularly important when addressing the issue of drug abuse with young people, and here I would like to send out a message to the Red Cross and Red Crescent youth leaders attending this congress.*

*The figures show that the age of first-time drug users is becoming lower all over the world and that people do not have an accurate perception of the risks involved in drug use, although, as we will see, there are signs of a reversal of this trend in our country.*

*The involvement of young people in Red Cross and Red Crescent work supporting a humanitarian approach to drug policy is vital.*

*This sector of the population is particularly affected by the problems of drug use and constitutes one of the main groups targeted by strategies to prevent drug dependence. Prevention strategies aimed at young people are more effective when conducted amongst peers.*

*The involvement of Red Cross and Red Crescent youth leaders in promoting strategies, carrying out prevention and support activities, linking action to harm reduction programmes, etc. is absolutely essential.*

*Peer education can be used to reinforce school programmes or to reach subgroups of vulnerable young people. It is used extensively by our National Societies in a variety of programmes, including drug prevention.*

*The most recent drug use survey conducted in schools in Spain by the Ministry of Health shows that drug use among young people aged 14 to*

*18 has dropped for the first time since 1994.*

*The seemingly relentless upward trend in cannabis and cocaine use has been stemmed. It also reveals another significant trend reversal: a heightened perception of the risks involved in drug abuse and the availability of illegal substances.*

*These are promising developments, although they only show that the increase in drug consumption has been halted, not that the problem has disappeared. It is my firm conviction that the involvement of young people is crucial.*

*I know that the Red Cross Youth delegations have a strong commitment in this area and look forward to hearing their reflections at the Youth Leaders Meeting that will follow this congress.*

*Raising the awareness of governments and regional organizations, advocacy, education and prevention, particularly among young people, harm reduction and cooperation are the pillars of our strategy.*

*I hope that this congress will be a fruitful experience for you all and I encourage you to persevere with your efforts, so that the long-standing commitment of the Red Cross in this area will continue to bear fruits, ensuring the dignity of those affected by this problem. Our sole aim is to save lives and alleviate suffering.*

<http://www.ifrc.org/docs/news/speech08/js050308.asp>