



## Final Report of the **Rome Consensus Europe Seminar**

### **Drug Prevention, Treatment and Harm Reduction: Scaling-Up of Red Cross-Red Crescent Best Practices**

The **Rome Consensus Europe Seminar**, *Drug Prevention, Treatment and Harm Reduction: Scaling-Up of Red Cross-Red Crescent Best Practices* was held in Rome from 13-15 December 2009, hosted by Villa Maraini with the cooperation of the Italian Red Cross, and supported by the European Commission. The aim of the Seminar was to identify some of the best practices in drug policy currently in place in Red Cross-Red Crescent National Societies in Europe to be scaled-up for use within the broader network of the Movement.

Within the three areas of drug prevention, treatment, and reducing drug-related harm, the Seminar aimed to identify best practices in use by National Societies in Europe in three specific focus areas:

- prevention targeting youth and other vulnerable groups
- treatment in prisons
- preventing and responding to overdose

#### **Signpost documents to be developed**

One of the principle objectives of the Seminar was to use the information and ideas explored during the sessions and the ensuing working groups to develop a set of reference documents relating to the three chosen focus areas. These documents will consolidate the existing best practices of National Societies and will underline the main elements of effective programmes in these areas. It is intended that the documents will be used by National Societies as 'signposts' to help them in the development and implementation of their drug response programmes.

## **MONDAY, 14<sup>th</sup> DECEMBER**

### **Opening Remarks**

Dr Massimo Barra, co-chair of the Rome Consensus and founder of Villa Maraini, opened the Seminar by underlining the need to share knowledge between National Societies in the areas of treatment and care throughout the Red Cross-Red Crescent Movement.

Dr Barra underscored that the Rome Consensus is a unique opportunity to establish a new commitment to a humanitarian drug policy based on reason and compassion, free from ideology, force, stigmatisation and discrimination. He noted that a humanitarian drug policy is both an approach and a practice. As an approach, it understands the problem of drugs as a human reality, intrinsically connected to social development and public health issues; as a practice, it is both realistic and nonjudgmental. Dr Barra also observed that tackling stigma and discrimination around drug use is essential to move towards a humanitarian drug policy.

Dr Barra emphasized the important work that could be achieved at the Seminar to move one step nearer to achieving the goal of a globally recognised humanitarian approach to drug use within the Red Cross-Red Crescent Movement. He also underlined the important developments that have been made in drug policy at the global level, pointing to examples of a shift to a more humanitarian, public health approach within the United Nations.

Dr Barra's full speech is available at:

[http://www.romeconsensus.net/documents/rome\\_2009\\_pres/Massimo\\_Barra.pdf](http://www.romeconsensus.net/documents/rome_2009_pres/Massimo_Barra.pdf)

Avv. Francesco Rocca, Italian Red Cross Extraordinary Commissioner, followed Dr Barra in welcoming participants to Rome and expressing his anticipation that the event would be an inspiring and useful experience.

## **Session One – Update on global and European drug initiatives**

Mr Emmanuel Reinert, co-chair of the Rome Consensus and Executive Director of ICOS, opened the first session by emphasising the important role played by the EU in drug policy, and the key developments in the past year at the UN level, moving further towards a humanitarian approach to drug use at the global level.

### **Update on the European Union Drug Strategy, Action Plans and other drug initiatives**

**Mr Jorrit Kamminga**, from the Rome Consensus Coordination Team, provided participants with key information regarding the EU Drug Strategy, the EU Action Plans on Drugs and the European Action on Drugs (EAD). He underlined the principles and values of the 2005-2012 EU Drugs Strategy and its four pillars:

- demand reduction
- supply reduction
- international cooperation
- research, information and evaluation

Mr Kamminga highlighted the shared principles of the EU Drug Strategy and the Rome Consensus: respect for human dignity; respect for human rights; protecting public health; and a focus on effective policy responses, through studying best practices and regular evaluation and adaption. Mr Kamminga also discussed the EU's Drug Prevention and Information Programme (DPIP). Support from the DPIP enabled the Rome Consensus to organise the Madrid Conference in March 2009, a youth seminar in Solferino in June 2009 as well as the Rome Seminar itself. The DPIP, which was established in 2006, aims to prevent and reduce drug use, dependence and drug-related harms; to contribute to improving information on the effects of drug use; and to support the implementation of the EU Drug Strategy.

Mr Kamminga also gave a detailed overview of the European Action on Drugs (EAD), launched in June 2009 as an initiative of the European Commission's Directorate-General for Justice, Freedom and Security. It offers a platform for all EU stakeholders – citizens, private and public organisations, and NGOs – to commit to practical, measurable actions on the European drug problem, such as preventing drug abuse and raising awareness, which directly contribute to the current EU Action Plan on Drugs. By doing so, signatories can increase awareness of drugs within Europe and contribute to the sharing of best practices amongst other organisations working on the topic.

The EAD is designed to complement existing drug policies, schemes and initiatives within EU Member States. It will serve as a new, accessible tool for any EU stakeholder, regardless of their organisation or approach to drugs and drug abuse, and will allow individuals and organisations to add a European dimension to their work on drug policy.

Mr Kamminga noted that both Villa Maraini and ICOS were amongst the first signatories to the EAD, and suggested that participants of the Seminar may consider committing to the EAD as individuals or as representatives of their National Societies.

### **Update on the work of the United Nations Office on Drugs and Crime and the UNODC-WHO Joint Programme on Drug Dependence Treatment and Care**

**Ms Elizabeth Saenz**, Drug Dependence Treatment Expert at the United Nations Office on Drugs and Crime, provided the Seminar with a report on the UNODC and WHO's Joint Programme on Drug Dependence Treatment and Care, launched in March 2009. Through this programme, UNODC and WHO place health, particularly of the most vulnerable people, at the centre of the drug control system.

Ms Saenz underlined the far-reaching consequences of drug use: it is responsible for 30% of HIV infection (though injecting drug use), deaths from overdose, and contributes to tuberculosis, suicide or psychiatric disorders, and cardiovascular diseases, amongst others. It is one of the top twenty risk factors to health worldwide, and is insufficiently treated: there are an estimated 26 million problem drug users globally, but just 4.9 million were treated in 2006.

One of UNODC's priorities is to have drug dependence recognised as a multifactorial health disorder, caused by biological as well as environmental factors, and requiring a multidisciplinary response. Treatment must involve medical services, mental health agencies, counselling, vocational services, family and child care services, and many others.

Ms Saenz underlined that there are a number of barriers to treatment and care at present. Stigma and discrimination are often obstacles, as problem drug use is not viewed as a health issue but a criminal one. Other barriers include high thresholds or financial costs for treatment and care, as well as a lack of available services. Existing services may lack capacity, be insufficiently linked to the existing health system, and lack sensitivity to the needs of special or marginalised groups.

The vision of UNODC-WHO's Joint Programme is that treatment and care for drug dependence should be "Nothing less than for any other disease." Ms Saenz emphasised that reaching individuals not currently motivated to treatment is needed, along with unconditioned social assistance and treatment which is low threshold, accessible, ethical, and evidence-based.

### **Overview of the work of International Federation of Red Cross and Red Crescent Europe Zone**

Seminar participants then heard from **Ms Sonja Tanevska**, Health Representative for the International Federation of Red Cross and Red Crescent Societies' Europe Zone. The Europe Zone stretches from Western Europe to Central Asia, with its main office located in Budapest and offices across the region. Ms Tanevska outlined the work of IFRC Europe Zone in

coordinating and scaling-up the work of European National Societies in areas of health and care, especially HIV and AIDS, tuberculosis, and harm reduction.

These areas have been identified as priority areas for IFRC between 2009 and 2011, since they affect all areas of Europe, particularly in the states of Central and Eastern Europe and the former Soviet Union, still undergoing major political and economic transitions. Ms Tanevska underlined that supporting the adoption of a humanitarian approach to drugs across the region was a high priority for IFRC Europe Zone.

## **Session Two: Treatment in Prisons**

### **Tour of the facilities and services of Villa Maraini**

During the first part of the session, participants took part in a tour of Villa Maraini, led by its Director Dr Ettore Rossi, allowing them to see at first-hand drug services such as the HIV Unit, the Semi-Residential Therapeutic Community, the Night Shelter, the Alcohol Service, the In-House Detainees Community, and the Drop-in Centre. More information on Villa Maraini's work can be found online at <http://www.villamaraini.it/inglese/inglese.htm>.

### **The role of Humanitarian Diplomacy**

In part two of the session, Mr Christopher Lamb, IFRC's Special Adviser for International Relations and the chair of the session on treatment in prisons, addressed the need for creativity in the Red Cross-Red Crescent Movement's work to raise awareness and encourage change, outlining the role that can be played by humanitarian diplomacy. To illustrate his point, Mr Lamb used the example of the Eurovision Song Contest in Kiev in 2005, when the Red Cross-Red Crescent movement launched a major campaign to work with Eurovision authorities in promoting a non-stigmatising approach to HIV and AIDS. Despite opposition from some quarters the effort was highly successful in promoting the 'Come Closer' campaign.

### **Spanish Red Cross - outreach in prisons**

Also during this session, **Mr Pablo Villarino Torrado**, from the Spanish Red Cross Ourense branch, presented the work of the Spanish Red Cross in providing treatment for persons with drug dependency problems in penitentiary centres. The Spanish Red Cross intervention in prisons aims to continue the treatment that inmates were receiving before they entered prison, to begin treatment for those who were not previously receiving it, to reduce the risks associated with drug use in prisons and, more generally, to improve the quality of life for drug-dependent convicts.

Prison interventions by the Spanish Red Cross include health education, psychosocial intervention, family counseling, and coordinating treatment programmes with agencies outside prisons.

Mr Torrado spoke about the challenges facing the Spanish Red Cross in their work in prisons with drug-dependent individuals, as well as the unique environment provided by a prison. As an institution, prison reinforces the identity of being drug-dependent, and helps to reinforce a divide between “us” – the prisoners – and “them” – the prison staff. Dependence on drugs also creates a wider sense of dependence and diminishes a sense of responsibility for the prisoners’ own life. Intervening in prisons has its own advantages, such as a containment effect which facilitates change and abstinence, but also its individual difficulties, such as trying to coordinate a therapeutic approach within a penal context.

### **Personal accounts from former Villa Maraini patients**

As an illustration of the outreach of Villa Maraini to drug dependent prisoners and former prisoners, **Mr Julius O.** and **Mr Philippe G.** gave personal accounts of their experiences as beneficiaries of Villa Maraini services. Both had previously been drug users who were assisted by Villa Maraini’s Street and Emergency Units, receiving help from Villa Maraini ranging from emergency assistance to counselling, healthcare and occupational therapy. Both now work at Villa Maraini: Julius as the chef de cuisine, and Philippe as a financial manager.

### **Working Groups: Treatment in Prisons**

Participants divided into four working groups to identify the essential elements and benchmarks of a programme aiming to provide treatment in prisons. The conclusions and recommendations from the working groups will form the basis of a ‘Signpost’ document to be developed by the Rome Consensus Coordination Team for use by Red Cross-Red Crescent National Societies who wish to develop outreach programmes to drug users in prisons.

**TUESDAY, 15<sup>th</sup> DECEMBER 2009**

### **Session Three: Prevention Targeting Youth and other Vulnerable Populations**

The Seminar reconvened with a session on prevention targeting youth and other vulnerable groups. **Mr Oscar Zuluaga**, Special Representative of the Rome Consensus and the session's chair, highlighted the unique capabilities of the Red Cross-Red Crescent Movement in tackling drug use amongst youth. Mr Zuluaga underlined that the Movement benefits from a unique resource in its fourteen million volunteers aged between 15 and 21.

#### **Bulgarian Red Cross Youth – peer education in drug prevention**

**Mr Andrian Georgiev**, Health Education and First Aid Senior Specialist at the Bulgarian Red Cross Youth, provided insight on the Bulgarian Red Cross Youth's experiences on peer education in drug prevention. Mr Georgiev underlined a key point regarding peer education: It is an approach to health-promotion in which ordinary lay-people, rather than health professionals, promote health-enhancing change amongst their peer group.

The Bulgarian Red Cross Youth uses a three-module approach to peer education: information, interpersonal communication, and preparation. The information module outlines the risks involved in drug use, and informs participants how to effectively engage with their peers in the field of drug prevention. The interpersonal communication module advises participants on their communication skills, from body language to providing feedback, whilst the preparation module encourages them to prepare their own programmes.

To help strengthen and expand the peer education process, the Bulgarian Red Cross Youth runs an annual summer camp which features a drug prevention workshop. The workshop trains volunteers in peer education, and is enhanced with sessions focused on harm reduction.

#### **Portuguese Red Cross Youth - interventions are 'stamped' with the Rome Consensus paradigm**

**Mr Miguel Lago** provided Seminar participants with an assessment of the work of the Portuguese Red Cross Youth (PRCY) on prevention. Targeting young people in order to prevent drug use involves extensive peer education, and Mr Lago underlined that peer education is present in all areas of the PRCY's intervention framework.

Interventions are coordinated with communities' social resource networks, including non-governmental organisations, law enforcement, and public health services. The main objectives of the interventions are to prevent an increase in harmful substance use, focusing on poly drug use; improve social and individual abilities to prevent drug use; and to increase youth awareness and knowledge of the effects and risks of drug use.

Mr Lago emphasised that all interventions are ‘stamped’ with the Rome Consensus paradigm: they are humanitarian, evidence-based, nonjudgmental, and aim to empower target groups.

## **An overview of the European Red Cross-Red Crescent Network on AIDS and TB**

**Dr Fabio Patrino** then presented an overview of the work of the European Red Cross-Red Crescent Network on AIDS and TB (ERNA), of which Dr Patrino is President. Founded at Villa Maraini in 1998 by the Italian Red Cross and twelve other National Societies, ERNA now comprises 40 National Societies, aiming “to strengthen National Societies’ operational capacity to combat the spreading of HIV and TB amongst the most vulnerable people”.

To achieve this goal, ERNA has three main objectives. Firstly, to promote innovative initiatives and to adapt them for the use of other National Societies; secondly, to promote and facilitate collaboration in preventing HIV and AIDS and TB with other international and national organisations; and thirdly, to involve target groups at all levels of ERNA’s work.

Since 2004, ERNA has operated training courses for National Society representatives. Using the facilities at Villa Maraini, the courses aim to help delegates understand the realities of working in harm reduction and the practicalities of initiating a programme. Initially working with ERNA members, the centre now trains National Society representatives from around the world.

## **Session Four: Response to Overdose/Overdose Prevention**

Villa Maraini’s longstanding experience in responding to overdose was highlighted by Dr Massimo Barra, who chaired the session on overdose. He also underlined that harm reduction is a central aspect of humanitarian approaches to drug policy.

### **The British Red Cross – working with drug dependent individuals to respond to overdose**

**Ms Kathryn Clements** and **Mr Borry Jatta**, Manager and Programme Manager of the British Red Cross’s Community Based First Aid Programme, provided Seminar participants with an overview of the project and its work with drug users. The aim of the project is to “provide a targeted community based first aid project aimed at reducing the vulnerability of injecting drug users through both first aid skills and provision of Naloxone”.

Naloxone is an opioid antagonist: it blocks the receptors in the central nervous system through which the effect of opioids such as heroin are transmitted. By blocking those receptors, Naloxone rapidly induces withdrawal symptoms. Ms Clements and Mr Jatta explained that in the United Kingdom Naloxone can legally be administered by any member of the public for the purposes of saving a life.

The British Red Cross has incorporated Naloxone in its Community-Based First Aid work with drug users. Two-hour sessions are organised for drug users, covering a wide range of subjects on heroin and overdose. These sessions educate heroin users about the correct responses to overdose, including cardiopulmonary resuscitation (CPR) and the use of Naloxone: the sessions also prescribe Naloxone for use in emergency situations.

Mr Jatta and Ms Clements outlined the benefits that these sessions had produced, along with the challenges that the British Red Cross had faced: clients sometimes displayed difficult behaviour in sessions, for example becoming emotional or angry, or leaving during the session. Many clients have witnessed an overdose, known someone who has, or have lost friends or family members to overdose.

The project has produced a wide range of benefits. It provides clients with life-saving skills, and promotes their own self-belief and confidence by doing so. As well as promoting understanding of the risks associated with overdose, the sessions are also an opportunity to relay other vital harm-reduction information to clients. As a result of the project, 163 drug users have been trained in the use of Naloxone, the recovery position and CPR, and four lives have been saved as a direct result of the sessions.

### **A personal account from a Villa Marani staff member working to respond to overdose**

**Mr Giancarlo Rodoquino** also noted that Villa Maraini has used Naloxone in their Street and Emergency Units since 1992. Mr Rodoquino went on to outline the objectives of Villa Maraini's treatment centre, including respect for the patients' individuality whilst in the treatment process, and noted that Villa Maraini provides multiple, tailored pathways to rehabilitation, rather than relying on a rigid approach. He noted the great diversity in the users of the centre, with significant differences in employment status, age, cultural background, family situation, and previous backgrounds.

In his work with the Villa Maraini Emergency Unit, Mr Rodoquino travels around Rome to help drug users in emergency situations who are unable to request help directly. The work often takes place in very challenging environments.

### **Macedonian Red Cross – overdose prevention strategies**

The Seminar's final presentation, by **Dr Elena Eftimovska**, Health Coordinator at the Macedonian Red Cross, provided participants with insight into the work of the Macedonian Red Cross in overdose prevention and response, as well as their general harm reduction efforts. Although Macedonia has a population of over two million, there are only just over eight thousand registered drug users. Dr Eftimovska suggested that this figure may be inaccurate, particularly since Macedonia is located on the main overland drug-smuggling route from Asia. This, Dr Eftimovska commented, reflects a wider lack of data-collection capacity on drug use in Macedonia.

Dr Eftimovska's presentation outlined the services provided by the Macedonian Red Cross harm reduction programmes, including needle exchange, counseling and education, outreach activities (with the engagement of former drug users), and building capacity amongst local partners operating their own harm-reduction programmes.

Dr Eftimovska identified five key risk factors for overdose:

- A loss of tolerance, caused by periods of abstinence (such as incarceration), after which users may begin taking the same dose as before but with lower levels of tolerance
- Mixing opioids with other drugs or with alcohol
- The variation in the strength of street drugs can have a significant impact, especially since in Macedonia most heroin is only approximately 6% pure
- Suffering from serious illness such as HIV and AIDS or heart disease
- Using drugs alone increases the chances of an overdose, since there is no-one to initiate rescue measures

Other factors, such as age, mental health, and previous overdose experiences also contribute to increased overdose risk.

Individual overdose risk assessments should be carried out, particularly for those drug users who have already experienced an overdose. Specific risky behaviours should be identified and, if possible, addressed. However, Dr Eftimovska identified a number of challenges in preventing overdoses in the Macedonian context, underlining that there are insufficient substitution treatment centres in the country, despite extensive advocacy for more by the Macedonian Red Cross. Naloxone, the opioid antagonist referenced by previous Seminar participants, is a registered drug in Macedonia but is not widely available even to the medical services. Compounding this lack of capacity is an undeveloped system for data collection, analysis and monitoring of drug use.

### **Working Groups: Prevention Targeting Youth and Vulnerable Groups, and Responding to Overdose**

Participants divided into three working groups to identify the essential elements and benchmarks of prevention programmes targeting youth and other vulnerable populations, and programmes responding to or aiming to prevent overdose. The conclusions and recommendations from the working groups will form the basis of 'Signpost' documents to be developed by the Rome Consensus Coordination Team for use by Red Cross-Red Crescent National Societies who wish to develop outreach programmes targeting youth and other vulnerable populations or to respond to or prevent overdose.

## **Conclusions**

Closing the Seminar, Dr Massimo Barra underlined the need to continue to work towards the formulation of a humanitarian approach to drug policy, and to mainstream this approach within the Red Cross-Red Crescent movement. He highlighted the vital role that events such as the Seminar played in moving towards this goal, by fostering cooperation and knowledge sharing between National Societies.

Mr Reinert reminded participants that the results of the discussions in the working groups would be used to create Signpost guidelines for Red Cross-Red Crescent National Societies, allowing them to learn from the best practices in the three focus areas of the Seminar: prevention targeting youth and other vulnerable groups, treatment in prisons, and responding to overdose. These Signpost documents aim to help Red Cross-Red Crescent National Societies in developing and implementing their own programmes within the three focus areas.