

GLOBAL DRUG ABUSE CONTEXT: trends and main challenges



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE



International Federation
of Red Cross and Red Crescent Societies



DRUG USE AROUND THE WORLD: SUMMARY



- About **275 mln people** have used drugs in 2016 (5,6% of the global population aged 15 to 65).
- Some **31 million** of people who use drugs **suffer from drug use disorders**, meaning that their drug use is harmful to the point where they may **need treatment**.
- Around **16 mln** are **injecting drug users (PWID)**. **More than 50% live with HCV and 1 in 8 with HIV.**
- According to WHO
 - **450.000 people died** for drug use in 2016
 - **560.000 people died** for drug use in 2018
- **Opioids** continue to cause the most harm: **76% of deaths**.
- **Only 8%** of all people who use drugs have access to **opioid substitution therapy**.

DRUG USE AROUND THE WORLD: DEMAND AND SUPPLY

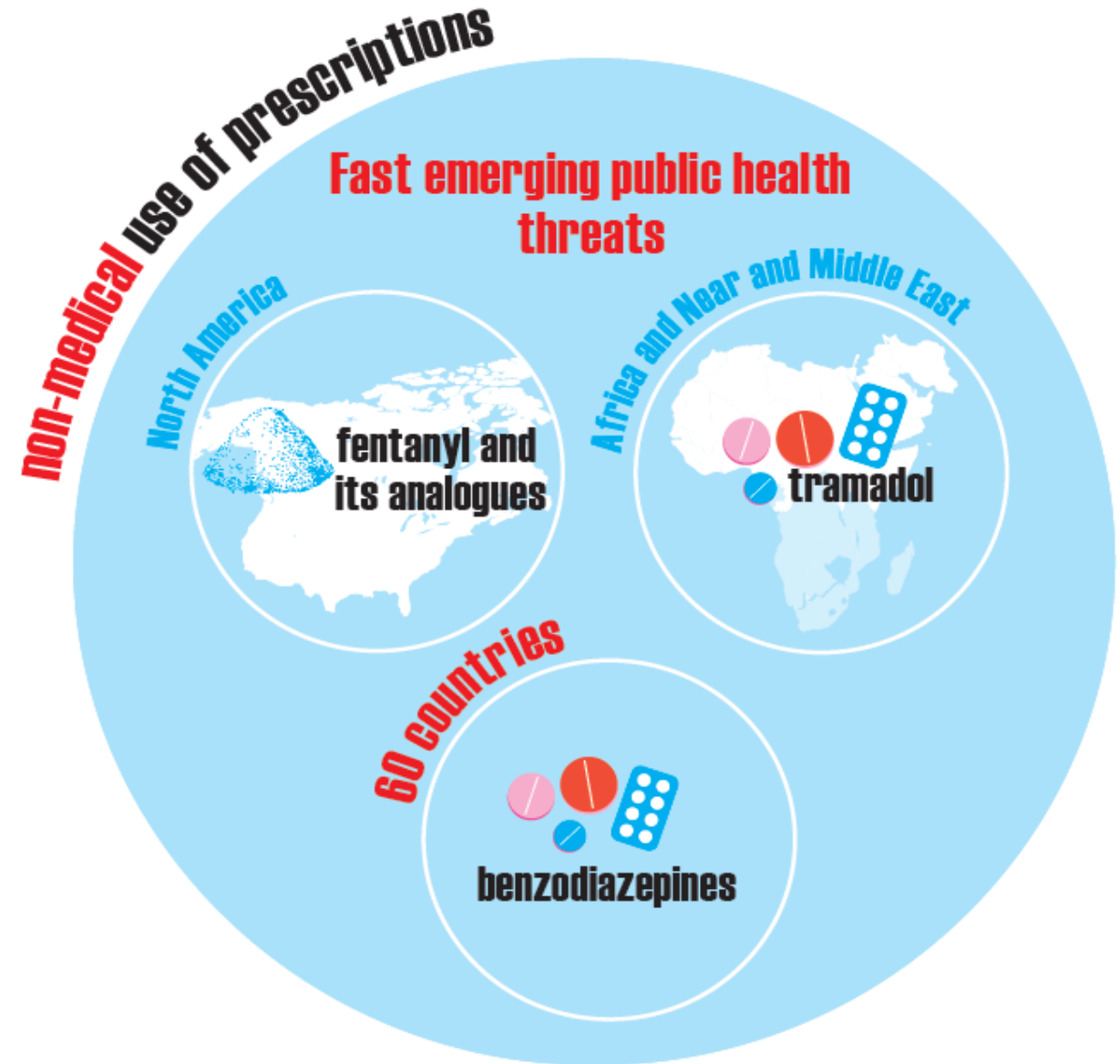


- Cannabis remains the most widely consumed drug, with **192.2 million past-year users**, corresponding to 3.9 per cent of the global population aged 15–64 years.
- An increase of 1 million problematic drug users, which reflects a global increase in the number of users of opiates and cocaine.
- **Non-medical use of prescription drugs** has reached epidemic proportions in parts of the world, such as the **opioid crisis in North America** (fentanyl, carfentanil) and the **non-medical use of other opioid painkillers** (tramadol) in Africa.
- **Amphetamines** are one of the most worrying threats of drug use in **East and South-East Asia**
- The **non-medical use of prescription stimulants and benzodiazepines**, in combination with prescription opioids, is reported to be a **growing problem in many countries**.

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

DRUG USE AROUND THE WORLD: DEMAND AND SUPPLY

Latest
trends



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

DRUG USE AROUND THE WORLD: DEMAND AND SUPPLY



- Drug treatment and health services continue to fall short. ***Only 1 in 6 people with substance abuse disorders receive treatment.***
- **Only 79 countries have implemented both needle and syringe programmes and opioid substitution therapy.**
- **Only 34 countries could confirm the availability of HIV-HCV testing programmes for PWID**
- **Overdose deaths continue to rise in several countries. But free access to naloxone is still not allowed in most of the countries.**

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

DRUG USE AROUND THE WORLD *DEMAND AND SUPPLY*

Trends and patterns in
drug related deaths

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE



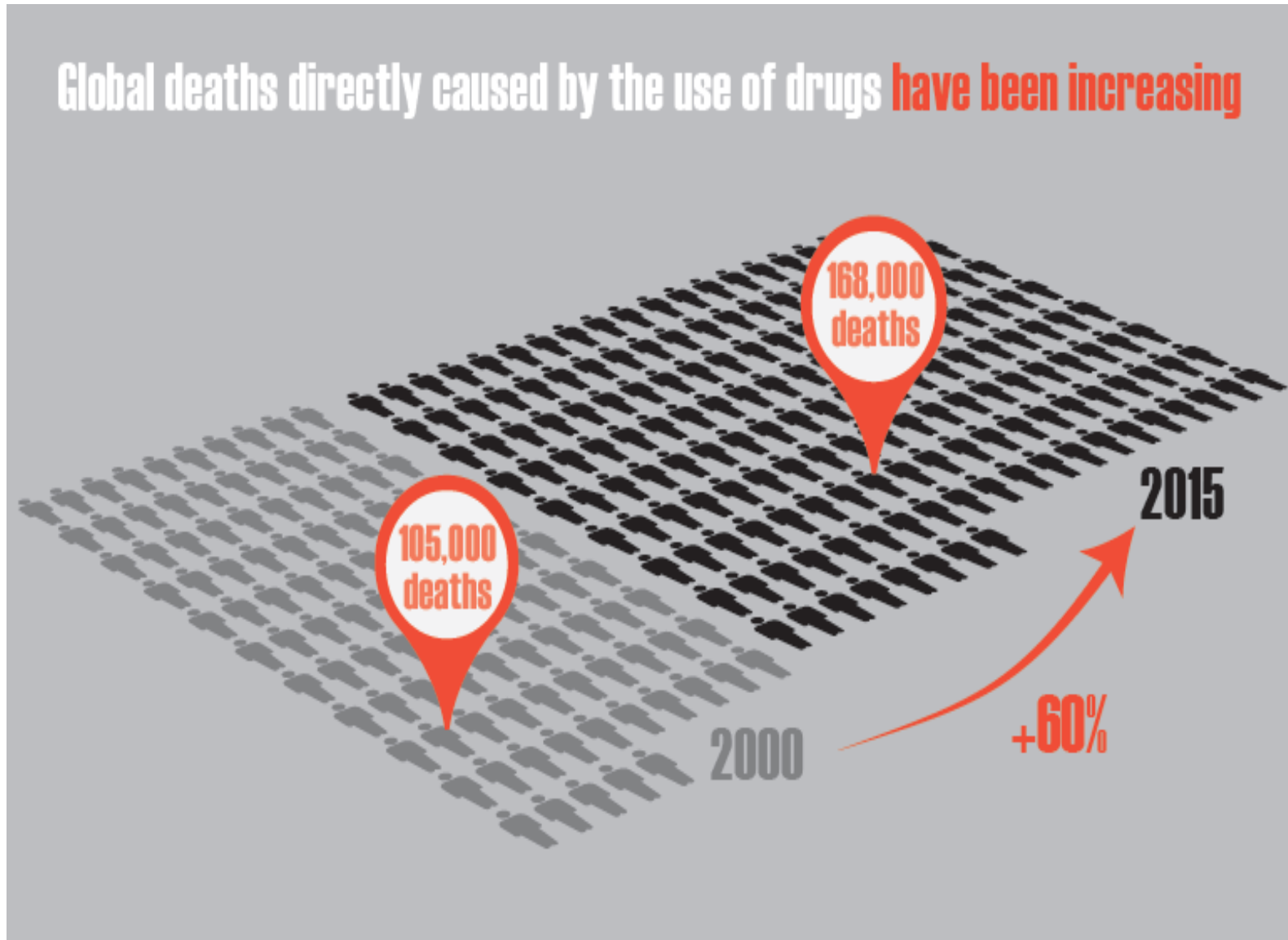
International Federation
of Red Cross and Red Crescent Societies



FONDAZIONE VILLA MARAINI

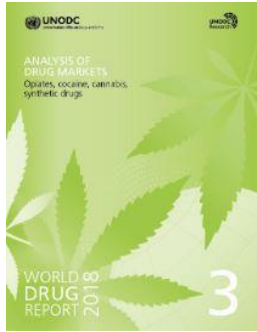


Croce Rossa Italiana



Source: UNODC analysis based on WHO, Disease burden and mortality estimates, Global Health Estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015.

DRUG USE AROUND THE WORLD: DRUG MARKETS



- Both the range of drugs and **drug markets** are **expanding and diversifying** as never before.
- Opium poppy cultivation in Afghanistan increased of 87% from previous year.
- Trafficking of tramadol and other pharmaceutical opioids are becoming the main drug threat in parts of West and Central Africa and North Africa.
- Markets for cocaine and methamphetamine are extending also in Asia and Africa.
- **Drug trafficking online using the darknet is growing rapidly.** More new psychoactive substances are being synthesized and more are available.

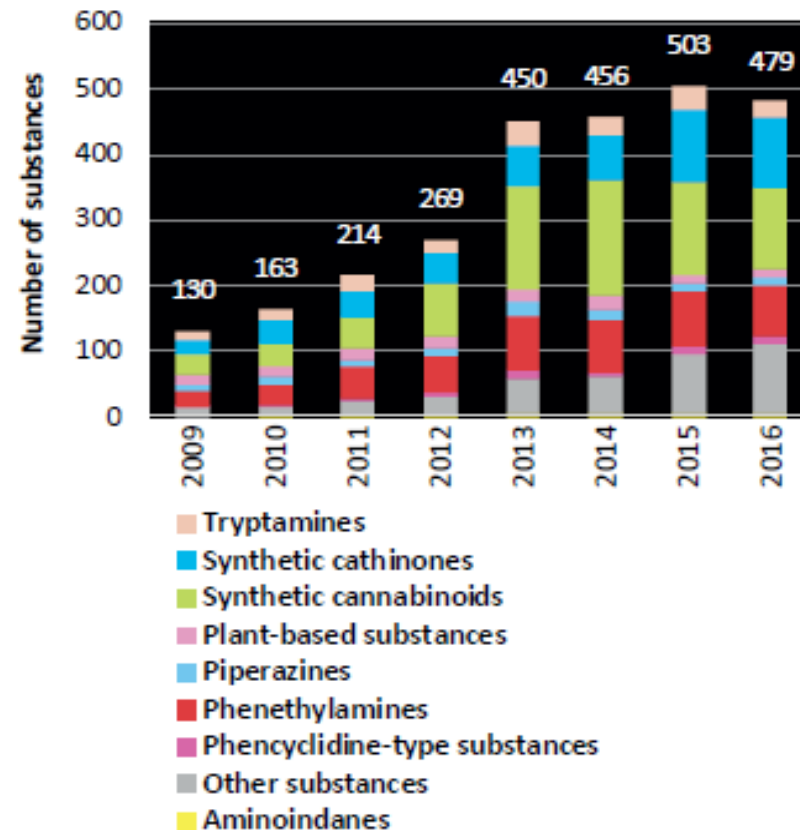
RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

DRUG USE AROUND THE WORLD: DRUG MARKETS

New Psychoactive Substances

FIG. 4 Number of new psychoactive substances reported annually, 2009–2016



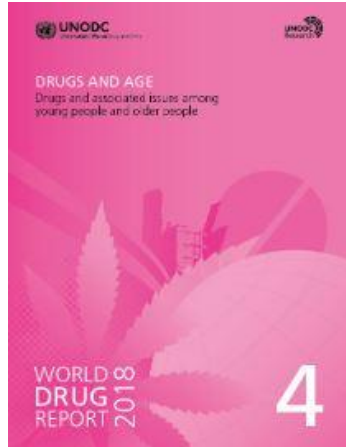
The market for NPS is in a constant state of flux

72 newly emerging NPS in 2016



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

DRUG USE AROUND THE WORLD: DRUG AND AGES



- The extent of drug use among young people remains higher than that among older people. Substance use may peak among young people aged 18–25 years.
- There is evidence from Western countries that the **easy availability of cannabis makes it the most common substances used in adolescence**. Cannabis is often used in conjunction with other substances.
- **Drug use among young people differs from country to country and depends on the social and economic circumstances of those involved. From recreational use (high level income countries) to cope with extreme living conditions (poverty, street children).**
- The path from initiation to harmful use of substances among young people is influenced by several factors at personal level, micro and macro-level.
- Older people who use drugs require **tailored services**, but **few treatment programmes address their specific needs.**

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

DRUG USE AROUND THE WORLD: WOMEN AND DRUGS


**A higher proportion of women than men are in prison
for drug-related offences**



Source: Based on Roy Walmsley, "World prison population list", 11th ed. (Institute for Criminal Policy Research, 2016) and Roy Walmsley, "World female imprisonment list", 4th ed. (Institute for Criminal Policy Research, 2017). Share of prisoners for drug offences based on 50 Member States (UNODC, Special data collections on persons held in prisons (2010-2014), United Nations Surveys on Crime Trends and the Operations of Criminal Justice Systems (UN-CTS).



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

 International Federation
of Red Cross and Red Crescent Societies

 FONDAZIONE VILLA MARAINI



The war on drugs failed

**The war on drugs become
a war against drug users**



**RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE** 

**RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE** 

DUs = hidden population due to stigma, discrimination, social exclusion, and criminalising laws

People who use drugs have their **human rights violated systematically** and endemically, and these human rights violations have **grave impacts on wellbeing and health**. In addition to the direct impacts of these human rights violations, they increase vulnerability to blood-borne infections such as HIV and hepatitis B and C.

This situation calls for new efforts to **support the prevention and treatment** of drug use and the **delivery of services** aimed at reducing the adverse health consequences of drug use.



HARM REDUCTION

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE




 International Federation
of Red Cross and Red Crescent Societies



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE



 International Federation
of Red Cross and Red Crescent Societies



RED CROSS AND RED CRESCENT PARTNERSHIP ON SUBSTANCE ABUSE



International Federation
of Red Cross and Red Crescent Societies

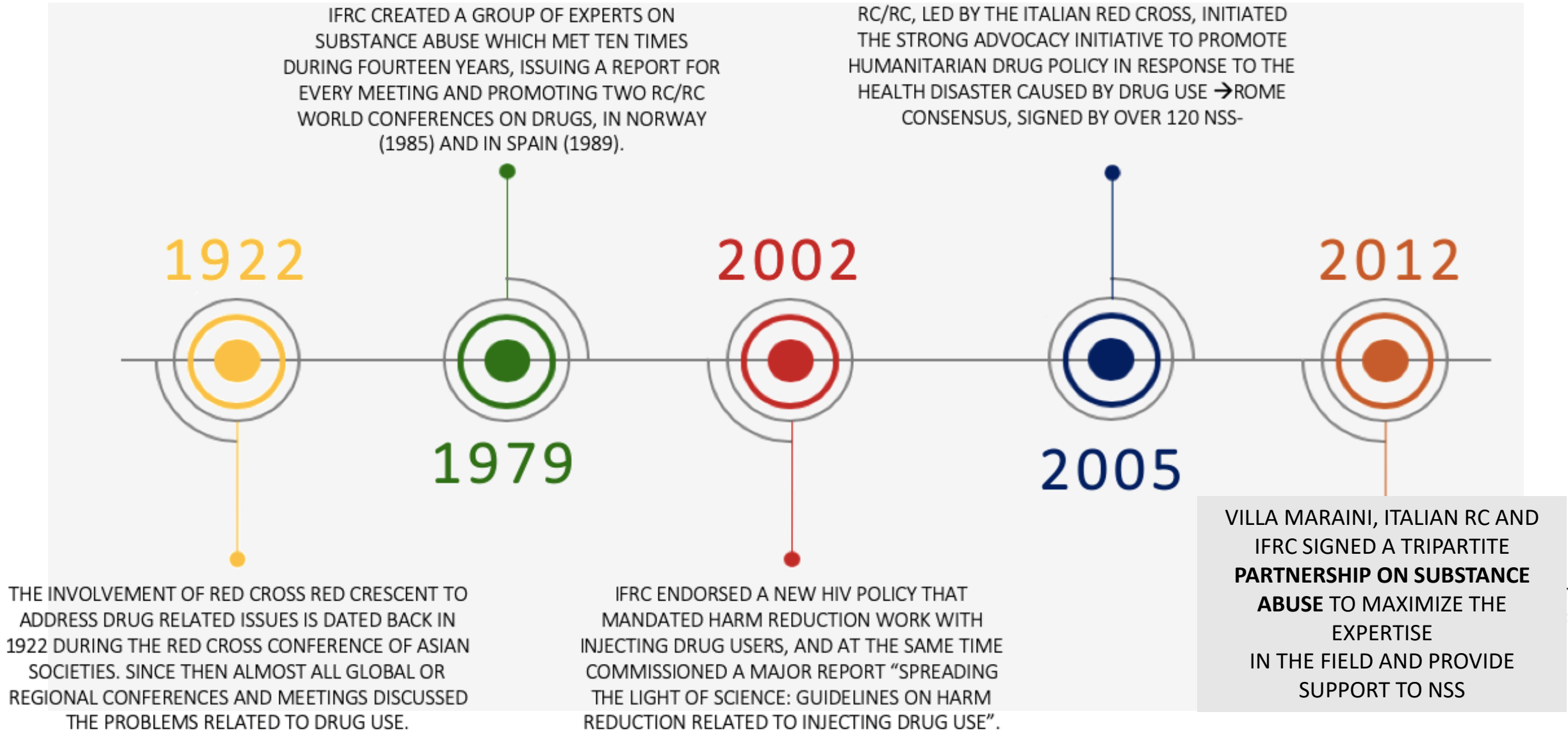


Croce Rossa Italiana

RED CROSS/RED CRESCENT AND SUBSTANCE ABUSE

....a long standing commitment

Substance abuse: RC/RC involvement timeline



Humanitarian Drug Policy

- Health and social programmes:
 - focused on people who use drugs (reach target groups, empowerment, access to treatment)
 - harm reduction, counselling, overdose prevention, evidence based treatment
- Criminal justice activities:
 - focused on human rights law
 - decriminalization of drug use, alternative measures to imprisonment for drug addicts
- Community programmes:
 - focused on wider social and economic development strategies
 - social inclusion, employment, education, housing, etc.

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE



Short terms goals

- To establish a daily contact with the target group;
- Overdose interventions (Naloxone);
- To quit the use of used needles;
- To provide quick testing (Hiv; Hcv; Hbv; Tb)
- To collect used needles;
- To promote the use of clean needles and materials;
- To promote the use of condoms.



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

Middle terms goals

- Regular visits to Services for assistance;
- Agreement for screening at Health Centres;
- Agreement for some kind of therapy;
- Reduction in the use of drugs by intravenous administration;
- Regulation of lifestyle.



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE

Long-terms goals

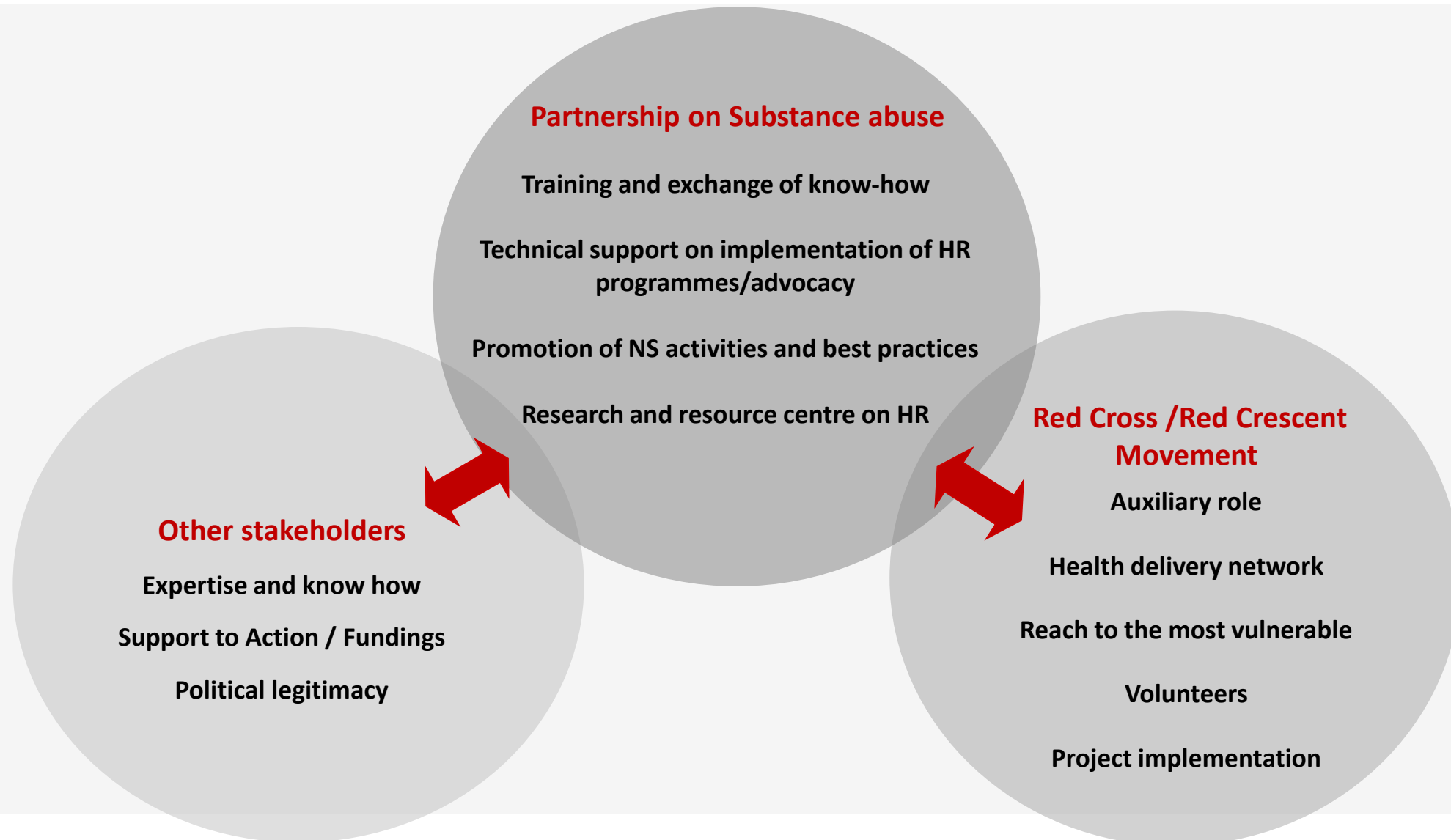
- Substitution treatment well established (Methadone...);
- Quit the use of drugs by intravenous way;
- No longer carry out illegal activities;
- Resumption of work ;
- Accept to run a therapeutical programme;
- Involvement in social activities;
- No more need of substitution treatment (total recovery).



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE



Strategic Priorities of the Partnership



Strategic Priorities of the Partnership

1) Improve programming quality

- Provide high-quality trainings on harm reduction approach (in house; abroad)
- Initiate the development of RC/RC e-training module in HR
- Provide technical support for implementation of HR activities (Naloxone best practice tool)
- Support NSs to plan programmes= in line with country priorities and ensure tools and guidelines adapted to the local context
- Built-in monitoring and evaluation capacities and tools
- Serve as a hub for research on harm reduction
- Serve as a knowledge management centre: develop tools and case studies that reflect best practice



Strategic Priorities of the Partnership

2) Work holistically as a Federation



- Work closely with, and **facilitate collaboration with National Societies and other partners** through out Gva Secretariat and Regional Office, Regional Networks.
- **Expand collaboration with other Units** (youth, migration, social inclusion).
- Provide an international **team of experts in the field** of harm reduction to be available to National Societies wishing to undertake work in this area.
- **Map existing activities** and competencies in harm reduction.

Strategic Priorities of the Partnership

3) Improve communication and advocacy



- Ensure regular communication and **internal RC/RC advocacy to keep harm reduction considered in the RC/RC agenda** (RC Conferences and leadership).
- **Identify evidence-based practices** to raise the profile of RC/RC at country and global levels through advocacy reports, case studies, representations at different forums.
- **Support NSs to build their own capacity in advocacy** at country level.
- **Support NSs and IFRC to challenge policy makers**, governments, donors to provide comprehensive prevention, treatment, care and support to drug users and their families.

Strategic Priorities of the Partnership

4) Scale up programming

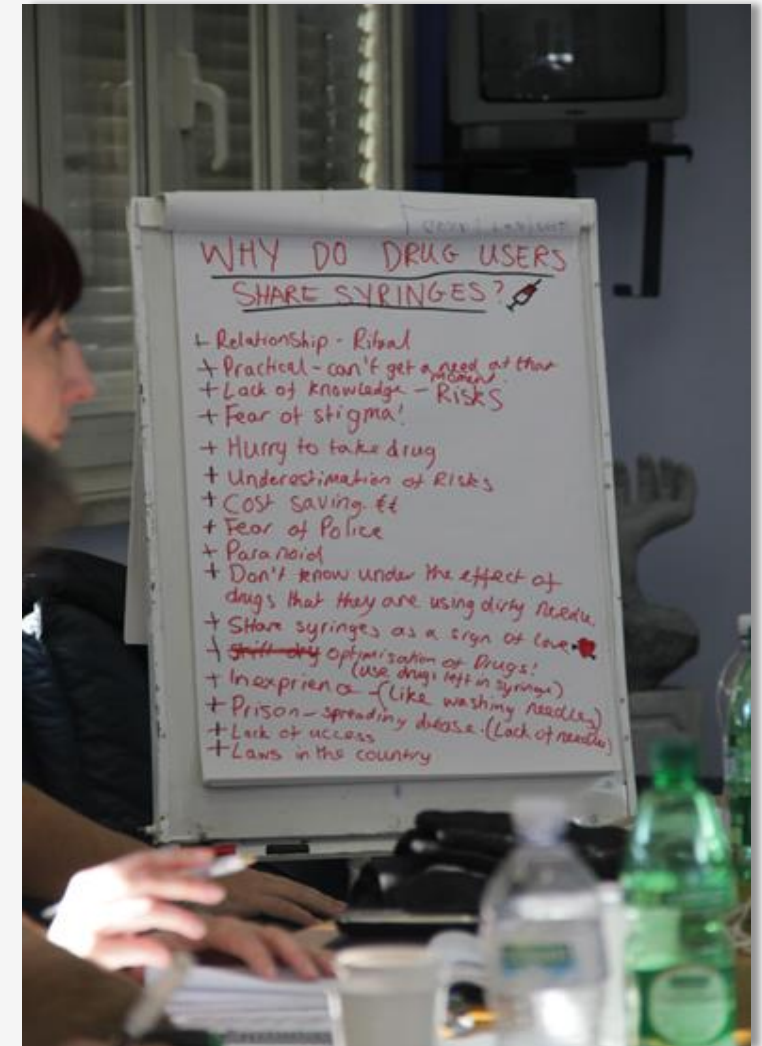


- Identify different funding mechanisms to implement harm reduction activities at global, regional and country levels.
- Involve NSs and other stakeholders in EU and UN grants projects.

Activities – Training courses

Training courses:

A total of 35 training sessions were conducted, involving **60 National Societies** + regional offices of the IFRC, and **11 NGOs** from around the world.



Activities - Technical support/Projects

Technical support/Projects:

Transnational projects (European Commission and other International agencies funds - Erasmus+, Drug Programme, Justice programme, Health programme, UNDEF)



Activities: Advocacy

Advocacy

Participation in international drug, harm reduction and HIV/HCV high level events and conferences (UNODC, UNGASS, International AIDS Conference, etc.)



UNDEF Project



RED CROSS AND RED CRESCENT PARTNERSHIP ON SUBSTANCE ABUSE



 International Federation
of Red Cross and Red Crescent Societies



DECLARATION ON YOUTH ENGAGEMENT FOR A NEW HUMANITARIAN DRUG POLICY

During the implementation of the UNDEF Project “Youth Engagement in drug policy development”, we the youth volunteers of Red Cross/Red Crescent Societies from Kenya, South Africa, Seychelles, Somalia, Kyrgyzstan, Turkmenistan, Uzbekistan, Kazakhstan, Tajikistan, Iran, Italy, Turkey and Afghanistan, became aware of the importance of engaging ourselves in the drug abuse issue that all the countries in the world are facing.

We realized that there is a wide gap in how the worldwide phenomenon of drug abuse is interpreted and understood by the old and by the new generations and how people who have the power do not understand how deep is the problem and how the existing policies do not respond to the needs of the people using drugs.

All the strategies aimed to criminalize the phenomenon have caused great damages through the so called “war on drugs” which has quickly become a “war on drug addicts” producing further damages, human suffering and human rights violations. Instead of war on drugs we unanimously support a humanitarian drug policy based on compassion and respect of the human rights.

Substance abuse is both a taboo and a reality in our communities; for that reason we want to contribute to tackling this humanitarian challenge throughout our youth leadership and commitment and raise a wider awareness on this issue within our communities, National Societies and our governments.

It is evidence-based that substance abuse is not a choice but is a chronic disease, that’s why we want to contribute to be a resource in our National Society and in our countries for providing peer support to those of our fellows who need to be brought to a safe place.

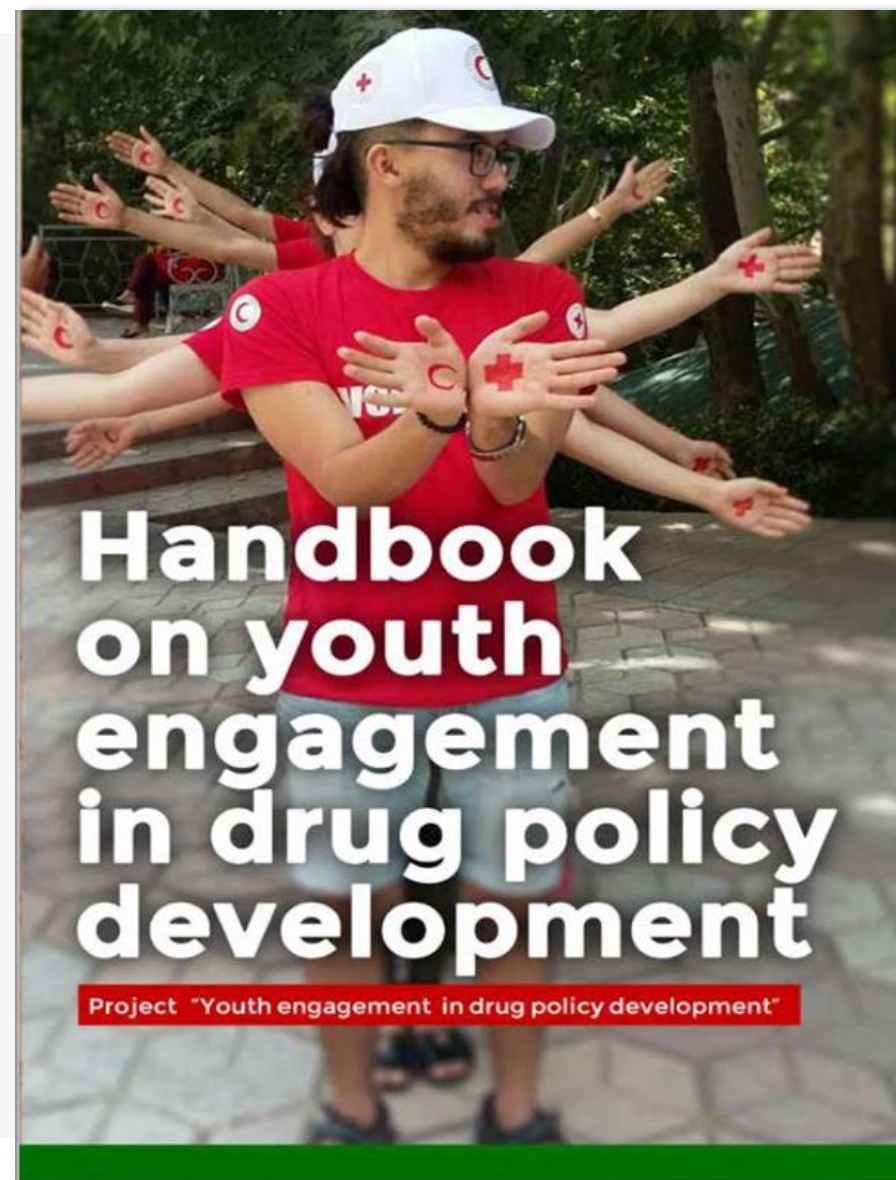
We became aware that compassion and solidarity are important but not enough: there is a need for actions to be taken by young Red Cross/Red Crescent volunteers.

We want to elevate and update the key role of the Red Cross/Red Crescent in protecting human dignity. Therefore, we commit ourselves to improve the work of youth volunteers in the field of drug addiction, HIV, TB, hepatitis and other infectious diseases.

Declaration by the young Red Cross and Red Crescent volunteers on their commitment to promote humanitarian drug policy

UNDEF Project

Good practice manual on
youth involvement
in drug policy development



Best Practices:



- Meet, Test & Treat Campaign



- Kenya experience

MEET TEST TREAT

CAMPAGNA SULLA RIDUZIONE DEL DANNO



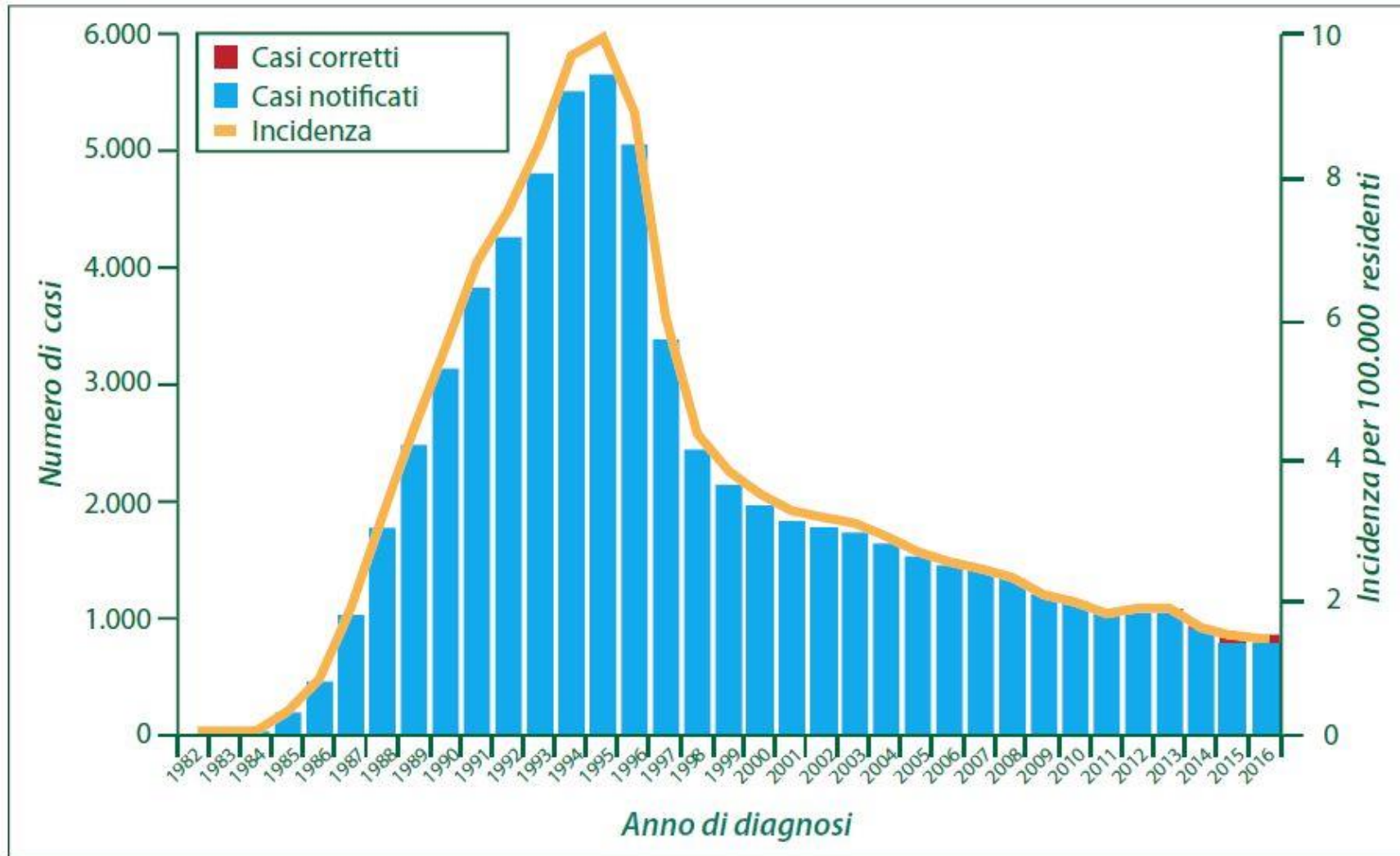


Figure 4. Number of AIDS diagnosis cases in Italy (1982-2016)

In the meanwhile in Italy in 2016...



In the meanwhile in the world...



ACCESS TO HEPATITIS C TREATMENT 2016

With a **3-month** treatment,
over **95%** of people
infected
with chronic
hepatitis C
can be
cured.



**National taskforce
on substance
abuse and
infectious
diseases**

**1 Chairperson
6 volunteers
2 staff**



NEW STRATEGY

NEW ATTITUDE

NEW IMPACT



MTT National GUIDELINES

- 1) Motivational letter from RC President and Partnership Chairman
- 2) Small analysis of general data and assessment of the needs
- 3) IFRC strategy and policy framework
- 4) Pilot project on a local experience (Rome)
- 5) Partnership good example = Villa Maraini Lesson learnt 2016 – 2018
(how to do a small project)
- 6) GUIDELINES (powerpoint)

- Meet (volunteers approach and procedures)
- Test (medical approach, test and procedures)
- Treat (follow-up strategy – linkage to care)
- Questionnaire and equipe organization
- Communication strategy



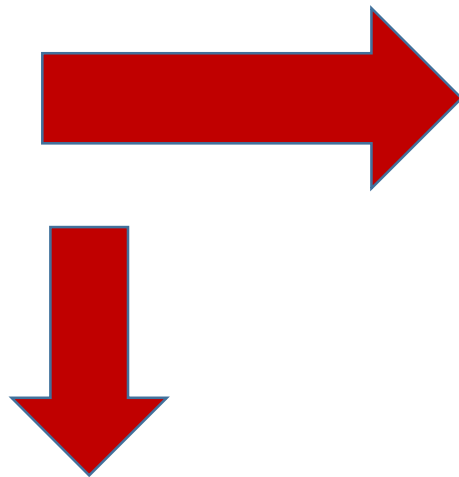
Pilot project in Rome

between

the *Red Cross Local Branch of Rome* and *Villa Maraini*

**MEET
TEST
TREAT**

CAMPAGNA SULLA RIDUZIONE DEL DANNO



€ 4.000

Key Population

People Who Inject Drugs (PWID),
Sex Workers, LGBT,
Transgender People, YOUTH, Prisoners



Meet, Test & Treat



→ GOAL:

- to investigate among Hard to Reach groups to better estimate real **HIV/HCV** prevalence
- to improve treatment and health services access
- saving lives, changing minds

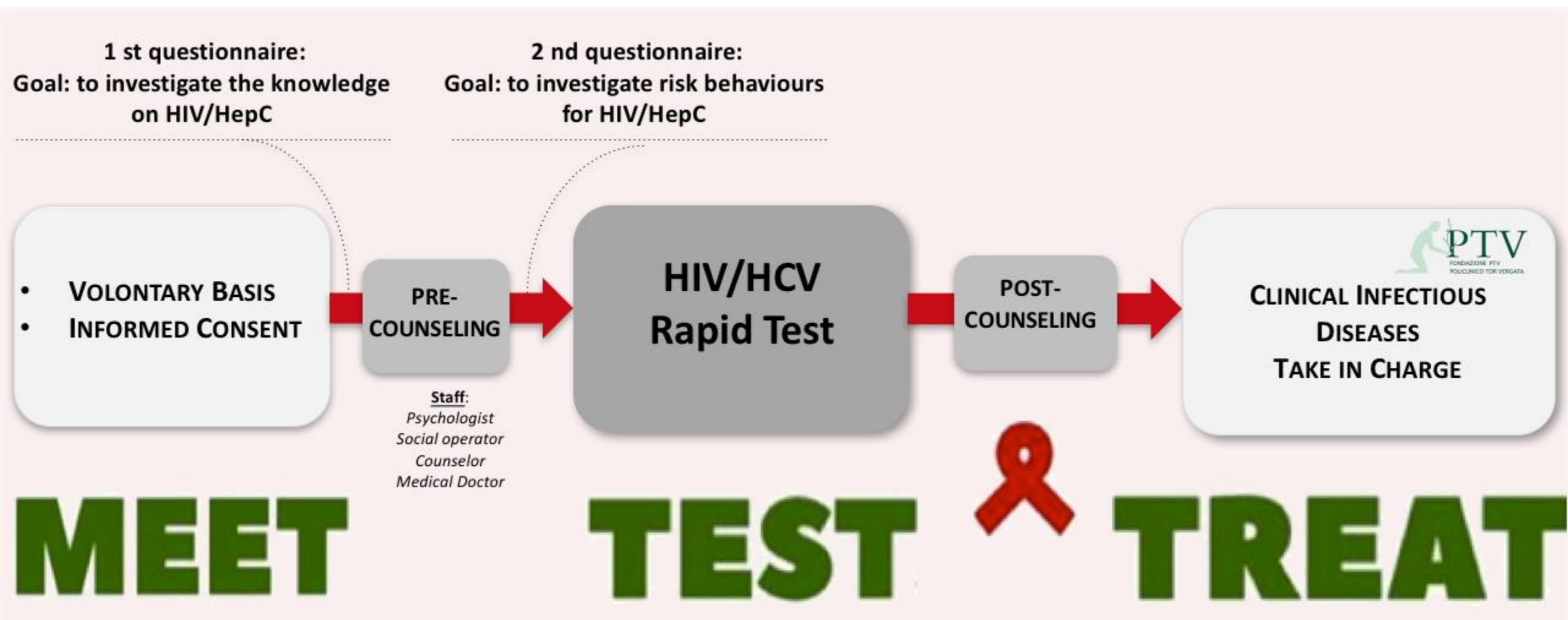


→ AIM:

- to set an effective strategy for **HIV/HCV** prevention – monitoring & treatment among hard to reach groups

MEET, TEST and TREAT Campaign

Villa Maraini Foundation's HIV/HCV Care Cascade among Hard to Reach Drug-Addicts in Rome





OraQuick HCV Test Rapido Anticorpale



Test Rapido Alere HIV 1/2 Ag/Ab Combo



The power of the **EMBLEM...**

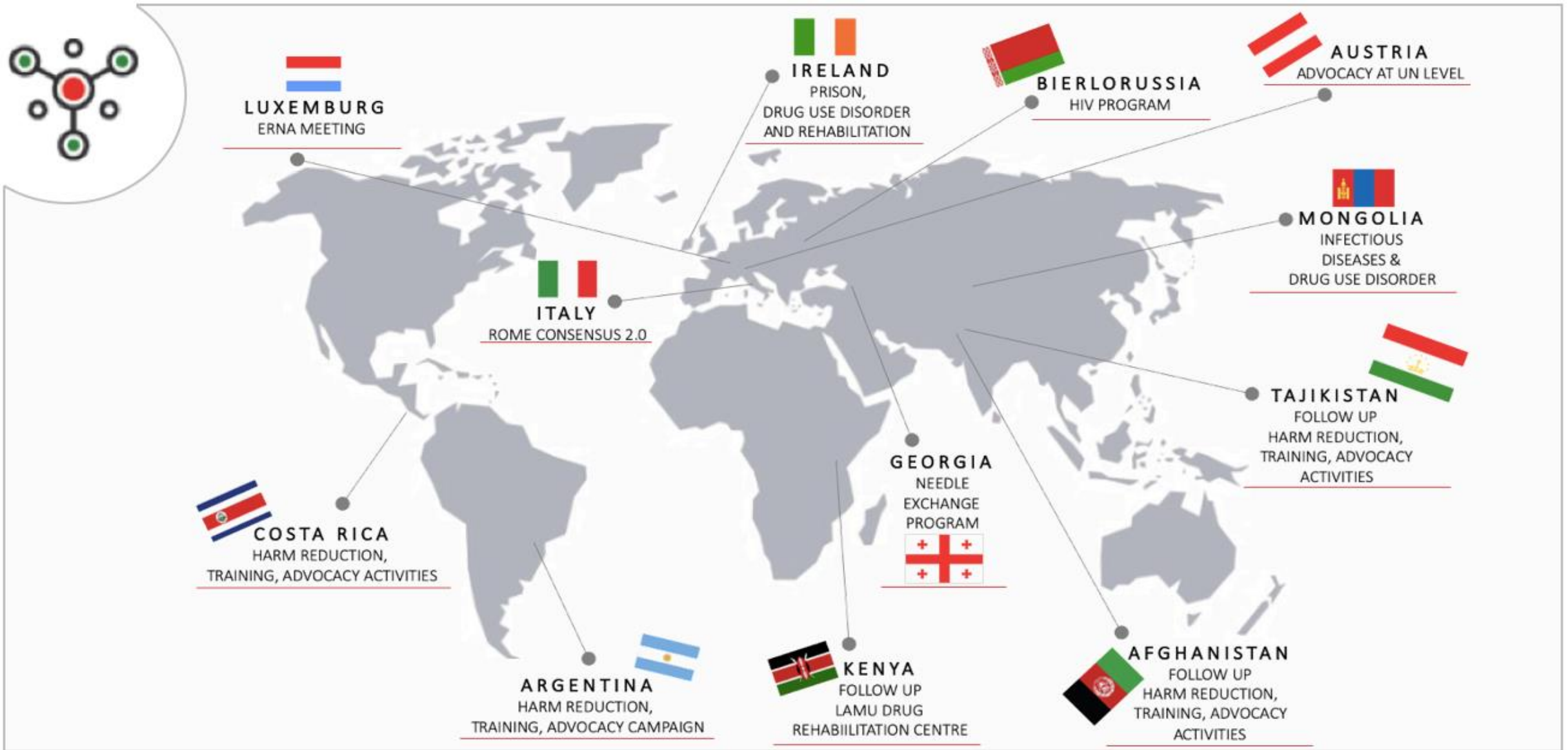




Partnership next agenda



Ongoing and next Partnership activity plan



Thanks for your attention!

Mauro Patti

RCRC Partnership on Substance Abuse




RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE 

 International Federation
of Red Cross and Red Crescent Societies


FONDAZIONE VILLA MARAINI



RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE 

 International Federation
of Red Cross and Red Crescent Societies


FONDAZIONE VILLA MARAINI





CONCLUSIONS AND POLICY IMPLICATIONS

- The adverse health consequences caused by drug use remain significant, **drug-related deaths are on the rise** and there are ongoing opioid epidemics worldwide.
- New efforts are needed to better understand the challenges associated with **the illicit supply of synthetic opioids** and the problems of **non-medical use of substances**.
- These efforts can only be effective if they **are based on scientific evidence and respect for human rights** and if the stigma associated with drug use is removed.
- **There is a need to promote the concept of Humanitarian Drug Policy, and the Red Cross/Red Crescent Movement can play an outstanding role in this field.**

RED CROSS AND RED CRESCENT
PARTNERSHIP ON SUBSTANCE ABUSE 