

RED CROSS AND RED CRESCENT PARTNERSHIP ON SUBSTANCE ABUSE



International Federation
of Red Cross and Red Crescent Societies

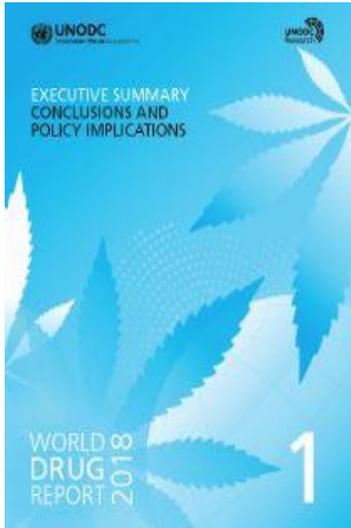


GLOBAL DRUG ABUSE CONTEXT: trends and main challenges in times of Covid-19 pandemic

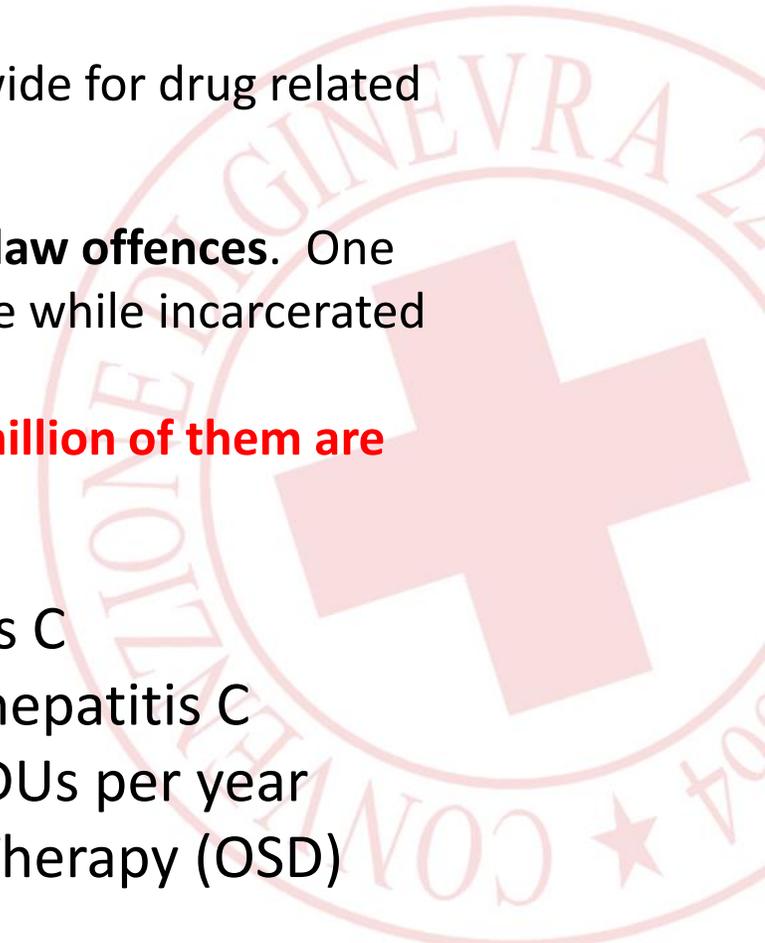


GLOBAL DRUG PHENOMENA

- Around **550.000 people** are estimated to have died worldwide for drug related **deaths** in 2018
- **1 in 5** (more than 10 million people) is in **prison for drug law offences**. One third of the people in prison have used drugs at least once while incarcerated
- Globally, around **13 million people inject drugs** and **1.7 million of them are living with HIV**



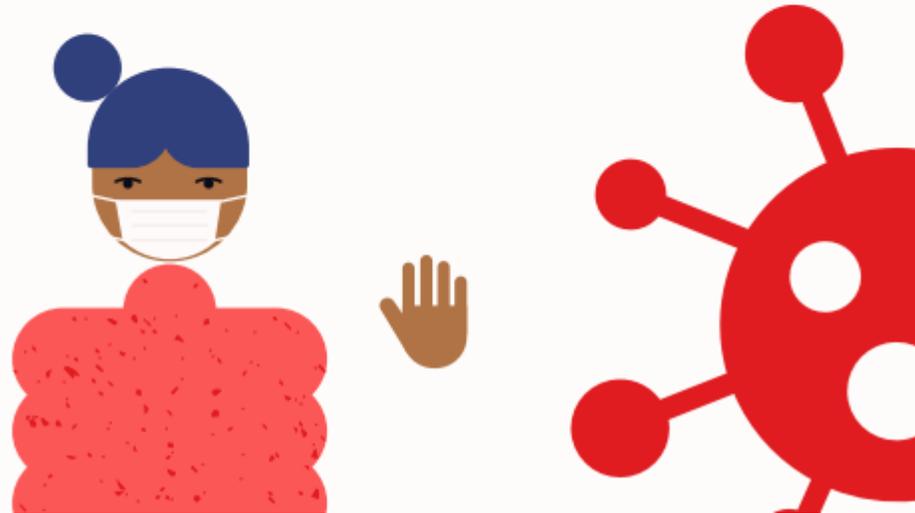
5.5 million are living with hepatitis C
1.2 million are living with both HIV and hepatitis C
Only 33 needles/syringes are provided to IDUs per year
Only 16% are receiving Opioid Substitution Therapy (OSD)



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**Key recommendations
for staff and volunteers
on harm reduction
services in time of
Covid-19 crisis**



<https://romeconsensus.com/wp-content/uploads/2020/04/COVID-19-EN.pdf>

Key programmatic recommendations for volunteers and staff are working daily with people who use drugs, with drug use disorders and their families³



Ensure the access to treatment, the continuity and sustainability of harm reduction and other lowthreshold services for PWUDs during the COVID-19 epidemic.

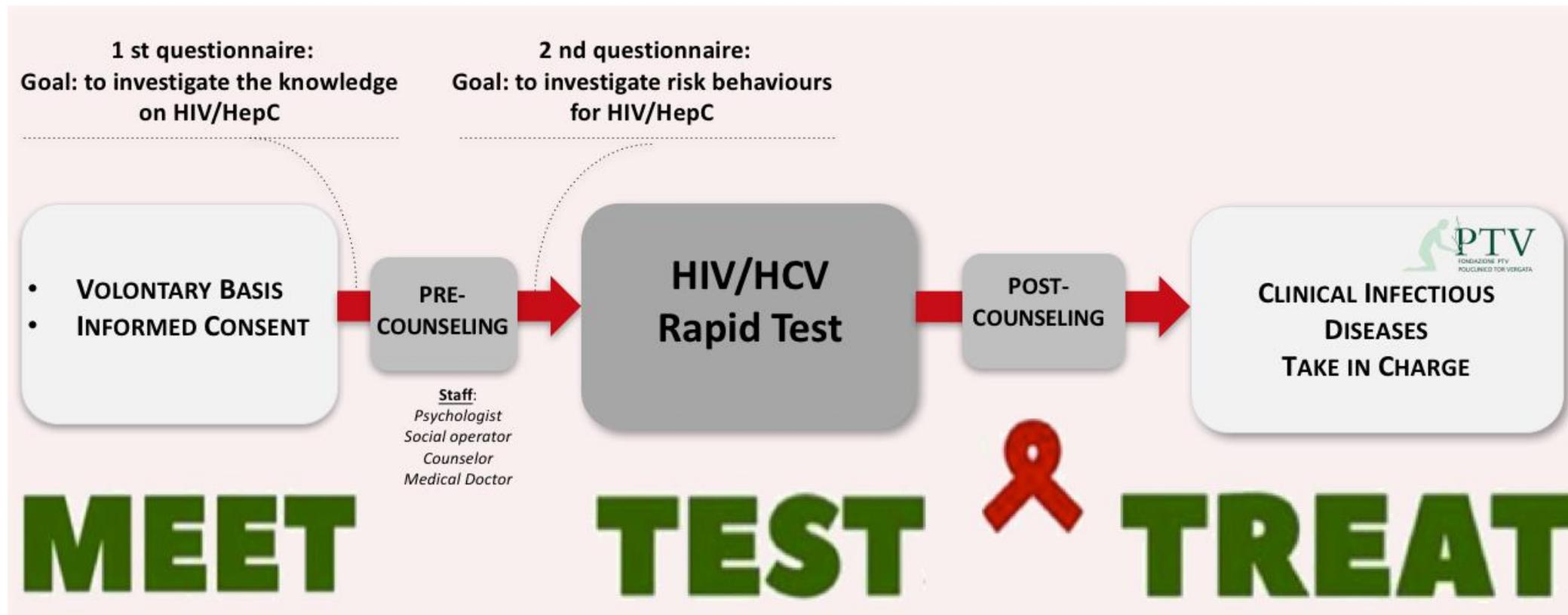
This includes, in particular, Opiate Substitution Treatment (OST), Needle and Syringe Programs (NSP), Naloxone provision. In addition, essential basic services need to be provided, including day and night shelter, showers, clothing, food, and other services. This is of particular importance to those who experience homelessness and/or live on the streets.



Rehabilitation centers and harm reduction services should provide COVID-19 prevention material and information for staff, volunteers, and service users, including soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and face-masks. They should as well discard paper material for procedures with patients encouraging the use of PC and technology with the use of gloves.

Replicate the best practice of the MEET, TEST and TREAT to early detect not only people from Covid-19 but also from communicable diseases as Hepatitis C and Hiv

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

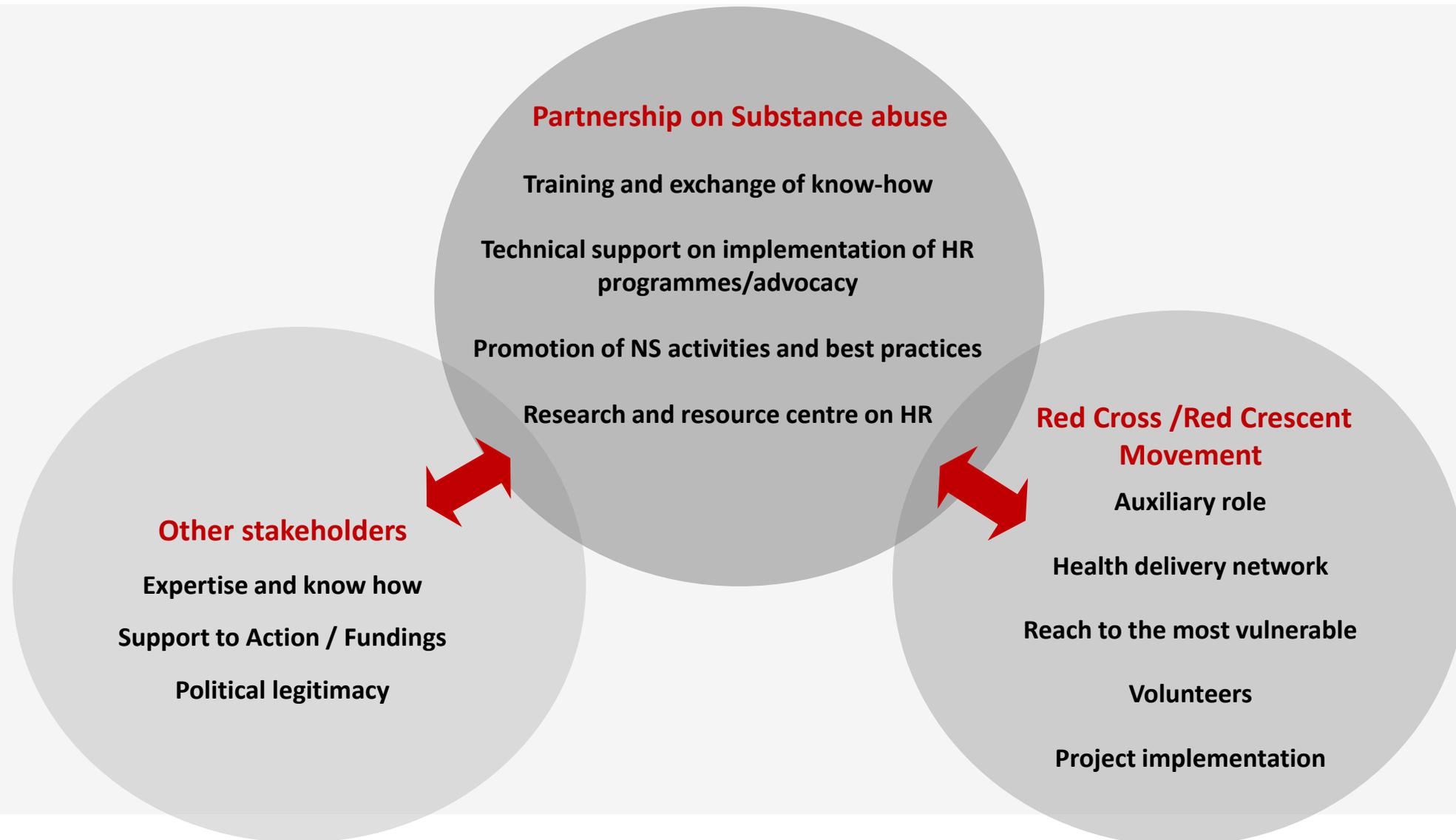


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....a long standing commitment

Strategic Priorities of the Partnership



ROME CONSENSUS 2.0: TOWARDS A HUMANITARIAN DRUG POLICY

HELP US AND SIGN ON THE DECLARATION

Most governments have accepted that harsh punitive drug policies do not work.

The United Nations agencies, through their Chief Executive's Board, recommend a move to a more public health approach.

Our challenge now is to make this reform a reality on the ground – with better policies, strategies and



MORE ABOUT US



ABOUT ROME CONSENSUS



ABOUT THE CO-FOUNDERS

FOUNDING PARTNERS



What is the Rome Consensus 2.0?

The Rome Consensus 2.0: towards a humanitarian drug policy is an existing global call to action, launched for the first time in 2005 in Rome, Italy, and signed by 121 Red Cross and Red Crescent National Societies, now updated and relaunched in 2020 at UN alongside the Villa Maraini, and other international CSOs expert in the field.

How?

Raise this topic in the Government's health agenda and reduce the side effects of criminalization and stigmatization of people that use drugs or are living with infectious diseases.

What we are fighting for?

focus our action to facilitate access to treatment for most marginalized ones

Why?

Spreading and implementing the RC2 Manifesto is crucial in order to “bridging the gap” between Civil Society and Institutions, between beneficiaries and communities, between hard to reach groups and hard to reach services.

Rome Consensus is a key advocacy tool, supported by WHO and UNODC, ready to be implemented by any community or government that is ready to support it and sign on the document.

Rome Consensus https://www.youtube.com/watch?v=m7AoAY_wshU

Mauro Patti

RCRC Partnership on Substance Abuse

mauro.patti@villamaraini.it