

Message of the Prefect of the Dicastery for Promoting Integral Human Development for the International Day against Drug Abuse and Illicit Trafficking

The International Day against Drug Abuse and Illicit Trafficking, instituted by the United Nations, is an important opportunity to call the attention of consciences to the fact that drugs continue ‘to spread in forms and on a scale that are striking’.¹ This is a phenomenon fed – not without yielding and compromises by institutions – ‘by a deplorable commerce which transcends national and continental borders’² and is intertwined with organised crime and the drug traffic.

Today we have before us a scenario of addiction that has changed greatly since the recent past;³ drugs have become a consumer product made compatible with daily life, with recreational activity, and even with the search for wellbeing.

The consumption of cocaine has been associated with a greater spread of heroin whose use ‘still accounts for the majority, around 80%, of new opioid-related treatment demands in Europe’.⁴ In addition, new psychotropic intoxicant drugs – which are available on the market at a low price and anonymously through Internet – also penetrate prisons and mobilise many people in activity involving drug dealing, people who are recruited from fringes marked by hardship where they also find new consumers.

However, cannabis has the highest levels of consumption and a keen debate about it is currently underway at an international level. This debate tends to omit ethical judgement on this drug, which is in itself negative as is the case with every other drug,⁵ and to look at its possible therapeutic uses, a terrain where we are awaiting scientific data supported by periods of monitoring, as should take place with all experimentation that is worthy of public consideration.

Even before deciding on these subjects commencing with prejudices of various kinds, we should have a better understanding of the trends in the use of cannabis, its correlated harm, and the consequences of regulatory policies in various countries, which lead the illegal market to develop products intended to influence models of consumption and to emphasise the primacy of desire satisfied compulsively by drugs.

¹Pope Francis, Speech to those Taking Part in the 31st Edition of the International Drug Enforcement Conference, 20 June 2014.

² *Ibidem*.

³ Dipartimento Politiche Antidroga, *Relazione annuale al Parlamento sull’uso di sostanze stupefacenti e sulle tossicodipendenze in Italia per l’anno 2016*.

⁴ European Monitoring Centre for Drugs and Drug Addiction, *European Drug Report 2017*.

⁵ “No” to every kind of drug’ has been emphasised on a number of occasions by Pope Francis. See, for example, the General Audience of 7 May 2014.

Pathological gambling or gambling addiction has for some time also been a rampant scourge that has further diversified forms of addiction. The legalisation of gambling, even when supported with the aim of unmasking its criminal management, has increased the number of pathological gamblers in an exponential way. In addition, the taxes received by the state should be seen as incompatible at an ethical level and contradictory when it comes to prevention. The establishment of models for intervention and adequate systems of monitoring, together with the granting of funds, is greatly to be hoped for in tackling this phenomenon.

While the panorama of forms of addiction diversifies, indifference and at times indirect complicity with this phenomenon help to divert the attention of public opinion and governments, which concentrate on other emergencies. But faced with events that surprise our times, and which require unforeseen efforts, resources and responses, it is precisely emergency solutions that often prevail over a serious culture of prevention that is able to equip itself with objectives, instruments and resources in order to assure constancy and durability in dealing with the problems involved.

In many countries, the fall in commitment at the level of programmes, institutional services and resources is a confirmation of this. What was on offer, which for decades was a garrison against the advance of forms of addiction, has been in many cases reduced to a marginal bulwark that is entrusted with the task of slowing down, on its own, the desertification provoked by years of lack of attention.

The current picture provided by addiction in many cases demonstrates gaps at the level of planning, policies and perspectives and points to a tired and inadequate pace of action in the face of a drug market that is very competitive and flexible in relation to demand. This market is also open to new offers, for example the recently created extremely powerful synthetic opioids, ecstasy and amphetamines. It is precisely the growing and widespread consumption of ecstasy that serves as an indicator of how the use of illicit substances has by now invaded daily spaces and how a drug addict is no longer to be identified as a heroin addict: he or she has the new profile of someone who takes many things and resorts to different substances and to alcohol at the same time.

As a consequence, strategies for action cannot be only specialist in character or aim at a reduction of harm, nor can they continue to see drugs as a phenomenon collusive with social hardship and deviance. The reduction of harm must necessarily involve both a toxicological approach and support from personalised therapeutic programmes of a psycho-social character, without ever giving rise to forms of chronicity which harm the person and are ethically reprehensible. Directed towards avoiding the collateral damage of addiction, the reduction of risk involves, instead, requirements of an epidemiological more than therapeutic character, taking the form of a strategy of social control and prevention at the level of hygiene. The real risk is that this can lead in a more

aseptic and less visible way to the psychological and social death of a drug addict, something different from a physical death.

To see people as irretrievable is an act of surrender that denies the psychological dynamics leading to change and offers alibis for the disengagement of drug addicts and to institutions whose task it is to prevent and to treat. In other terms, one cannot accept society metabolising the taking of drugs as a chronic feature of an epoch, like alcoholism or smoking, withdrawing from a keen dialogue about the borders of liberty of the state and citizens in the face of the use of substances.

Similarly, one should not minimise those forms of addiction that arise and develop with complex characteristics connected with pre-existent clinical conditions or consequent upon the use of psychotropic drugs. Such is the case with so-called ‘dual diagnosis’ – a terrain of psychiatric disturbance that requires a great deal during the stage of treatment.

‘Clearly there is no single cause of drug addiction. Rather, there are many factors that contribute to it, among which are the absence of a family, social pressures, the propaganda of drug dealers, and the desire for new experiences. Every drug addict has a unique personal story and must be listened to, understood, loved, and, insofar as possible, healed and purified. We cannot stoop to the injustice of categorising drug addicts as if they were mere objects or broken machines; each person must be valued and appreciated in his or her dignity in order to enable them to be healed’.⁶

‘Good practices’ against resigned standardisation or delegation to a few people endowed with good will remind us of the duty of prevention, an approach of care and concern directed towards ‘taking care of’ in terms of the promotion of health in its broadest and most complete meaning. Broad ranging policies and strategies, based upon primary prevention, can but call upon all the social actors, starting afresh from the commitment to educate.

The scenario that we all have to face up to is marked by the loss of ancient primacies by the family and schools, by the emptying of the authoritativeness of adult figures, and by the difficulties that take place at the level of parenting. This attests to the fact that this is not a time for forms of personal self-affirmation but for ‘networks’ that are able to reactivate educational social synapses by overcoming useless forms of competition, delegation and irresponsibility. To avoid young people growing up without ‘care’, more bred than brought up, who are attracted by ‘curative prostheses’ as drugs are able to appear only too well, every social actor must be connected with – and invest in – a shared terrain of basic and inescapable educational values directed towards the integral formation of the person. Here one should observe the commitment and the constancy of professionals and volunteers of the private social sector who, ever since the

⁶ Pope Francis, Address to those taking part in the meeting organised by the Pontifical Academy of Sciences on ‘Narcotics: Problems and Solutions of this Global Issue’, 24 November 2016.

emergence of the drug problem, have drawn up the first responses. Their work, which is often not appreciated very much, deserves concrete support and due attention. For that matter, signs of change of a high educational value that are useful in pathways of rehabilitation and even more in the field of prevention are now arriving from therapeutic communities. The educational aspect is fundamental, above all during the vulnerable and unfinished time of adolescence when intense moments of discovery and curiosity alternate with one another but also with ones of depression, apathy and forms of behaviour that symbolically or really endanger that person's life. These forms of behaviour, which are deliberately transgressive, are directed towards demolishing the suffering caused by a sensation of feeling of being in front of an unclimbable wall of a present that never finishes and a future that cannot be detected. These are appeals to live, but also appeals for help and support directed towards adults capable of transmitting a zeal for life and a sense of how valuable life is.⁷

Young people, observed Pope Francis, 'in many ways look for that 'dizziness' that makes them feel alive. So let us give it to them! Let us stimulate everything that helps them to transform their dreams into projects, and they can discover that all the potential that they possess is a bridge, a passage towards a vocation (in the broadest and most beautiful meaning of the term). Let us offer them broad goals, great challenges, and let us help them to achieve them, to reach their goals. Let us not leave them alone. So let us challenge them more than they challenge us. Let us not allow them to receive this 'dizziness' from other people, who only jeopardise their lives: let *us* give it to them. But the right dizziness, which satisfies this wish to move, to go forward'.⁸

To counter the ephemeral happiness of addiction, creative love is needed as well as adults who are able to teach and practice healthy self-care. A spiritual vision of existence, projected towards a search for meaning and open to encounter with other people, constitutes the greatest educational legacy which more than ever before the generations must hand on to each other.

If things go otherwise, addiction will help to kill humanity because we well know that the person who does not love himself or herself is not even capable of loving his or her neighbour.

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⁷ Cf. David Le Breton, *Cambiare pelle. Adolescenti e condotte a rischio* (EDB, Bologna, 2016).

⁸ Pope Francis, 'Address to the Diocesan Pastoral Conference on the Theme "Let us not Leave them Alone! Accompanying Parents in the Education of their Adolescent Children"', 19 June 2017.

