

Summary report on the

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**Intercountry consultation  
to review and finalize the  
draft regional framework for  
strengthening the public health  
response to substance use and  
substance use disorders in the  
Eastern Mediterranean Region**

Abu Dhabi, United Arab Emirates  
11–13 September 2018



REGIONAL OFFICE FOR THE

**World Health  
Organization**

**Eastern Mediterranean**

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## **1. Introduction**

An intercountry consultation to review and finalize the draft regional framework for action for strengthening the public health response to substance use and substance use disorders in the Eastern Mediterranean Region was held by the World Health Organization (WHO) in Abu Dhabi, United Arab Emirates, from 11 to 13 September 2018. The consultation brought together focal points on substance use from countries of the Region, civil society organizations, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Office on Drugs and Crime (UNODC), and international and regional experts who had, in preparation for the meeting, been engaged in the development of the draft regional framework.

The objectives of the meeting were to:

- review and finalize the draft regional framework for action for strengthening the public health response to substance use and substance use disorders; and
- establish a platform for effective regional collaboration to strengthen the public health response to substance use problems in the Region and contribute to the global dialogue on substance use policy, within the public health context.

The global burden of disease attributable to alcohol and drug use combined is higher than the burden attributable to any other risk factor, and in the Eastern Mediterranean Region this burden is largely attributable to drug use. According to the World Drug Report 2018, in 2016 an estimated 275 million people (5.6% of the global adult population) used drugs at least once in the previous year, mainly a substance belonging to the cannabinoid, opioid, cocaine or amphetamine-type stimulant (ATS) groups. Among these, 30.5 million were problem drug users and suffered from drug use disorders, including drug

dependence. There was an increase in the prevalence of drug use in 2016, after a stable trend during the previous five years, mainly reflecting an increase in the use of cannabis and some opioids. There continues to be some variation in drug use trends and in the types of drug used across regions, apart from cannabis, which remains everywhere the drug most frequently used. The latest estimates suggest that 11 million people injected drugs in 2016, half of whom were living with hepatitis C and 1.3 million with HIV, while 1 million were living with both conditions.

The non-medical use of prescription drugs is becoming a major threat around the world. In particular, the use of pharmaceutical opioids such as fentanyl (and its analogues) has reached epidemic proportions, with unprecedented increases in the number of overdose deaths in North America.

In the Middle East and North Africa, use of tramadol, an opioid used to treat moderate and moderate-to-severe pain, is becoming a major public health concern. While some tramadol is diverted from licit channels, most of the tramadol seized appears to have originated in clandestine laboratories. Globally, cannabis is the most widely used drug followed by opioids, ATS and cocaine. In the last 10 years there has been an unprecedented increase in the number of new synthetic psychoactive substances (NPS) in use, the largest portion of those reported being stimulants.

Illicit drug use results in a broad range of substance-induced disorders and is a preventable risk factor for some communicable and noncommunicable diseases, as well as neuropsychiatric disorders. It is also associated with numerous social consequences for individual drug users and for their families, friends and work colleagues. Several studies show close links between illicit drug use, crime, sexual abuse and interpersonal violence. New figures from WHO reveal that drug use

disorders account for about 0.5 million deaths globally, and for 0.55% of the total global burden of disease (0.70% for men and 0.37% for women).

The Region is particularly vulnerable to the problem of drug use given the significant youth population bulge and the major production and trafficking routes for opioids that lie within it. Overall, in countries of the Region, apart from the significant proportion of countries that are experiencing complex emergencies, cannabis is the most common drug used in the age group 15 to 64 years, with a regional median annual prevalence of 3.6%. At more than 2%, the annual prevalence of opioids use in Afghanistan, the Islamic Republic of Iran and Pakistan is among the highest in the world, while being less than 0.5% in the other countries in the Region. In addition, the Region is witnessing an increasing trend of ATS and new synthetic psychoactive substances use, besides that of prescription drugs like tramadol and benzodiazepines.

Despite the magnitude of the problem, the public health response to this issue has been inadequate, and the drug policy response has been traditionally considered within the realm of drug control and law enforcement. Fewer than one in six persons with drug use disorders are provided with evidence-based treatment globally, and one in 13 in the Region.

During the past few years there have been global developments in the response to the global drug problem. Following the United Nations General Assembly Special Session on Drugs (UNGASS) in 1998, the Commission on Narcotic Drugs (CND) in 2009 adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. In March 2014, a high-level review by the CND on the implementation of the Political Declaration took place. The Joint Ministerial Statement that came out of this review explicitly

reaffirmed that drug dependence is a health problem and identified the need to further strengthen public health system responses to drug-related problems. The adoption of the Sustainable Development Goals (SDGs), with a target on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, and the focus on a better balance between supply and demand reduction strategies in the resolution and outcome document of the United Nations General Assembly in April 2016, have highlighted the need for public health approaches and responses to the problem.

## **2. Summary of discussions**

Over the three days of the meeting, the participants reviewed the currently available capacities and resources for the prevention and treatment of substance use disorders in countries, the evidence underpinning the draft regional framework, and the priority areas, proposed strategic interventions and indicators of the draft regional framework. This led to the revision of the framework. A special session on khat was also organized to coincide with the meeting.

The plenary sessions were focused on introducing the main domains of the proposed regional framework, followed by group work to review the strategic interventions and indicators to monitor progress in their implementation. The group work and subsequent discussions also provided opportunities to review the experiences of countries of the Region and other regions.

Participants identified several overarching challenges that hinder the adoption of a public health approach to substance use disorders.

Civil unrest and instability in many countries of the Region affects the capacity of governments to exert their authority in parts of their



territory, coupled with an increasing diversion of resources from the social sector towards security.

National policies and legislation are skewed towards supply reduction, with little emphasis on a public health response, resulting in resource constraints. As a result, substance use treatment services have limited reach and capacity to provide an acceptable quality of service. There is also a lack of a control system that both ensures an adequate availability of controlled substances for the management of substance use disorders, and simultaneously prevents an increasing misuse of psychotropic medicines.

There is limited engagement of the health sector in the current debates around the issues of substance use, and a relative lack of engagement across sectors, especially between the public sector and civil society.

There is also a paucity of research and research capacity in countries of the Region to inform policies and strategies. Weak monitoring and surveillance systems are unable to provide valid, reliable, comparable and timely information to inform current policies regarding interdiction, prevention and treatment.

Participants called for the development of balanced and integrated substance use policies incorporating public health perspectives, and supported by legislative and regulatory provisions. These are important enablers for a robust public health response to the problem of substance use in the countries of the Region.

The discussion focused on the development or updating of strategies, policies and regulatory frameworks, including adapting and implementing the draft regional framework. This will underpin the development of integrated and balanced care service models, within

and between sectors, and should include the engagement of all relevant stakeholders, across the domains of prevention, early recognition, management, rehabilitation and harm reduction. To support this, health information systems are needed that collect and report data using standard internationally comparable indicators.

The participants also identified the need to adopt/adapt UNODC/WHO treatment and prevention standards, and the need to integrate substance use care in existing health systems through inclusion of substance use interventions in the universal health coverage benefit packages currently being developed in countries across the Region. The need to strengthen the component of substance use and its disorders in pre-service teaching and training for health and social sector care providers was also highlighted, as was the need to quantitatively and qualitatively improve specialist training programmes.

A particular area of concern was the limited availability of the essential medicines needed for the management of substance use disorders, such as methadone and buprenorphine/naltrexone, and the need for a system for the adequate monitoring and surveillance of the prescription of psychoactive drugs.

The participants strongly supported the embedding of age- and setting-specific substance use prevention in health promotion and prevention policies and programmes across the life course. The need to strengthen the capacities of institutions in countries to undertake operational research to guide policy and service development was also pointed out.

### **3. Strategic interventions for strengthening the public health response to substance use and substance use disorders in the Region**

The draft regional framework was modified based on the three days of discussion with countries to capture their input.

The resulting strategic interventions proposed for the regional framework cover five areas: governance; health sector response; promotion and prevention; monitoring and surveillance; and international cooperation. The proposed strategic interventions are outlined below.

#### *Governance*

- Develop/update evidence-informed national substance use policies with a strong public health component, in consultation with stakeholders from public, private and civil society sectors.
- Develop/update substance use-related legislation in line with international covenants, treaties and conventions, in consultation with stakeholders from public, private and civil society sectors.
- Set up an intersectoral coordination mechanism to facilitate the implementation and monitoring of evidence-based substance use policies and legislation.
- Allocate specific budget allocations within the health and welfare sectors to address the prevention, management, rehabilitation, recovery, and monitoring and evaluation of substance use disorders.
- Develop programmes offering alternatives to incarceration for drug offenders.

*Health sector response*

- Integrate screening and brief interventions for substance use disorders and management of overdose in primary health care and emergency room intervention packages.
- Develop/strengthen specialized services for holistic and integrated management of substance use disorders, including pharmacological and psychosocial interventions.
- Introduce and/or rapidly scale up a comprehensive package of services for harm reduction: needle and syringe exchange schemes, opioid substitution treatment, voluntary counseling and testing for HIV/hepatitis C, hepatitis b vaccination, antiretroviral therapy (ART), TB care and treatment, sexually transmitted infection (STI) diagnosis and management, and overdose prevention and management.
- Ensure availability of essential medicines in the management of substance use disorders.
- Develop the capacity of personnel in the health and social welfare sectors for substance use prevention, treatment, care and rehabilitation through integrating components in pre- and in-service teaching/training, and as a part of continuing professional education/recertification processes.
- Facilitate and promote establishment of self-help and mutual aid groups.
- Develop/strengthen capacity to conduct and utilize implementation research.

*Promotion and prevention*

- Embed universal substance use prevention programmes in broader health policies and strategies, based on rigorous local needs and resource assessment.

- Design and implement age-specific substance use prevention programmes in community, education and workplace settings.
- Develop targeted campaigns using multiple media channels to improve literacy about substance use and substance use disorders.

#### *Monitoring and surveillance*

- Identify a standard set of comparable core indicators (guided by the Lisbon consensus) to monitor the substance use situation, including for inclusion in existing surveys.
- Develop a system for national substance use monitoring and surveillance, to collect and report on a core set of indicators using standard data collection tools and methodologies.

#### *International cooperation*

- Promote active sharing of information and evidence between professionals and civil society organizations from countries of the Region at national and international policy forums on substance use.

## **4. Recommendations**

#### *For Member States*

1. Ensure that national focal points on substance use engage with their counterparts in relevant ministries, as well as with their permanent missions in Geneva and New York, so that a public health perspective is reflected in the ongoing dialogue around substance use and substance use disorders.

*For WHO*

2. Finalize the draft regional framework for action for strengthening the public health response to substance use and substance use disorders over the next four weeks through virtual consultation with national counterparts, civil society and United Nations (UN) sister organizations.
3. Ensure buy-in at the highest possible level of national policy/decision-making for the regional framework by presenting it to the Sixty-sixth Session of the WHO Regional Committee for the Eastern Mediterranean in October 2019.
4. In collaboration with UN agencies, provide continued advocacy with organizations such as the League of Arab States, Gulf Cooperation Council and the Group of Five (G5).
5. In collaboration with UN agencies, enhance the capacities of substance use units/directorates to engage in policy dialogue and support implementation of the regional framework.
6. In collaboration with UN agencies, facilitate the active engagement and participation of public health representatives in the ongoing national and international dialogue, including briefing health attachés from countries in the permanent missions in Geneva and New York.
7. Explore avenues for setting up and maintaining a regional network for strengthening the public health response to substance use and substance use disorders.



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