



Regional framework for action to strengthen the public health response to substance use

Executive summary

1. Substance use is an issue of public health importance that has implications for the security, safety and development of countries in the WHO Eastern Mediterranean Region, and requires a coordinated multidimensional response across different countries.
2. Worldwide, around 271 million people are estimated to have used an illicit drug at least once during the preceding year, and some 35.3 million people who use drugs suffer from substance use disorders. About 11.3 million people worldwide inject drugs, of whom some 5.6 million are living with hepatitis C, 1.4 million are living with HIV and 1.2 million have both conditions. Substance use disorders account for about 500 000 deaths globally each year. In the Eastern Mediterranean Region, prevalence of substance use varies greatly between countries, from 1% to more than 6% of the adult population (15–64 years). In the Region in 2017, about 4.2 million disability-adjusted life years (DALYs) were lost due to substance use disorders, accounting for around 8% of the global burden of disease attributable to substance use. Prevalence of opioid dependence in the Region is estimated to be 0.29%, which is 1.3 times higher than the global prevalence.
3. A new era for addressing substance use and substance use disorders is at hand. High-level commitments articulated at the 2016 special session of the United Nations General Assembly on the world drug problem, the inclusion of a specific target on prevention and treatment of substance use under Sustainable Development Goal (SDG) 3, and the availability of cost-effective and affordable interventions all herald a shift towards a balanced and public health-centred approach.
4. It is important to incorporate a public health perspective into substance use policies, and to shift the focus from supply-reduction measures. Treatment of substance use disorders has consistently been shown to reduce substance use and related crime and health problems such as HIV and hepatitis C. However, fewer than one in seven people with a substance use disorder worldwide receive evidence-based treatment, while in countries of the Eastern Mediterranean Region only one in 13 receive treatment. To achieve the SDGs, and specifically the goal of universal health coverage, it is imperative to increase treatment coverage for substance use disorders and to support the development of comprehensive, integrated health and social services for substance use and substance use disorders.
5. The proposed regional framework introduced in this paper has been developed to help countries strengthen their public health response to the problem of substance use. The proposed framework identifies cost-effective, affordable and feasible strategic interventions across five domains: governance; health sector response; promotion and prevention; monitoring and surveillance; and international cooperation. The framework also provides a set of indicators to monitor progress in implementing the interventions. The 66th session of the Regional Committee is invited to endorse the proposed framework for action to strengthen the public health response to substance use.

Introduction

6. Substance use is a multidimensional issue that constitutes a serious threat to public health. Recent estimates show that substance 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) (1). Several studies show close links between illicit substance use, crime, sexual abuse and interpersonal violence (2). Substance use also results in a broad range of substance-induced disorders and is a preventable risk factor for some neuropsychiatric disorders (2).

7. Substance use is inextricably linked with all aspects of the 2030 Agenda for Sustainable Development through a dynamic and bidirectional relationship at individual, community and national levels (3). Target 3.5 of SDG 3 is to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” (4). Resolution A/RES/S-30/1, adopted by the 2016 United Nations General Assembly in its special session (UNGASS) on the world drug problem, highlights the need for a comprehensive, integrated and balanced approach to addressing and countering the drug problem, within the framework of the three international drug control conventions (5). The UNGASS 2016 outcome document also highlights the need to strengthen the public health system response to substance use problems, and to enhance cooperation between United Nations agencies to support countries in implementing the recommendations through development of a comprehensive, integrated, evidence-based, human rights-based, development-oriented and sustainable care system across the domains of substance use prevention, demand reduction, treatment of disorders, rehabilitation, recovery and social reintegration to decrease drug-related harm to individuals, families and societies (6).

8. Despite high-level commitments, increased knowledge about the magnitude of the drug problem, and the availability of cost-effective and affordable interventions, the public health response to substance use remains inadequate and the policy response has traditionally been tilted towards supply-side interventions. This is evidenced by the fact that fewer than one in seven people with a substance use disorder worldwide are provided with evidence-based treatment, and only one in 13 people in the Region receive treatment (7).

9. Investing in the prevention and control of substance use and substance use disorders produces significant returns in terms of reduced mortality, the prevention of disabilities, healthier populations, improved workforce participation and productivity, and reduced criminal justice costs. Every US\$ 1 invested in effective treatment of substance use disorders can return between US\$ 4 and US\$ 12 to societies. Expenditure on treatment produces savings not only for a country’s health system, but for the criminal justice system as well. Although the overall cost of scaling up programmes to minimize the adverse health consequences of substance use will be high, it will provide significant returns on investment (3).

10. In an effort to bridge the implementation gap and operationalize the recommendations made in the UNGASS 2016 outcome document, WHO has developed a regional framework to strengthen the public health response to substance use, in consultation with relevant stakeholders and entities including United Nations agencies. The proposed framework aims to promote public health interventions in line with WHO’s constitutional mandate and its role under the international drug control conventions (8).

11. The proposed framework is organized across five domains: governance; health sector response; promotion and prevention; monitoring and surveillance; and international cooperation. These domains correspond to the outcome document of UNGASS 2016 on the world drug problem, and are guided by its underpinning principles. The framework identifies high-impact, cost-effective, feasible and affordable strategic interventions, backed up by a set of WHO resources and tools, to support countries in planning and implementing their national action plans in collaboration with national and international entities. The framework is supported by a set of indicators to monitor progress in implementing the strategic interventions.

12. The 66th session of the Regional Committee is invited to endorse the proposed framework to strengthen the public health sector response to substance use.

Situation analysis

13. About 271 million people worldwide (about 5.6% of the global population) have used drugs at least once in the preceding year. These drugs predominantly include cannabinoids, opioids, cocaine, and/or amphetamine-type stimulants. Some 35.3 million people who use drugs suffer from substance use disorders, meaning that their drug use is harmful to the point where they may need treatment. An estimated 42 million DALYs lost worldwide are attributable to substance use disorders. About 11.3 million people worldwide inject drugs. This subgroup endures the greatest health risks, with about 5.6 million individuals living with hepatitis C, 1.4 million people living with HIV, and 1.2 million people living with both these preventable

conditions. An estimated 0.5 million deaths worldwide are directly attributable to substance use, mostly due to overdose or hepatitis C/HIV infection acquired through injecting drugs (1,7,9).

14. Cannabis is still the most widely used drug globally. Around 188 million people use cannabis, 53.4 million people use opioids, 29 million people use amphetamines, 18 million people use cocaine, and up to 80% of people seeking treatment are diagnosed with recent poly drug use. In 2017, opioids accounted for 76% of deaths and 75% of lost DALYs attributable to substance use disorders. Men are three times more likely than women to use cannabis, cocaine and amphetamines, whereas women are more likely than men to be non-medical users of prescription opioids and tranquillizers (7,9). Substance use is higher among young people than older people. Most research suggests that early (12–14 years) to late (15–17 years) adolescence is a critical risk period for the initiation of substance use, and that substance use may peak among young people aged 18–25 years (7).

15. In 2019, the Regional Office undertook a literature review on the epidemiology of substance use and substance use disorders in the Eastern Mediterranean. Data show that the prevalence of substance use varies greatly in the Region, from 1% to more than 6% of the adult population (15–64 years) in different countries. In 2016, about 4.2 million DALYs were lost due to substance use disorders in the Region, accounting for around 8% of the global burden of disease attributable to substance use. Cannabis is the drug most commonly used by the adult population with a median annual prevalence of 3.6%. However, opioids are the main contributor to mortality and morbidity due to substance use disorders, and are also the main cause of seeking treatment. The prevalence of opioid dependence in the Region is estimated to be 0.29%, which is 1.3 times higher than the global prevalence, while the estimated prevalence of cocaine and amphetamine dependence is similar to their estimated global prevalence.

16. In the Region, lifetime prevalence of cannabis use and amphetamine-type stimulant use among students (aged 13–15 years) is 3.5% and 3.3%, respectively, with significant differences between males and females. The estimated prevalence of substance use among women ranges from 0.5% to 2.9%; however, prevalence may be underestimated due to higher levels of stigma attached to females using drugs. Reports show that female sex workers and partners of users who inject drugs are at particular risk of acquiring HIV. Regional data on the prevalence of HIV and hepatitis C infection among people who inject drugs show that up to 10% of users have HIV and 50% have hepatitis C infection.

17. There are emerging trends in drug use in the Region, including use of tramadol and amphetamine-type substances such as Captagon (fenethylamine). The non-medical use of tramadol has been reported by many countries, including Egypt, Islamic Republic of Iran, Jordan, Lebanon, Libya, Qatar, Saudi Arabia and United Arab Emirates. The emergence of newer psychotropic substances, particularly synthetic cannabinoids, has been reported in some countries; however, their use is relatively low in the Region.

18. The regional atlas on substance use (2015) reports on available resources and capacities in countries for the prevention and treatment of substance use disorders (10). More than half the countries in the Region have legislative or administrative provisions for offering voluntary treatment to people who are in contact with the criminal justice system, either as an alternative (65%) or in addition (61%) to criminal sanctions. More than two thirds of countries have a specific budget line at the health ministry allocated to preventing substance use and treating substance use disorders.

19. In most countries, treatment services for substance use disorders are provided by the public health sector; however, about 50% of countries either do not have any specialized treatment facilities or these are only available in the capital city. While information on treatment coverage is limited in countries of the Region, available data indicate a median annual number of treatment episodes of 9.17 per 100 000 population. Psychiatrists and psychologists provide treatment and care for people with substance use disorders in the vast majority of countries (more than 90%), while addiction specialists are available in only one third of countries. A third of countries in the Region have no training programmes in the area of substance abuse. National guidelines on pharmacological treatment of substance use disorders are available in half the countries. Nearly two thirds of countries (63%) have at least one medication available for detoxification treatment, while half

report the availability of at least one medication for maintenance treatment (either methadone, buprenorphine or buprenorphine/naloxone). The same proportion of countries report the availability of naloxone for opioid overdose. Screening and brief interventions for harmful and hazardous substance use are only available in fewer than 10% of primary health care services in three countries.

20. Harm reduction programmes are not widely available in the Region. A third of countries have needle/syringe exchange programmes and condom distribution programmes. Outreach services for injecting drug users are available in only 25% of countries. Migrants and refugees with substance use disorders have limited access to health services in the Region and are often excluded from relevant host population programmes, which tends to exacerbate the harmful consequences of substance use among this particularly vulnerable population group.

21. School-based prevention programmes for drug use are available in 14 countries, while 50% of countries report community-based programmes and three countries report high coverage for each. Targeted prevention programmes are available for different population groups: 14 countries have substance use prevention programmes for young adults and prisoners, and 11 countries have programmes for people living with HIV/AIDS. Less than 25% of countries have specific drug use prevention programmes for people with mental disorders.

22. A system for collecting epidemiological data on substance abuse exists in 40% of countries in the Region, and 50% of countries have a system for collecting data on service utilization. National surveys have been conducted in five countries, and systematic surveys among schoolchildren (global school-based student health surveys and the Mediterranean School Survey Project on Alcohol and Other Drugs in Schools) have been conducted in six countries.

Framework for action to strengthen the public sector response to substance use

23. The regional framework has been developed following a series of literature reviews commissioned specifically to identify the most cost-effective and affordable policy options and interventions. Consultations during 2015–2018 with technical focal points from Member States, academia, civil society organizations, experts and international entities, including United Nations agencies led to consensus on the framework. The regional framework is evidence-based and is guided by the overarching principles of: protection and promotion of human rights; adopting a life-course approach; promoting multisectoral action; observing standards of care across the continuum of care; active engagement of civil society, service users and care providers; and gender and cultural sensitivity.

24. The regional framework proposes strategic interventions across the five domains of governance, health sector response, promotion and prevention, monitoring and surveillance, and international cooperation.

Governance

25. Strong leadership and governance at the national level are essential to develop effective health and social services for substance use prevention, harm reduction, treatment and rehabilitation. Stigma and discrimination as well as the criminalization of drug use and coercive law enforcement practices can, however, act as barriers to accessing such services – as can concerns about confidentiality.

26. Legislation incorporating public health approaches and in accordance with international human rights obligations is important to codify the provisions of national policies related to substance use. Drug treatment is increasingly being provided as an adjunct to the criminal justice system, or as an alternative to incarceration. The treatment of substance use disorders has been consistently shown to reduce illicit drug use and related crime and health problems such as HIV, and to facilitate reintegration into society. Cost-benefit analyses of substance use treatment have estimated that the returns on investment range from 7:1 to 18:1 (11).

27. It is therefore important to consider policy alternatives that incorporate a public health perspective, such as the provision of treatment and social reintegration of people with substance use disorders who come into contact with the criminal justice system, and to shift the focus from supply-reduction measures to demand- and harm-reduction measures (12).

28. It is also important that a mechanism for intersectoral coordination, including coordination between the criminal justice system and health and social services, is institutionalized in national policies and strategies.

29. To strengthen governance to address the problem of substance use, the proposed regional framework recommends the following strategic interventions:

- develop/update evidence-informed national policies and associated legislation in consultation with stakeholders from the public, private and civil society sectors;
- include evidence-based, cost-effective interventions in the universal health coverage priority benefit package;
- set up an intersectoral coordination mechanism;
- allocate specific budgets within the health and welfare sectors to address substance use disorders;
- develop programmes offering alternatives to incarceration for drug offenders.

Health sector response

30. Substance use disorders, including dependence, are characterized by a chronic and relapsing nature that requires a multidisciplinary and comprehensive response. As no single treatment is effective for all individuals, diverse psychosocial and pharmacological treatment options in different settings are needed.

31. Routine or opportunistic use of screening in primary care and other health care settings improves not only the early identification of substance use disorders, but also the referral of more serious cases for appropriate treatment interventions. Evidence on the efficacy and effectiveness of opioid agonist treatments (such as methadone and buprenorphine) is overwhelming, and the per-patient cost of these pharmacotherapies is less than many interventions, particularly those involving residential care. With regard to psychosocial interventions, evidence from clinical trials supports the effectiveness of cognitive behavioural therapy, motivational interviewing, motivational enhancement therapy, family therapy and contingency management.

32. Workforce training efforts should focus on the substance use disorders of greatest public health concern, and build workforce capacity for management of those disorders. In national plans for service implementation, workforce capacity development targets should be identified to make clear the knowledge and skills needed for training as well as the number and type of professionals that will be required (12–14).

33. To strengthen the health sector response to the problem of substance use, the proposed regional framework recommends the following strategic interventions:

- integrate screening and brief interventions for substance use disorders and the management of overdose in primary health care settings and emergency rooms;
- develop and strengthen specialized services for the management of substance use disorders;
- introduce and/or rapidly scale up a comprehensive package of services for harm reduction, rehabilitation and social reintegration;
- ensure the availability of essential medicines for 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;
- facilitate and promote the establishment of self-help and mutual aid groups.

Promotion and prevention

34. Substance use typically begins in adolescence, with alcohol, tobacco and cannabis being the substances most commonly used by children and young people. Early onset of frequent substance use is associated with an increased risk of developing dependence or harmful use later in life, as well as being linked with physical and mental health problems. Lack of knowledge about substances and their consequences, genetic predisposition, personality traits, the presence of mental health conditions, family neglect and abuse, poor attachment to school, social norms and environments conducive to substance use (including the influence of media), and growing up in marginalized, stigmatized and deprived communities are among the main vulnerability factors (3). Effective prevention starts early, and effective interventions and policies have been identified across many settings (family, school, community, workplace, health sector, and so on) and levels of risk (universal, selective and indicated) (3,15–17).

35. To strengthen health promotion and substance use prevention, the proposed regional framework recommends the following strategic interventions:

- embed universal substance use prevention programmes within broader health policies and strategies;
- design and implement age-specific substance use prevention programmes in community, education and workplace settings.
- set up multi-component community intervention programmes, including parenting skills and family strengthening programmes, and integrate life skills education programmes into school curricula;
- develop targeted campaigns using multiple media channels to improve literacy about substance use and its problems.

Monitoring and surveillance

36. Investment in data and evidence-based research is important to develop effective and efficient policies and programmes.

37. To strengthen monitoring and surveillance for substance use and substance use disorders, the proposed regional framework recommends the following strategic interventions:

- identify a standard set of comparable core indicators to monitor the substance use situation, including for inclusion in existing surveys;
- develop a national substance use monitoring and surveillance system to collect and report on a core set of indicators using standard data collection tools and methodologies.

International cooperation

38. To optimally address the issue of substance use, it is imperative to promote the active sharing of information and evidence among professionals and civil society organizations from countries of the Region at national and international policy forums on substance use.

Conclusion

39. In light of the international commitments and a conducive policy environment, in addition to the threat that substance use poses to the health, safety, security and development of the Region, the time is optimal to strengthen the public health response to substance use. The 66th session of the Regional Committee is invited to endorse the proposed regional framework, which incorporates the best available evidence-informed options and interventions to address the problem of substance use.

References

1. GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet*. 2018;392(10159):1789–1858.
2. Csete J, Kamarulzaman A, Kazatchkine M, Altice F, Balicki M, Buxton J, et al. Public health and international drug policy. *Lancet*. 2016;387(10026):1427–80.
3. What we have learned over the last ten years: a summary of knowledge acquired and produced by the UN system on drug-related matters. UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters. March 2019 (https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf, accessed 14 July 2019).
4. United Nations General Assembly resolution 70/1 on transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf, accessed 14 July 2019).
5. Resolution adopted by the General Assembly on 19 April 2016. S-30/1. Our joint commitment to effectively addressing and countering the world drug problem. United Nations resolution A/RES/S-30/1. New York: United Nations; 2016 (<https://undocs.org/A/RES/S-30/1>, accessed 14 July 2019).
6. United Nations Office on Drugs and Crime. Outcome document of the 2016 United Nations General Assembly special session on the world drug problem. Our joint commitment to effectively addressing and countering the world drug problem. New York: United Nations; 2016.
7. United Nations Office on Drugs and Crime. World drug report 2019 (United Nations publication, Sales No. E.19.XI.8). New York: United Nations; 2019 (<https://wdr.unodc.org/wdr2019>, accessed 14 July 2019).
8. WHO's role, mandate and activities to counter the world drug problem: a public health perspective. Geneva: World Health Organization; 2016 (https://www.who.int/substance_abuse/publications/drug_role_mandate.pdf, accessed 14 July 2019).
9. GBD 2016 Alcohol and Drug Use Collaborators. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Psychiatry*. 2018;5:987–1012.
10. Atlas: substance use in the Eastern Mediterranean Region 2015. EMRO technical publications series 45. Cairo: Regional Office for the Eastern Mediterranean; 2017 (http://applications.emro.who.int/dsaf/emropub_2017_19560.pdf?ua=1, accessed 14 July 2019).
11. Clark N, Dolan K, Farabee D. Public health alternatives to incarceration for drug offenders. *East Mediterr Health J*. 2017;23(3):222–30.
12. Babor F. Development of services for substance use problems: need for a system-based approach. *East Mediterr Health J*. 2017;23(3):206–13.
13. Rawson RA, Clark N. Interventions for the management of substance use disorders: an overview. *East Mediterr Health J*. 2017;23(3):214–221.
14. *East Mediterr Health J*. 2017;23(3):214–21. United Nations Office on Drugs and Crime, World Health Organization. International standards for the treatment of drug use disorders. Vienna: United Nations Office on Drugs and Crime; 2017 (https://www.unodc.org/documents/UNODC_WHO_International_Standards_Treatment_Drug_Use_Disorders_December17.pdf, accessed 14 July 2019).
15. Renstrom M, Ferri M, Mandil A. Substance use prevention: evidence-based intervention. *East Mediterr Health J*. 2017;23(3):198–205.
16. United Nations Office on Drugs and Crime, World Health Organization International standards on drug use prevention. Second updated edition. Vienna: United Nations Office on Drugs and Crime; 2018 (https://www.unodc.org/documents/prevention/standards_180412.pdf, accessed 14 July 2019).

17. Patel V, Chisholm D, Dua T, Laxminarayan R, Medina-Mora ME, editors. Mental, neurological, and substance use disorders: disease control priorities, third edition (volume 4). Washington, DC: The International Bank for Reconstruction and Development/World Bank; 2016.

Annex 1. Regional framework for action to strengthen the public health response to substance use

Domain	Strategic interventions	Indicators
Governance	<ul style="list-style-type: none"> • Include evidence-based, cost-effective interventions in the universal health coverage priority benefit package • Develop/update evidence-informed national substance use policies with a strong public health component, in consultation with stakeholders from the public, private and civil society sectors • Develop/update substance use-related legislation(s) in line with international covenants, treaties and conventions, in consultation with stakeholders from the 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 	<ul style="list-style-type: none"> • Operational multisectoral public health-oriented substance use policies are endorsed and published • Relevant national legislation(s) is updated in line with international covenants, treaties and conventions • Intersectoral (inter-ministerial) coordinating mechanism is in place reflecting public health leadership • Specified budgetary allocations are in place to cover the prevention, treatment, care and rehabilitation of substance use disorders • Depenalization/decriminalization of drug use, and drug courts are available in major cities • Treatment services for substance use disorders and related health problems are available for incarcerated populations across the continuum of care
Health sector response	<ul style="list-style-type: none"> • Integrate screening and brief interventions for substance use disorders and management of overdose within primary health care and emergency rooms (intervention packages) • Develop/strengthen specialized services for the holistic and integrated management of substance use disorders, including pharmacological and psychosocial interventions • Introduce and/or rapidly scale up the comprehensive package of services for harm reduction (needle and syringe exchange schemes, opioid substitution treatment, voluntary counselling and testing for HIV/hepatitis C, hepatitis B vaccination, antiretroviral therapy, tuberculosis care and treatment, sexually transmitted infection diagnosis and management, and overdose prevention and management) • Ensure that essential medicines for the management of substance use disorders are available • Develop the capacity of health and social welfare personnel in substance use prevention, treatment, care and rehabilitation by integrating it into pre- and in-service teaching/training and as a part of continuing professional education/recertification processes • Facilitate and promote the establishment of self-help and mutual aid groups • Develop/strengthen capacity to conduct and utilize implementation research 	<ul style="list-style-type: none"> • Primary health care and emergency services staff are trained to deliver screening and brief interventions for substance use disorders and to manage opioid overdose • Multidisciplinary specialist teams are available for out- and inpatient treatment and care of substance use disorders, including the provision of pharmacological and psychosocial interventions • Referral guidelines and pathways between primary and specialist services are in place • United Nations Office on Drugs and Crime (UNODC)/WHO treatment standards for ensuring quality are adopted/adapted • A comprehensive package of services for harm reduction is in place • Methadone, buprenorphine, naloxone and other medications for detoxification and maintenance treatment are available as a part of a comprehensive package for the management of substance use disorders • A substance use component is integrated into pre- and in-service education/training programmes for health and social welfare professionals and in continuing professional education/recertification programmes • Self-help/mutual aid groups are available • National and regional networks are established to undertake priority implementation research, including a focus on complex emergency situations
Promotion and prevention	<ul style="list-style-type: none"> • Embed universal substance use prevention programmes within 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 	<ul style="list-style-type: none"> • Multicomponent community intervention programmes are available, including parenting skills and family strengthening programmes • Life skills education programmes are integrated into school curricula • Workplace education and intervention programmes are in place • Targeted campaigns are developed using multiple media channels to improve literacy about substance use and substance use disorders • Updated UNODC/WHO prevention standards for ensuring quality are adopted/adapted

Domain	Strategic interventions	Indicators
Monitoring and surveillance	<ul style="list-style-type: none"> 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 national substance use monitoring and surveillance system to collect and report on the core set of indicators using standard data collection tools and methodologies 	<ul style="list-style-type: none"> National monitoring and surveillance systems are in place Regular reports are published and shared with national/international stakeholders and partners using the core set of indicators Monitoring and registration systems are in place for prescription drugs
International cooperation	<ul style="list-style-type: none"> Promote the 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 	<ul style="list-style-type: none"> A regional network to coordinate the public health response to substance use is activated and facilitated

*United Nations Commission on Narcotic Drugs, United Nations Economic and Social Council. Drug information systems: principles, structures and indicators. Vienna: United Nations Commission on Narcotic Drugs; 2000 (E/CN.7/2000/CRP.3; https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/lisbon_consensus.pdf, accessed 14 July 2019).