Atlas: substance use in the Eastern Mediterranean Region 2015





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Contents

Executive summary	5
Information systems	6
I . Introduction	7
2. Methodology	7
2.1 Data collection	7
2.2 Limitations	8
3. Substance use and health: situation in the Region	8
3.1 Sociodemographic characteristics of the Region	8
3.2 Epidemiology	
4. Country responses to the Atlas questionnaire	16
4.1 Leadership and governance	
4.2 Financing	
4.3 Service organization and delivery	26
4.4 Workforce	45
4.5 Information systems	48
5. Comparison of data between Atlas 2012 and Atlas 2015	52
5.1 Leadership and governance	53
5.2 Financing	
5.3 Service organization and delivery	
5.4 Workforce	
5.5 Information systems	57
6. Conclusion	58
Glossary	59
Country fact sheets:	
substance use disorders	
Afghanistan	
Bahrain	
Djibouti	
Egypt	
Iran (Islamic Republic of) Iraq	
Iraqlordan	
Kuwait	
Lebanon	
Libya	
Morocco	95

Oman	98
Pakistan	101
Qatar	104
Saudi Arabia	107
Somalia	110
Sudan	113
Syrian Arab Republic	116
Ťunisia	
United Arab Emirates	122
West Bank and Gaza Strip	125
Yemen	

Executive summary

The atlas project on substance use is a project conducted by the World Health Organization (WHO) that aims to collect, compile and disseminate information on the availability of resources for the prevention and treatment of substance use disorders. A first assessment of available resources was carried out at the global level¹ and at the regional level². This report presents the latest information on the available resources and services at country level for the prevention and treatment of substance use disorders in the Eastern Mediterranean Region.

The information presented in this report is based on an atlas questionnaire that was updated from the previous version and sent to all countries. All of the 22 countries of the Region submitted replies to the atlas questionnaire. Key findings of the report are presented below.

Substance use and health: situation in the Region

- The estimate of the total alcohol per capita consumption in the Region for 2010 is 0.7 litres of pure alcohol, which is almost nine times lower than the global estimate³.
- The prevalence of opioid use varies greatly within the Region but is among the highest in the world in some countries.
- Lifetime prevalence of cannabis and amfetamine use among students aged 13– 15 years is 3.5% and 3.3% respectively, with large differences between males and females.

- The regional estimated number of deaths due to drug use disorders in 2012 is 1.8 per 100 000 population, which is almost three times the estimated number of deaths due to alcohol use disorders.
- The regional estimated number of disability-adjusted life years (DALYs) due to drug use disorders in 2012 is 253 per 100 000 population.

Leadership and governance

- More than half of the countries have a government unit/official responsible for the prevention and treatment of substance use disorders.
- More than 60% of the countries have a legislative provision for offering voluntary treatment for drug use disorders as an alternative or in addition to criminal sanctions.

Financing

- Specific budget lines for the prevention and treatment of substance use disorders are available at the ministry of health in the majority of the countries.
- Government financing is the most common financing method for treatment services for substance use disorders.
- In the vast majority of the countries, people with substance use disorders are not eligible to receive government benefits.

Service organization and delivery

- 60% of the countries have specialized treatment facilities for substance use disorders in the capital city, but only 28% have such facilities in areas other than the capital city or other major cities.
- Mental health facilities are the most important providers of treatment services for alcohol use disorders.

¹ Atlas on substance use 2010. Resources for the prevention and treatment of substance use disorders. Geneva: World Health Organization; 2010.

² Atlas: substance use in the Eastern Mediterranean Region 2012. Cairo: World Health Organization, Regional Office for the Eastern Mediterranean; 2012.

³ Global status report on alcohol and health 2014. Geneva: World Health Organization; 2014.

- Specialized stand-alone facilities are the most important providers of treatment services for drug use disorders.
- The regional median number of beds reserved for the treatment of substance use disorders is 0.7 per 100 000 population.
- Information on treatment coverage or access to treatment is not known in the vast majority of countries.
- Cannabis and opioids are the main substances reported as the primary drugs being used at treatment entry.

Pharmacological treatment

- 50% of the countries have guidelines on the pharmacological treatment of substance use disorders.
- Pharmacotherapies for opioid dependence are available in less than 25% of the countries.

Special programmes and services

- Needle/syringe exchange programmes are available in one-third of the countries of the Region.
- Less than 25% of the countries have special treatment programmes for women, children or adolescents with substance use disorders.

Prevention

- Community-based prevention programmes for drug use are available in almost 75% of the countries.
- Nongovernmental organizations, schools and religous groups are involved in prevention of substance use in more than 75% of the countries.
- Most countries have not implemented screening and brief interventions for substance use in primary health care.

Workforce

- Psychiatrists, medical doctors, psychologists, social workers and nurses provide treatment for substance use disorders in more than half of the countries.
- Postgraduate training programmes for professionals providing treatment are not available in 40% of the countries.

Information systems

- More than half of the countries do not have an epidemiological data collection system for substance use.
- 45% of the countries do not have a system of data collection based on health services delivery for substance use disorders.

I. Introduction

The use of alcohol and other psychoactive substances alters brain functions, such as mood, perception and consciousness. It can lead to physical and psychological dependence, coercing a person to continue taking the drug despite adverse consequences. People with substance use disorders may suffer from psychological and psychosocial problems, loss of employment or legal problems. Substance use disorders are chronic mental disorders characterized by remissions and relapses and frequently accompanied by other mental conditions, such as depression or anxiety disorder, or by physical conditions such as HIV/AIDS, hepatitis B and C, and tuberculosis.

Given the complexity of their health and social consequences, management of substance use disorders involves a range of prevention, treatment and rehabilitation approaches. Delivery of adequate care and treatment to people with substance use disorders requires a well functioning prevention and treatment system. Pharmacological, psychological and social interventions have been shown to be effective.

The WHO atlas project on resources for the prevention and treatment of substance use disorders aims to collect, compile and disseminate information on resources for the prevention and treatment of substance use disorders. A first assessment was conducted in 2011 in order to map resources available in the Eastern Mediterrean Region. The aim of this report is to update that information by providing the regional response to the atlas questionnaire conducted in 2014. The data presented in this report are needed at the country level to assess the current situation and to assist in developing policies, plans and programmes.

This report provides the latest information available regarding substance use and

health in the Region; the results of the atlas questionnaire are presented in the following sections: leadership and governance, financing, service organization and delivery, workforce, and information systems. A last section aims to monitor progress between the first assessment in 2011 and the latest information presented in this report. Though changes to the instruments make it challenging to compare certain items directly, some information can be tracked. Finally, country fact sheets providing detailed information for each country are presented at the end.

2. Methodology

2.1 Data collection

The atlas project on resources for the prevention and treatment of substance use disorders was launched in 2010 by WHO in an attempt to map resources available worldwide for the prevention and treatment of substance use disorders. The 2015 version of the atlas represents the latest information on resources available.

The questionnaire has been updated and contains the following sections:

- policy, legislation and financing
- human resources and training
- services and interventions
- health information systems.

The questionnaire was sent to nominated focal points at ministries of health. The focal point was encouraged to consult with experts and gather relevant information to answering questions.

Once a completed questionnaire was received, it was screened for incomplete and inconsistent answers. To ensure high quality data, respondents were contacted again and were asked to respond to the requests for clarification and to correct their responses.

All of the countries in the Region replied to the atlas questionnaire on substance use.

2.2 Limitations

Most of the data presented in this report are based on expert opinion; the designated focal points in ministries of health in consultation with related experts having provided the data for development of the atlas. Scarcity of information was a major challenge in compiling the report. For some items, particularly regarding service organization and delivery, information was not provided.

A few components that are essential for a comprehensive treatment package for substance use disorders, namely structured psychosocial interventions, were not surveyed in development of the atlas and therefore the relevant data are missing in the current report.

3. Substance use and health: situation in the Region

3.1 Sociodemographic characteristics of the Region

Table 1 provides a brief overview of sociodemographic statistics of the WHO Eastern Mediterranean Region. These indicators are extracted from *Framework for health information systems and core indicators for monitoring health situation and health system performance 2014* for the Eastern Mediterranean Region⁴, except for the "Population proportion under 15" indicator which is extracted from the WHO Global Health Observatory⁵.

Findings

- The Eastern Mediterranean Region is the least populous among the six WHO regions.
- In terms of proportion of population 15 years and under, the Region ranks second.
- With almost 50% of the total population in the Region living in urban areas, the Eastern Mediterranean Region ranks fourth among the six WHO regions.
- In terms of life expectancy at birth and adult literacy rate the Region ranks fourth.

3.2 Epidemiology

3.2.1 Per capita alcohol consumption

Table 2 provides information on recorded and unrecorded per capita alcohol consumption in the Region and in the world for 2010. These data are extracted from the *Global status report* on alcohol and health 2014⁹. Table 3 provides data on total per capita alcohol consumption by sex.

Findings

- The Region has the lowest alcohol consumption level among all WHO regions.
- The regional estimate is almost nine times lower than the global estimate.
- More than half of the alcohol consumed is unrecorded, which refers to alcohol that is not accounted for in official statistics on alcohol taxation or sales.
- Alcohol consumption among women in the Region is 11 times lower than consumption among men, while at the global level, women drink nearly four times less than men.

⁴ Framework for health information systems and core indicators for monitoring health situation and health system performance 2014. Cairo: World Health Organization, Regional Office for the Eastern Mediterranean; 2014. (http://applications.emro.who.int/dsaf/EMROPUB_2014_EN_1792.pdf?ua=1, accessed 5 March 2016).

⁵ See http://apps.who.int/gho/data/view.main. POP2020?lang=en, accessed 5 March 2016.

 $^{^{\}rm 6}$ Data from five countries are available for 2012.

⁷ Data from five countries are available for 2012, data from one country are available for 2011 and data for one country are available for 2009.

⁸ Data are available from 2006 to 2013 depending on the country.

⁹ Global status report on alcohol and health 2014. Geneva: World Health Organization; 2014.

Table 1. Demographic and socioeconomic indicators of the Region

Total population (000s), 20136	618 210
Urban population (%), 2013 ⁷	49.5
Population proportion under 15 (%), 2013	33
Adult literacy rate (15-24 years) (%)8	63.5
Life expectancy at birth (years), 2012	68.5

Table 2.Total recorded and unrecorded per capita alcohol (15+ years) consumption in litres of pure alcohol, 2010

	Eastern Mediterranean Region	World
Recorded per capita alcohol consumption	0.3	4.7
Unrecorded per capita alcohol consumption	0.4	1.5
Total	0.7	6.2

Table 3. Total per capita alcohol (15+ years) consumption in litres of pure alcohol by sex, 2010

	Eastern Mediterranean Region	World	
Female	0.1	2.5	
Male	1.2	9.9	
Both	0.7	6.2	

3.2.2 Prevalence of illicit drug use

The data presented in Table 4 are extracted from the latest UNODC annual prevalence of use estimates for population aged 15 to 64¹⁰. These data are based on the UNODC annual report questionnaire, UNODC estimates and in some cases governments' national reports. It should be highlighted that recent information is not available for the majority of the countries of the Region.

Findings for annual prevalence of cannabis use

- In most countries of the Region, cannabis is the most common drug used by population aged 15 to 64.
- According to UNODC estimates that are available for nine countries in the Region, the regional median annual prevalence is 3.6%. Fig. 1 presents the annual prevalence for these countries.
- Compared to the last estimated regional median¹¹, this represents an increase of more than 10%.

Table 4. Estimates of annual prevalence of illicit drug use for population aged 15-64 (%)					
	Opioids	Cocaine	Cannabis	ATS	
Afghanistan (2009)	2.92	0	4.28	0	
Egypt (2006)	0.44	0.02	6.24	0.48	
Islamic Republic of Iran (2010)	2.27	0.01 (2008)		0.13	
Kuwait (2004)	0.17	0.04 (2005)	3.1 (2005)	0.27 (2005)	
Lebanon (2003)	0.2		2 (2009)		
Libya (2004)	0.14				
Morocco (2011)	0.08	0.05 (2004)	4.22 (2004)		
Pakistan (2012)	2.4	0.01	3.6	0.08	
Saudi Arabia (2006)	0.06		0.3	0.4	
Somalia (2004)	0.16		2.5 (2002)		
Syrian Arab Republic (2005)	0.02	0			
Tunisia (2011)	0.12				
United Arab Emirates (2004)	0.02		5.35 (2006)		

¹⁰ United Nations Office on Drugs and Crime. World Drug Report 2014 (https://www.unodc.org/documents/wdr2014/ World_Drug_Report_2014_web.pdf, accessed 5 March 2016).

¹¹ See Atlas: substance use in the Eastern Mediterranean Region 2012. Cairo: World Health Organization, Regional Office for the Eastern Mediterranean; 2012.

Findings for annual prevalence of opioid use

- There are large regional differences in the annual prevalence of opioid use, with an annual prevalence of more than 2% in Afghanistan, Pakistan and Islamic Republic of Iran and less than 0.5% in the other countries in the Region for which data are available; see Fig. 2.
- The prevalence of opioid use in Afghanistan, Pakistan and Islamic Republic of Iran is among the highest in the world.
- Based on 13 countries, the regional median is 0.16%, which is similar to the regional median estimated in the Atlas 2012. However, as mentioned above, some of the data have not been updated since that previous report.

Findings for annual prevalence of cocaine use

• Prevalence data are available for five countries in the Region (see Fig. 3) and show a median of less than 0.1%, which is similar to the regional median estimated in the Atlas 2012.

Findings for annual prevalence of amfetamine-type stimulant (ATS) use

• ATS use is reported for five countries with the annual prevalence estimated at 0.2%. Fig. 4 presents the data for these countries.

3.2.3 Illicit drug use among young people

Information on drug use among young people is extracted from the global school-based student health survey (GSHS). Data are provided for Iraq, Lebanon, Kuwait, Morocco, West Bank, Gaza and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) in Gaza, Lebanon, Syrian Arab Republic and West Bank. The year at which the surveys were conducted varies between 2010 and 2012.

Cannabis

Among all students aged 13–15 years, the lifetime prevalence of cannabis use ranges from 2.1% to 5%, with a median of 3.5%. The proportion of girls who reported having

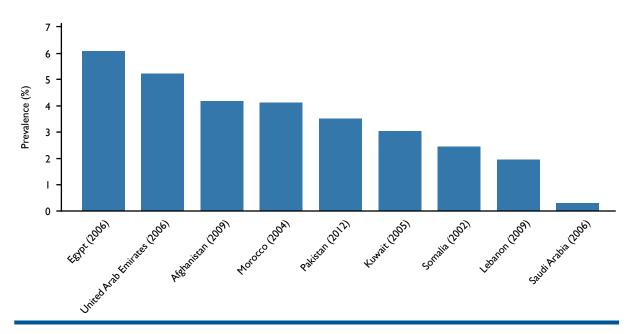


Fig. I. Annual prevalence of use of cannabis among population aged 15-64 years

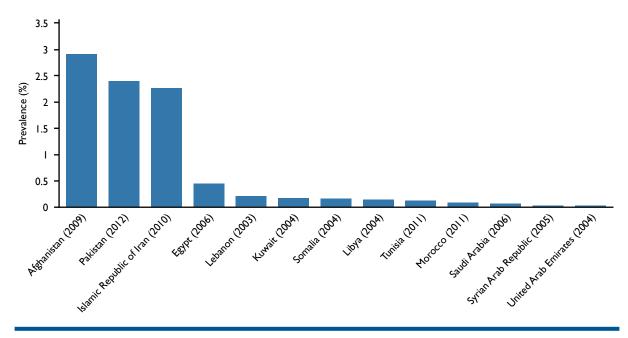


Fig. 2. Annual prevalence of use of opioids among population aged 15-64 years

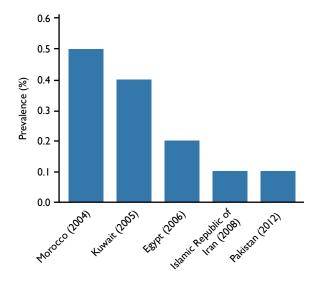


Fig. 3. Annual prevalence of use of cocaine among population aged 15-64 years

used cannabis more than once in their lifetime is six times lower than among boys. Indeed, the median lifetime prevalence for girls is 1% and 6.2% for boys. Fig. 5 shows the lifetime prevalence of cannabis use for all of the countries by sex.

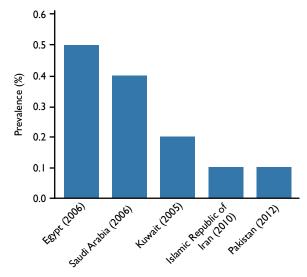


Fig. 4. Annual prevalence of use of ATS (excluding ecstasy) among population aged 15-64 years

Amfetamines

Fig. 6 shows the lifetime prevalence of amfetamine use by sex and by country. Among all students aged 13–15 years, the lifetime prevalence of amfetamine use varied between 2.1% and 5%, with a median of 3.3%. As for cannabis use, the proportion of girls who

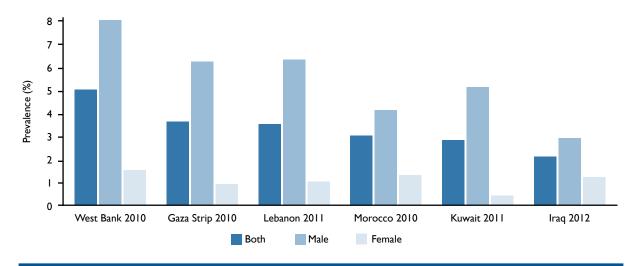


Fig. 5. Proportion of students aged 13-15 years who used cannabis more than once in their lifetime

reported having used amfetamines more than once in lifetime is nearly six times lower than among boys. The median lifetime prevalence for girls is 1% and 5.7% for boys.

Fig. 7 shows the proportion of students who first used drugs before 14 years out of the total number of students who ever used drugs. The median for the countries that reported data is 87.25%.

Few countries from the Region have conducted the GSHS. Out of the countries that have conducted it, not all of the questions regarding drug use were completed, which decreases the quality of the data. More efforts should be made to use this tool to assess behavioural risk factors among schoolchildren.

3.2.4 Prevalence of alcohol use disorders

Table 5 provides the prevalence estimates of alcohol use disorders by sex for the Region and the world. These data are extracted from the *Global status report on alcohol and health* 2014¹².

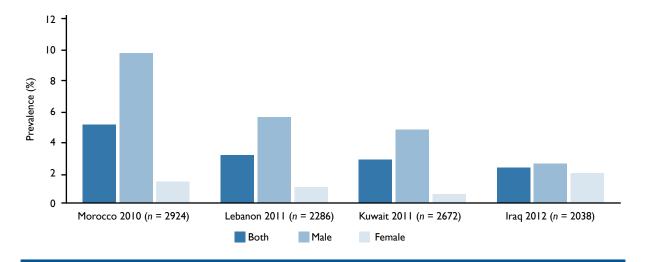


Fig. 6. Proportion of students aged 13-15 years who used amfetamines more than once in lifetime

 $^{^{\}rm 12}$ Global status report on alcohol and health 2014. Geneva: World Health Organization, 2014.

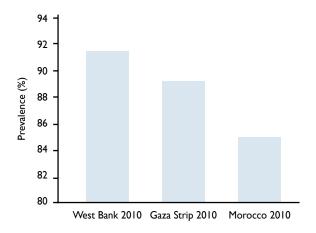


Fig. 7. Proportion of students aged 13–15 years of age who ever used drugs and first used drugs before 14 years of age

Table 5. Prevalence (%) of alcohol use disorders in population aged 15 years or older by sex, 2010

	Eastern Mediterranean Region	World
Female	0.2	1.3
Male	0.6	7.2
Both	0.3	4 .1

Findings

- The prevalence estimates of alcohol use disorders in the Eastern Mediterranean Region is almost 14 times lower than the global prevalence.
- Compared to alcohol consumption estimates, the difference between the regional and global estimates is higher

for alcohol use disorders. However, the sex difference is higher for alcohol consumption than for alcohol use disorders.

3.2.5 Prevalence of drug dependence

Table 6 provides the latest estimates for drug dependence in the North Africa and Middle East Region¹³ and globally. These data are extracted from Degenhardt et al., 2013 and are based on the Global Burden of Disease Study 2010. Estimates are available for cannabis, amfetamine, cocaine and opioid dependence.

Findings

- The estimated prevalence for opioid dependence in the North Africa and Middle East Region is 0.29%, which is 1.3 times higher than the global prevalence.
- The estimated prevalence for cocaine dependence is 0.14% in this region and 0.1% globally.
- Amfetamine dependence is similar to global estimates.
- The estimated prevalence for cannabis dependence in this region is 1.4 times lower than the global estimates.

3.2.6 Mortality estimates

Estimates of the number of deaths due to alcohol and drug use disorders are extracted from the WHO Global Health Estimates 2012. Fig. 8 shows the number of deaths per 100 000

Table 6. Estimated number of cases and age-standardized and sex-standardized prevalence of drug dependence in 2010

di ug dependence in 2010		
	Prevalence in North Africa and Middle East % (95% UI)	Global prevalence % (95% UI)
Cannabis dependence	0.14 (0.12–0.18)	0.19 (0.17–0.21)
Amfetamine dependence	0.24 (0.20–0.28)	0.25 (0.22–0.28)
Cocaine dependence	0.14 (0.11–0.17)	0.10 (0.09-0.11)
Opioid dependence	0.29 (0.22–0.37)	0.22 (0.20-0.25)

¹³ The North Africa and Middle East Region includes the countries of the WHO Eastern Mediterranean Region with the exceptions of Afghanistan, Djibouti, Pakistan, Somalia and Sudan. Algeria and Turkey are in the North Africa and Middle East Region, but they are not part of the WHO Eastern Mediterranean Region.

population due to alcohol use disorders and drug use disorders for the Eastern Mediterranean Region and the world. Table 7 provides the number of deaths due to drug use disorders for each country in the Region by sex and age group.

Findings

- The number of deaths per 100 000
 population in the Eastern Mediterranean
 Region due to alcohol use disorders is one
 of the lowest in the world and is 25 times
 lower than the global estimate.
- The number of deaths due to drug use disorders in the Region is 1.82 per 100 000 population, which is 1.4 times higher than the global estimate (i.e. 1.32).

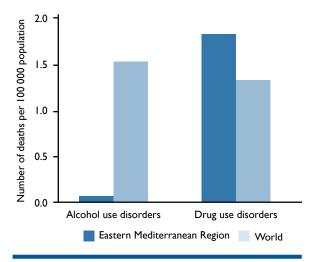
3.2.7 Morbidity estimates

Estimates of the number of disability adjusted life years (DALYs) lost due to alcohol and drug use disorders are extracted from the WHO Global Health Estimates 2012. DALYs represent a measure of the disease burden, quantifying the mortality and morbidity due to substance use disorders in a single measure.

Fig. 9 provides the number of DALYs due to alcohol use disorders and drug use disorders for the Region and the world. Table 8 provides the number of DALYs per 100 000 population due to drug use disorders for each country in the Eastern Mediterranean Region by sex and age group.

Table 7. Number of o	leaths per 1	00 000 popula	ation due to o	drug use diso	rders by sex	and age
			Age g	group		
		Female			Male	
	15-29	30–59	60–69	15-29	30–59	60–69
Afghanistan	1.66	2.22	2.13	2.49	3.92	4.44
Bahrain	0.02	0.10	0.57	0.62	1.03	2.05
Djibouti	1.39	1.90	2.08	4.37	4.38	3.95
Egypt	0.29	1.74	5.23	2.17	5.42	7.96
Islamic Republic of Iran	0.49	1.66	6.22	8.88	12.94	13.76
Iraq	0.19	1.13	4.13	0.84	3.89	7.55
Jordan	0.07	0.32	0.99	0.84	2.08	4.19
Kuwait				1.27	2.12	4.99
Lebanon					0.02	0.07
Libya	0.02	0.09	0.33	0.12	0.50	1.27
Morocco	0.18	0.79	2.06	0.94	2.50	3.60
Oman				0.04	0.06	0.13
Pakistan	0.43	0.75	1.48	1.00	1.75	2.31
Qatar				0.02	0.04	0.08
Saudi Arabia				0.02	0.02	0.06
Somalia	1.41	2.04	2.26	7.13	7.37	3.74
Sudan	1.01	1.56	1.57	4.13	5.02	3.03
Syrian Arab Republic				0.02	0.07	0.15
Tunisia	0.02	0.11	0.34	0.37	0.85	1.10
United Arab Emirates	0.02	0.07	1.03	0.51	0.64	2.13
Yemen	0.57	1.89	4.35	2.10	4.48	5.59

Note: . denotes zero estimated deaths



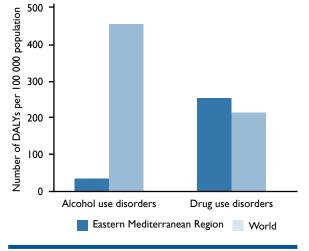


Fig. 8. Number of deaths per 100 000 population due to alcohol and drug use disorders, both sexes, all ages, 2012

Fig. 9. Number of DALYs per 100 000 population due to alcohol and drug use disorders, both sexes, all ages, 2012

Table 8. Number of Dagroup, 2012	ALYs per 100	000 populati	on due to di	rug use disor	ders by sex a	and age
3 - 1,	Age group					
		Female			Male	
	15–29	30–59	60–69	15–29	30–59	60–69
Afghanistan	237.34	235.33	70.48	543.51	457.20	152.18
Bahrain	153.95	152.99	27.01	618.52	373.57	82.66
Djibouti	203.33	189.41	66.68	637.50	425.00	128.66
Egypt	163.18	211.98	155.75	618.51	538.53	249.25
Islamic Republic of Iran	171.71	208.25	183.11	1120.98	948.97	414.47
Iraq	145.97	188.60	124.93	482.02	485.53	236.58
Jordan	143.68	158.93	37.82	514.29	409.37	141.36
Kuwait	154.14	164.41	12.03	628.21	446.30	171.51
Lebanon	130.38	124.00	9.80	435.75	253.20	24.79
Libya	145.91	150.07	19.82	485.41	330.39	61.23
Morocco	150.19	165.32	67.89	527.48	395.82	128.52
Oman	148.27	164.56	10.83	585.32	391.89	30.33
Pakistan	158.36	158.54	51.73	467.62	343.24	90.58
Qatar	164.29	173.54	12.42	662.80	386.70	32.68
Saudi Arabia	143.64	146.84	10.56	512.20	327.96	29.39
Somalia	201.60	190.30	71.72	797.34	580.49	123.24
Sudan	174.40	171.04	52.30	596.19	458.91	102.93
Syrian Arab Republic	137.90	137.94	10.54	444.49	298.44	28.68
Tunisia	139.82	131.20	20.10	479.31	300.56	55.32
United Arab Emirates	163.25	197.93	42.35	667.49	497.12	92.35
Yemen	169.27	223.48	131.19	556.47	522.30	180.65

Findings

- The estimated number of DALYs due to alcohol use disorders is 36 per 100 000 population in the Region, which is almost 13 times lower than the global average of 454.
- The estimated number of DALYs per 100 000 population due to drug use disorders is 253, which is almost 1.18 times higher than the global average of 215.

4. Country responses to the Atlas questionnaire

4.1 Leadership and governance

4.1.1 Government unit/official for prevention/treatment

Background

Respondents were asked about the presence of a government unit/official responsible for a policy regarding prevention of substance use*¹⁴ and/ or treatment of substance use disorders*. They were also asked to specify whether alcohol and drug policies were under the same government unit/official (Fig. 10).

If there was a government unit/official for prevention of substance use or treatment of substance use disorders, respondents were requested to indicate if this unit was also responsible for other areas, such as mental health, tobacco, noncommunicable diseases, health promotion and criminal justice (Fig. 11).

Findings

Most countries in the Eastern
 Mediterranean Region have a unit/official
 responsible for prevention of substance

- use (63%) or treatment of substance use disorders (75%).
- Three countries reported having no unit/ official responsible for prevention of substance use.
- Among countries with a unit/official responsible for alcohol and drugs together, the majority reported that this unit/official is also responsible for mental health policies. Two countries (14%) reported that this unit/official is responsible for substance use policies only.

4.1.2 Ministry with primary responsibility for prevention/treatment

Background

Respondents were asked to indicate the ministry taking primary responsibility regarding prevention of substance use and/or treatment of substance use disorders (Fig. 12).

Findings

 The ministry of health was reported as being responsible for prevention and

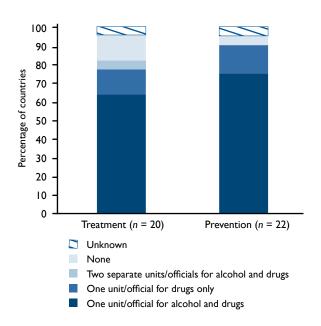


Fig. 10. Government unit/official responsible for prevention/treatment of substance use

¹⁴ The terms followed by an asterisk are defined in the glossary.

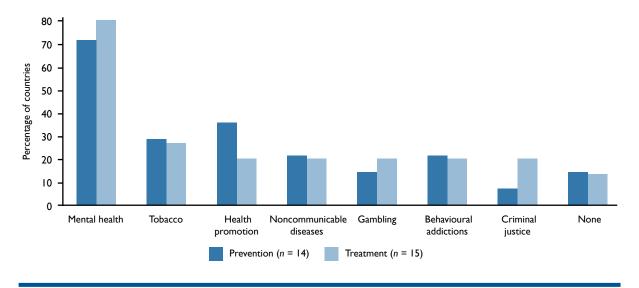


Fig. 11. Areas under responsibility of the government unit/official responsible for alcohol and drugs together

- treatment by the majority of the countries of the Eastern Mediterranean Region.
- The ministries of interior, education and social welfare were also reported as being responsible for prevention of alcohol and drug use, but were less often reported as being responsible for treatment.

Notes and comments

• This question asked for the ministry that takes primary responsibility for prevention and/or treatment. It was allowed to select a maximum of two ministries if responsibilities were equally shared. However, some countries selected more than two ministries, particularly for prevention.

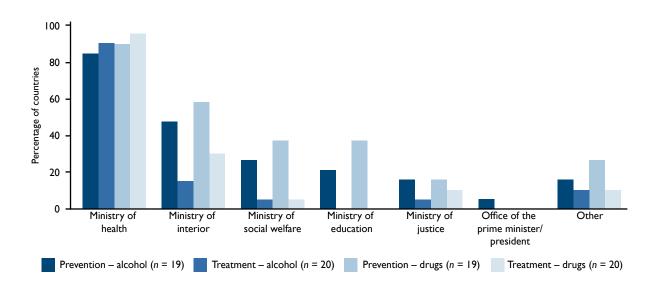


Fig. 12. Ministry with primary responsibility for prevention/treatment

- Two countries reported that there is no ministry that is responsible for treatment of alcohol use disorders.
- Other ministries, such as the ministry of sports affairs and the ministry of religious affairs were reported as being responsible for treatment of drug use disorders.

4.1.3 Stakeholder involvement in policies, strategies and national programmes

Background

Nominated focal points were requested to indicate whether representatives of affected and targeted populations were regularly involved in the development and formulation of policies and strategies, as well as in the development and implementation of national programmes. Representatives of affected and targeted populations included representatives of youth organizations, of drug users, of patients and of family members of patients. requested to indicate They were also whether representatives of nongovernmental organizations and representatives of economic operators (including the alcohol, tobacco and pharmaceutical industries) were involved (Fig. 13 and 14).

Findings

- Representatives of nongovernmental organizations were reported to be involved in the development and formulation of policies and strategies regarding prevention and treatment by most of the countries of the Eastern Mediterranean Region.
- 40% of the countries reported that representatives of youth organizations were involved in the development and formulation of policies and strategies regarding prevention.
- 40% of the countries reported that representatives of drug users, patients and/or family members were involved in the development and formulation of policies and strategies regarding treatment.
- Most countries reported that representatives of nongovernmental organizations were involved in the development and implementation of national programmes regarding prevention and treatment.

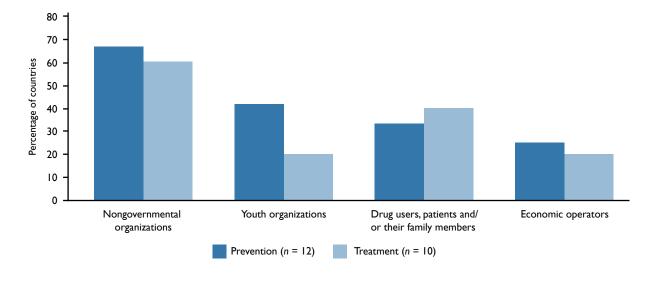


Fig. 13. Stakeholders involvement in development and formulation of policies and strategies

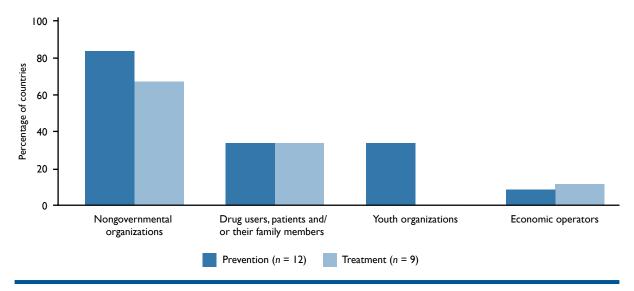


Fig. 14. Stakeholders involvement in development and implementation of national programmes

Notes and comments

 Between nine and 12 countries provided responses to these questions because such policies, strategies or national programmes do not exist.

4.1.4 Five-year change in resources and international cooperation in prevention/treatment

Background

Respondents were asked to indicate the change in government resources (financial or human resources) and international cooperation in prevention of substance use and treatment of substance use disorders over the past five years. It refers to the past five years because two important documents were adopted and published prior to 2010. Indeed, in 2009 Member States of the United Nations adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and in 2010, the World Health Assembly endorsed the Global strategy to reduce the harmful use of alcohol¹⁵(Fig. 15 and 16).

Findings

- Government resources for prevention of drug use have overall increased (either slightly or significantly) in most countries of the Eastern Mediterranean Region.
- One country reported that government resources for prevention and treatment of both alcohol and drug use disorders have significantly decreased due to an ongoing war.
- Between 10% and 27% of countries of the Region reported that the changes to the allocation of government resources for prevention or treatment of alcohol and drug use disorders are unknown.
- Overall, international cooperation in prevention of drug use and treatment of drug use disorders has increased (either slightly or significantly) in the majority of countries.

Notes and comments

Between three and six countries
responded "not applicable" for the changes
to the allocation of government resources
for prevention and treatment of alcohol or
drug use disorders. These results are not
displayed on the graph.

¹⁵ Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization, 2010.

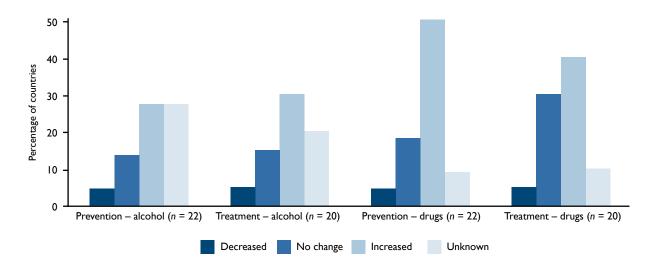


Fig. 15. Changes to the allocation of government resources in the last five years

 Between one and five countries responded "not applicable" for the changes in international cooperation in prevention and treatment of alcohol or drug use disorders. These results are not displayed on the graph.

4.1.5 Confidentiality of people in treatment

Background

Nominated focal points were asked to indicate if there exists a law or a legal regulation at the national or subnational level which protects the confidentiality of people in treatment for alcohol and drug use disorders (Fig. 17).

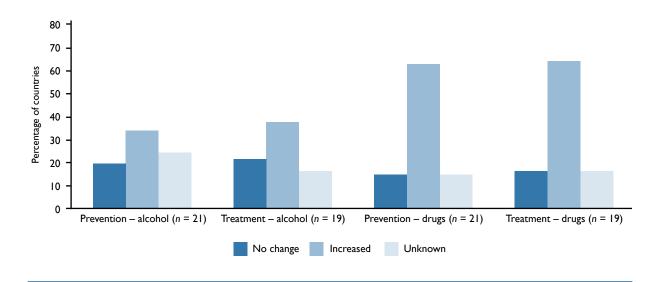


Fig. 16. Changes in international cooperation in the last 5 years

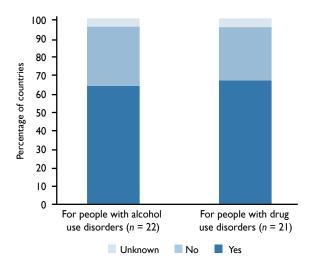


Fig. 17. Existence of a law or legal regulation for protecting the confidentiality of people in treatment

Findings

 The majority of the countries of the Region reported having a law or legal regulations to protect the confidentiality of people in treatment for alcohol or drug use disorders.

4.1.6 Voluntary treatment as an alternative/in addition to criminal sanctions

Background

Respondents were asked to report on the existence of legislative or administrative provisions (at the national or subnational level) for offering voluntary treatment as an alternative to or in addition to criminal sanctions for people with substance use disorders who come into contact with the criminal justice system (Fig. 18).

Countries of the Eastern Mediterranean Region that reported having such legislative or administrative provisions were then asked whether a policy of encouraging voluntary treatment as an alternative to or in addition to criminal sanctions exists at the national or subnational level (Fig. 19).

Findings

The existence of legislation for offering voluntary treatment for drug use disorders was reported by most countries of the Region.

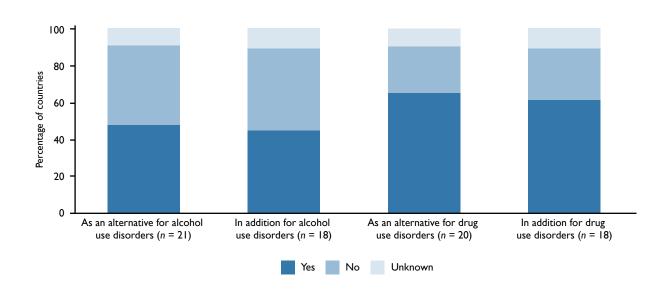


Fig. 18. Existence of legislative or administrative provision for offering voluntary treatment for substance use disorders as an alternative in addition to criminal sanctions

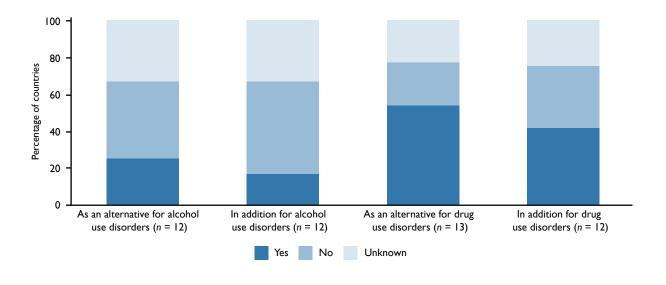


Fig. 19. Existence of a policy of encouraging voluntary treatment as an alternative and/or in addition to criminal sanctions

- Half of the countries reported having legislation for offering voluntary treatment for alcohol use disorders.
- Among the countries with legislation for offering voluntary treatment, half of them have a policy of encouraging voluntary treatment for drug use disorders as an alternative to criminal sanctions.

4.1.7 Compulsory treatment as an alternative in addition to criminal sanctions

Background

Respondents were asked to report on the existence of a mechanism for compulsory treatment as an alternative in addition to criminal sanctions for people with substance use disorders who come into contact with the criminal justice system (Fig. 20).

Findings

 The majority of the countries of the Eastern Mediterranean Region reported having a mechanism for compulsory treatment for drug use disorders in addition to criminal sanctions. More than one-third of countries reported having a mechanism for compulsory treatment for alcohol use disorders in addition to criminal sanctions.

4.1.8 Drug courts

Background

Respondents were asked to report on the existence of a system of drug courts*.

Findings

- The majority of the countries of the Eastern Mediterranean Region (77%) reported having no system of drug courts.
- Three countries (13%) reported having a system of drug courts.

4.2 Financing

4.2.1 Budget line for prevention/ treatment

Background

Respondents were asked to indicate all of the ministries with a specific budget line* for prevention of substance use and/or for treatment of substance use disorders (Fig. 21).

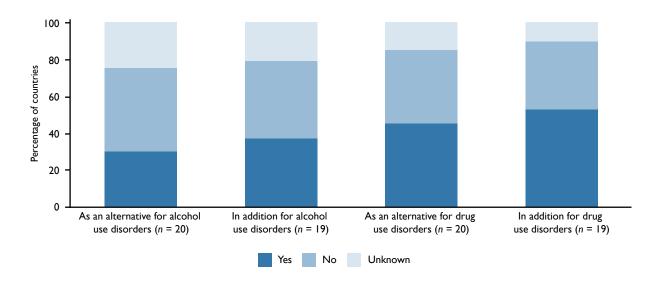


Fig. 20. Existence of a mechanism of compulsory treatment as an alternative and/or in addition to criminal sanctions

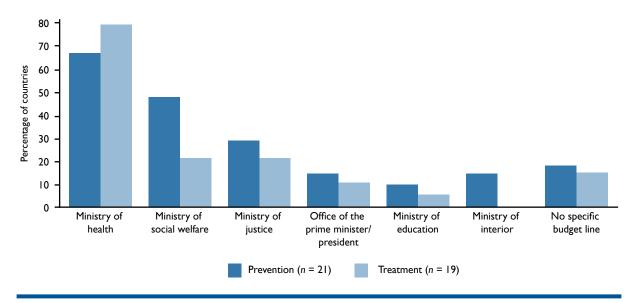


Fig. 21. Ministries with (a) specific budget line(s) for prevention/treatment of substance use disorders

If the ministry of health was reported as having a specific budget line, respondents were requested to report on the other areas also covered by this budget line (Fig. 22).

Findings

 The ministry of health was reported by the majority of the countries of the Eastern Mediterranean Region as having a

- budget line for prevention and treatment of substance use disorders.
- 19% of the countries reported having no specific budget line for prevention of substance use.
- 15% of the countries reported having no specific budget line for treatment of substance use disorders.

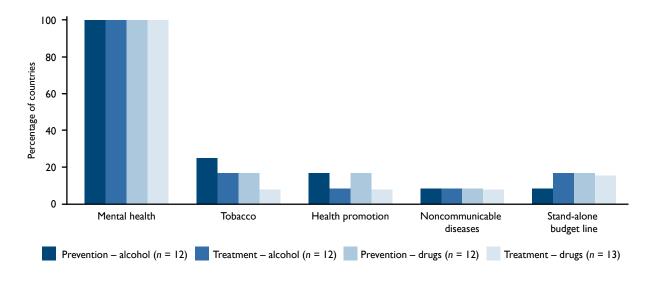


Fig. 22. Areas included in the budget line(s) for prevention and treatment of substance use at the Ministry of Health

- Among the countries with a specific budget line at the ministry of health, all of them reported that this budget line also covered mental health.
- Among the countries with a specific budget line at the ministry of health, 16% reported having a stand-alone budget line for prevention of drug use and 15% reported having a stand-alone budget line for treatment of drug use disorders.

Notes and comments

- Two countries reported that the ministry of health has a specific budget line for treatment of drug use disorders.
- One country reported that the ministry of health has a specific budget line for prevention of drug use.
- Two countries reported that the ministry of the interior has a specific budget line for prevention of drug use.

4.2.2 Financing methods for treatment services

Background

Respondents were requested to indicate the main financing method for different treatment

services for substance use disorders. For each treatment service, it was asked to select one of the following financing methods: government financing*, employer financing*, household financing*, nongovernmental organization and other external financing*, or Global Fund financing (Fig. 23 and 24).

Findings

- The majority of the countries of the Eastern Mediterranean Region reported that government financing is the main financing methods for treatment services for alcohol and drug use disorders.
- Between 18% and 31% (depending on the treatment services) of countries reported that direct out-of-pocket payment is the main financing method for treatment for alcohol use disorders.

Notes and comments

• The response rate to this question varied between 31% and 81% because some treatment services are not available in some countries, such as opioid agonist maintenance therapy or outpatient detoxification for alcohol use disorders.

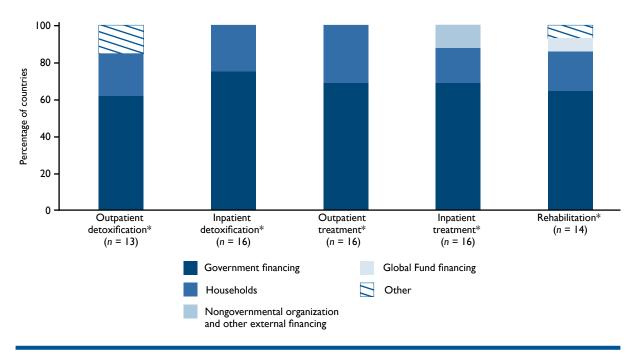


Fig. 23. Main financing method for treatment services for alcohol use disorders

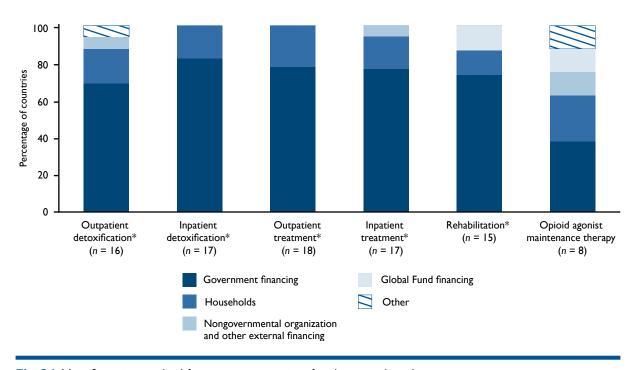


Fig. 24. Main financing method for treatment services for drug use disorders

 The question asked for the main financing method for each treatment service, and for some respondents, it was not possible to report a single financing method. Indeed, countries combine several methods to fund treatment for substance use disorders.

4.2.3 Hypothecated taxes

Background

Respondents were asked about hypothecated taxes* designated to be spent on treatment and prevention of substance use disorders.

Findings

- More than 81% of the countries of the Eastern Mediterranean Region reported having no hypothecated taxes designated specifically to be spent on the treatment and prevention of substance use disorders.
- One country reported having hypothecated taxes designated to be spent on the prevention and treatment of substance use disorders.

4.2.4 Social support

Background

Respondents were asked whether people with substance use disorders were eligible to receive government benefits, either monetary (e.g. disability payment or income support) or nonmonetary (e.g. housing support, access to employment, educational assistance, subsidies for food) (Fig.25).

Findings

- The majority of the countries of the Eastern Mediterranean Region reported that people with substance use disorders are not eligible to receive government benefits of any form.
- However, 27% of the countries reported that people with substance use disorders are eligible to receive government benefits in the form of monetary support.

4.3 Service organization and delivery

4.3.1 Treatment sectors and providers

4.3.1.1 Main sector for treatment services

Background

Respondents were asked to indicate in what sector the majority of the people receive treatment services for substance use disorders. For each treatment service, they were asked to select one of the following sectors: public health sector, private health sector, public social care sector, private social care sector, criminal justice sector and nongovernmental organizations (Fig. 26 and 27).

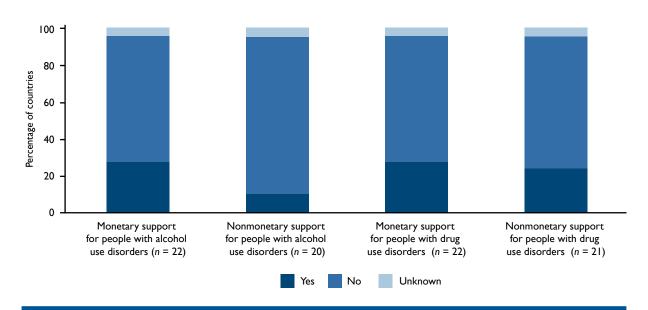


Fig. 25. Government benefits for people with substance use disorders

Findings

• The public health sector was reported by the majority of the countries of the Eastern Mediterranean Region to be the main sector for providing treatment services for alcohol and drug use disorders.

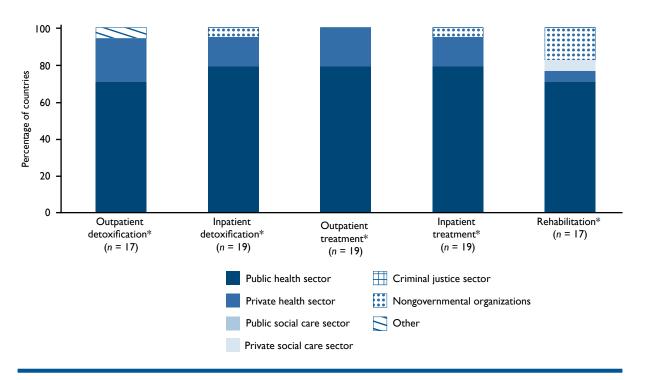


Fig. 26. Main sector providing treatment services for alcohol use disorders

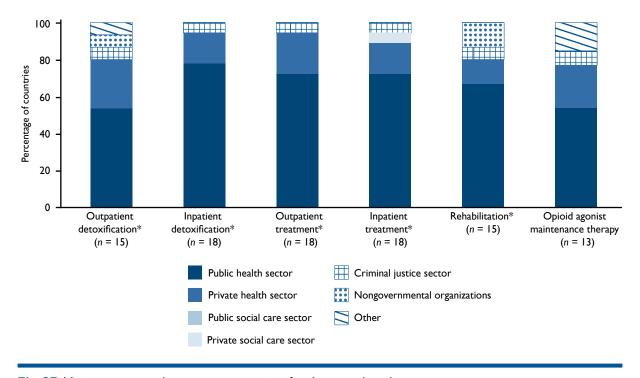


Fig. 27. Main sector providing treatment services for drug use disorders

Notes and comments

- The response rate to this question varied between 59% and 86% because some treatment services are not available, such as opioid agonist maintenance therapy and outpatient detoxification.
- Moreover, the question asked for the sector in which the majority of the people received treatment services, and for some respondents it was not possible to report a single sector as the main provider. Countries appear to use different sectors for providing treatment services.

4.3.1.2 Main providers of treatment services

Background

Respondents were asked to select the five main providers for treatment services for substance use disorders. The most important treatment provider was defined in terms of coverage of the target population (Fig. 28 and 29).

Findings

 Mental health facilities were reported by 47% of the countries of the Eastern

- Mediterranean Region to be the main provider of treatment services for alcohol use disorders.
- Stand-alone treatment facilities were reported as the main provider of treatment services for drug use disorders by more than 44% of the countries of the Region.
- Mental health facilities were reported as the second main provider of treatment services for drug use disorders by 39% of the countries of the Region.

Notes and comments

 Not all of the countries which responded to the question provided responses to ranks four and five. Thus, the response rate for these ranks is lower than for the first three ranks.

4.3.1.3 Specialized treatment facilities for substance use disorders

Background

Respondents were asked if there are privately or publicly funded specialized treatment facilities*¹⁶ for substance use disorders in

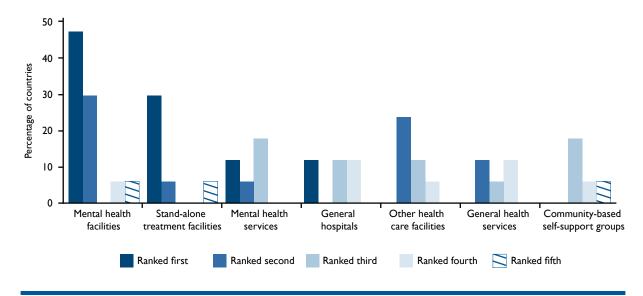


Fig. 28. Ranking of the most important providers for treatment services for alcohol use disorders (n = 17)

¹⁶ Specialized facilities designed and designated for treatment of substance use disorders. This category also includes mental health care facilities that offer specialized treatment for substance use disorders.

different regions in the country, such as the capital city, other major cities*, or in other areas* (Fig. 30).

Findings

- The majority of the countries of the Eastern Mediterranean Region reported having publicly funded specialized treatment facilities for substance use disorders in the capital city.
- 28% of the countries of the Region reported having publicly funded specialized treatment facilities for substance use disorders in areas of the country other than the capital city or other major cities.

Notes and comments

 The response rate for private facilities is lower than for public facilities as data may be less available.

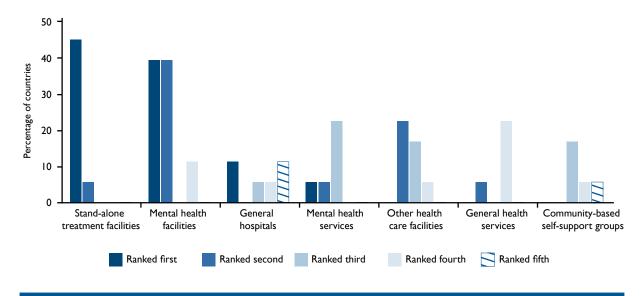


Fig. 29. Ranking of the most important providers for treatment services for drug use disorders (n = 18)

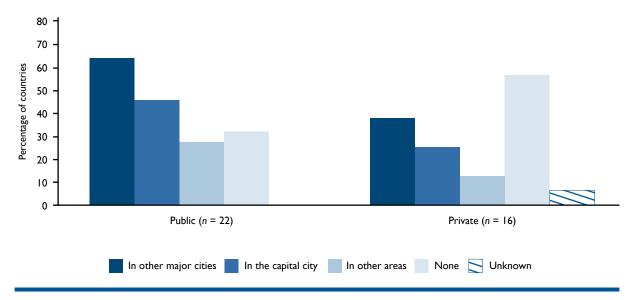


Fig. 30. Specialized treatment facilities for substance use disorders

4.3.1.3 Standards of treatment and care for specialized treatment services

Background

Respondents were asked about the existence of national standards of treatment and care for the public specialized treatment services.

Findings

- 41% of the countries of the Eastern
 Mediterranean Region reported having
 national standards of treatment and care
 for public specialized treatment facilities.
- 54% of the countries of the Region reported having no national standards of treatment and care for public specialized treatment facilities.

4.3.2 Beds, treatment episodes and treatment coverage

4.3.2.1 Main substances reported at treatment entry

Background

Respondents were asked about the five main substances that are most commonly reported as being the main drug at treatment entry (i.e. primary diagnosis) (Fig. 31).

Findings

- Cannabis and opioids are reported by 27% of the countries as the main substances that are reported at treatment entry and by 22% of the countries as the second main substances reported at treatment entry.
- Sedatives, anxiolytics and sleeping pills are reported by 45% of the countries as the third main substances reported at treatment entry.

Notes and comments

 Not all of the countries which responded to the question provided responses to rank four and five. Thus, the response rate for these ranks is lower than for the first three ranks.

4.3.2.2 Number of beds for substance use disorders

Background

Respondents were asked to report on the total number of beds available for inpatient treatment of substance use disorders in general health care facilities, mental health care

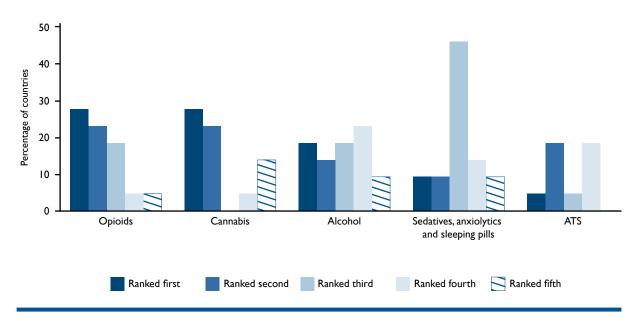


Fig. 31. Ranking of the main substances that are most commonly reported at treatment entry (n = 22)

facilities and specialized health care facilities¹⁷, either publicly or privately funded (Table 9).

Findings

 Overall, the median number of beds for substance use disorders is 0.73 per 100 000 population.

Notes and comments

 Only 13 countries provided data on the number of beds for treatment of substance use disorders.

4.3.2.3 Number of treatment episodes for substance use disorders

Background

Respondents were asked about the total number of treatment episodes in specialized treatment facilities for substance use disorders during the most recent year for which data were available (Table 10).

Findings

• Overall, the number of treatment episodes for substance use disorders is 9.17 per 100 000 population.

Notes and comments

 Only 10 countries provided data on the number of treatment episodes for substance use disorders.

4.3.2.4 Treatment coverage for substance dependence

Background

Respondents were asked to indicate the treatment coverage, i.e. the proportion of people with alcohol dependence, opioid dependence, cocaine dependence or cannabis dependence (including those who are not seeking treatment) that are in contact with treatment services¹⁸ (Fig. 32).

Table 9. Bed availability for inpatient treatment of substance use disorders			
	Median number of beds (per 100 000 population) for treatment of substance use disorders		
Public general health care facilities $(n = 2)$	1.11		
Public mental health care facilities $(n = 3)$	0.17		
Private mental health care facilities $(n = 1)$	0.92		
Public specialized health care facilities $(n = 10)$	0.80		
Private specialized health care facilities I $(n = 2)$	0.70		
Other public health care facilities $(n = 2)$	1.33		
Total (n = 13)	0.73		

Table 10.Total number of treatment episodes	
	Number of treatment episodes for substance use disorders
Public outpatient specialized health care facilities $(n = 7)$	31.97
Public inpatient specialized health care facilities $(n = 7)$	9.22
Private inpatient specialized health care facilities $(n = 3)$	3.10
Other publicly funded facilities $(n = 1)$	9.17
Other privately funded facilities $(n = 1)$	608.25
Total (n = 10)	9.17

¹⁷ For this question, this includes specialized health care facilities for substance use disorders only and does not include specialized mental health care facilities that offer specialized treatment for substance use disorders

¹⁸ Here defined as currently receiving treatment or in remission or relapse, but still in contact with treatment services.

Findings

- Between 45 and 52% (depending on the substance dependence) of the countries of the Eastern Mediterranean Region reported that the treatment coverage for substance dependence is unknown.
- 27% of the countries of the Region reported that the treatment coverage for alcohol dependence is very limited.

4.3.2.5 Access to treatment for substance dependence

Background

Respondents were asked about the proportion of people who seek treatment for substance dependence that receive such treatment¹⁹ (Fig. 33).

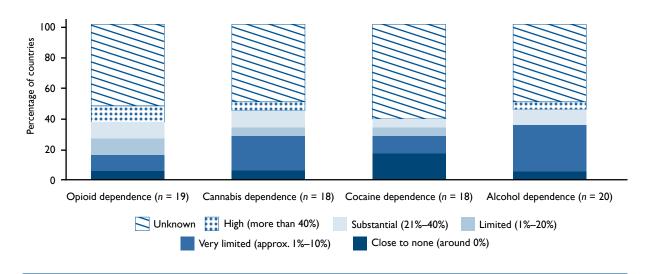


Fig. 32. Treatment coverage for substance dependence

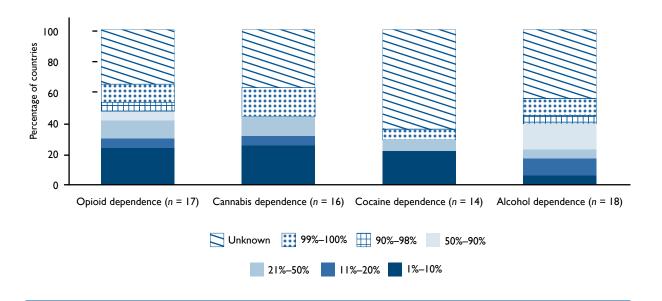


Fig. 33. Proportion of people who seek treatment and receive treatment

¹⁹ Here defined as commencing treatment. If the person leaves treatment of their own accord they are not considered as demanding.

Findings

- Between 23% and 40% (depending on the substance dependence) of the countries of the Eastern Mediterranean Region reported that the proportion of people who seek treatment and receive treatment for substance dependence is unknown.
- 19% of the countries of the Region reported that the proportion of people who seek treatment and receive treatment for opioids and cannabis dependence is very low, i.e. 1% to 10%.

4.3.3 Pharmacological treatment

4.3.3.1 Guidelines on pharmacological treatment

Background

Respondents were asked if there are guidelines on the pharmacological treatment of substance use disorders (alcohol and/or drug use disorders).

Findings

Half of the countries of the Eastern
 Mediterranean Region reported having
 guidelines on pharmacological treatment
 for substance use disorders.

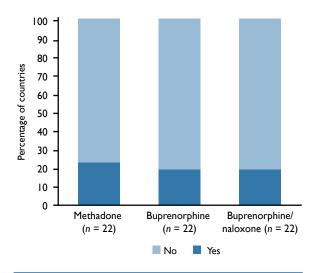


Fig. 34. Availability of pharmacotherapies for detoxification treatment of opioid dependence

 Two countries of the Region reported having guidelines on pharmacological treatment only for drug use disorders.

4.3.3.2 Pharmacotherapy

Background

Respondents were asked whether opioid agonist pharmacotherapy with methadone, buprenorphine and buprenorphine/naloxone is used for detoxification and maintenance treatments (Fig. 34 and 35).

Findings

 The majority of the countries of the Eastern Mediterranean Region reported that opioid agonist pharmacotherapy is not available.

4.3.3.3 Medications

Background

Respondents were asked about the registration of specific medications in their country, their availability for use in publicly funded treatment services and whether outpatient dosing is supervised²⁰ (Fig. 36–38).

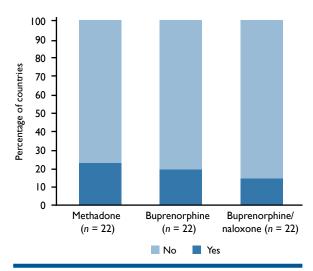


Fig. 35. Availability of pharmacotherapies for maintenance treatment of opioid dependence

²⁰ Refers to whether outpatients are required to have doses supervised daily unless an individual assessment determined that daily supervision of dosing is not necessary. In supervised methadone treatment, for example, patients come each day for their dose at the beginning of treatment until they are assessed as suitable to receive take-home methadone.

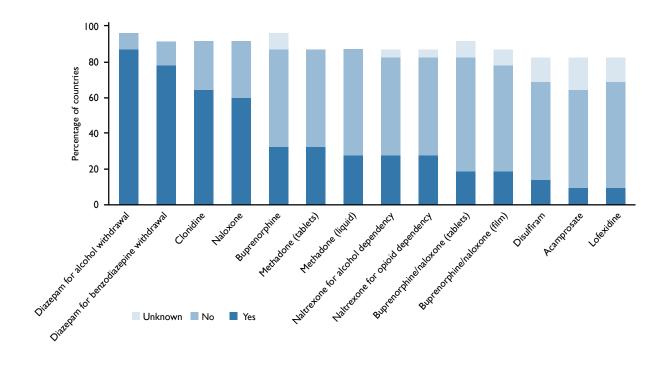


Fig. 36. Registration of medications (n = 22)

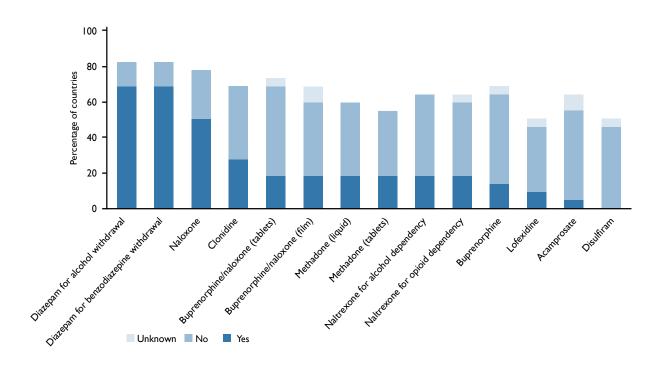


Fig. 37. Availability of medications in publicly funded treatment services (n = 22)

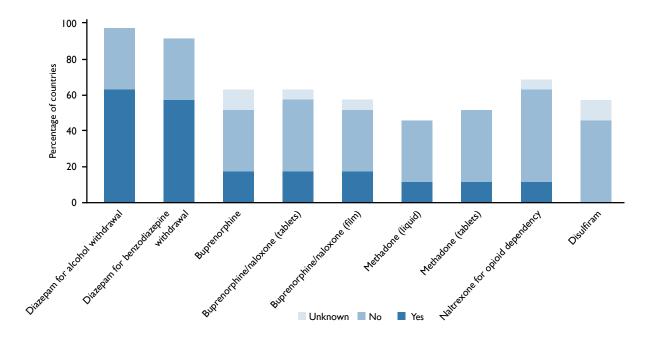


Fig. 38. Supervision of dosing for outpatient treatment (n = 22)

Findings

- The following substances are available in the majority of the countries of the Eastern Mediterranean Region: diazepam for alcohol or benzodiazepine withdrawal, clonidine for opioid withdrawal, and naloxone for opioid overdose.
- Diazepam and naloxone are available in publicly funded treatment services in more than 50% of the countries of the Region.

Notes and comments

 Not all of the countries that responded to the question provided responses for all of the mentioned medications. Thus, the response rate for some medications is lower than for others.

4.3.4 Special programmes and services

4.3.4.1 HIV and hepatitis C testing and treatment in specialized facilities and services for substance use disorders

Background

Respondents were asked to report on the percentage of the total specialized facilities and services for substance use disorders that provide HIV and hepatitis C testing, counselling and treatment (Fig. 39 and 40).

Findings

- 33% of the countries of the Eastern
 Mediterranean Region reported that most
 of the specialized treatment facilities for
 substance use disorders provide HIV and
 hepatitis C testing and counselling as well
 as HIV treatment.
- 37% of the countries of the Region reported that a few of the specialized treatment facilities for substance use disorders provide hepatitis vaccination.

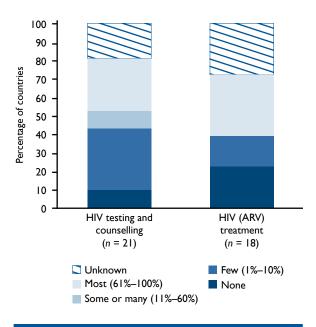


Fig. 39. Percentage of the total number of specialized facilities and services for substance use disorders that provide HIV testing, counselling and treatment

Notes and comments

 The response for hepatitis vaccination and hepatitis treatment was lower than for the other items.

4.3.4.2 Availability of programmes

Background

Nominated focal points were requested to report whether the following programmes are readily²¹ available: needle/syringe exchange programmes, outreach services for injecting drug users, "drop-in" services, naloxone distribution and condom distribution (Fig. 41).

Findings

 Needle/syringe exchange programmes are reported to be available by 33% of the countries of the Eastern Mediterranean Region.

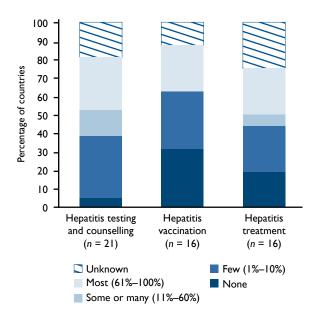


Fig. 40. Percentage of the total number of specialized facilities and services for substance use disorders that provide hepatitic testing, counselling, vaccination and treatment

 31% of the countries of the Region reported having condom distribution programmes.

4.3.4.3 Special treatment programmes for women with substance use disorders

Background

Respondents were asked about the existence of special treatment programmes for women with substance use disorders in different parts of the country (Fig. 42).

Findings

 The majority of the countries of the Eastern Mediterranean Region reported that there are no special treatment programmes for women with substance use disorders.

²¹ In this context means for the majority of the (specific) population irrespective of insurance status and place of residence and in a reasonable time period.

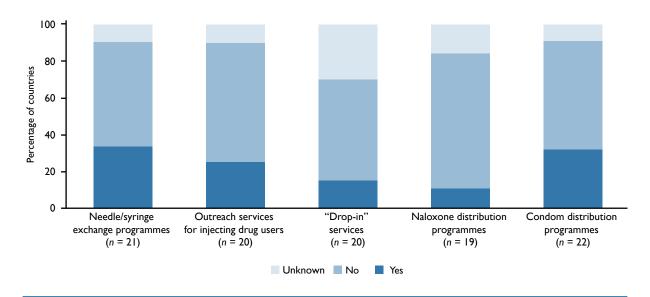


Fig. 41. Availability of harm reduction programmes

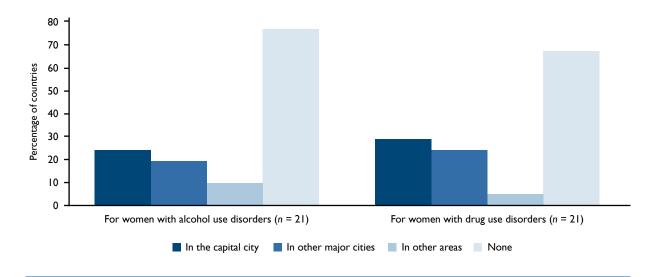


Fig. 42. Special treatment programmes for women with substance use disorders

4.3.4.4 Special treatment programmes for children and adolescents with substance use disorders

Background

Respondents were asked about the existence of special treatment programmes for children and adolescents with substance use disorders in different parts of the country (Fig. 43).

Findings

 The majority of the countries of the Eastern Mediterranean Region reported that there are no special treatment programmes for children and adolescents with substance use disorders.

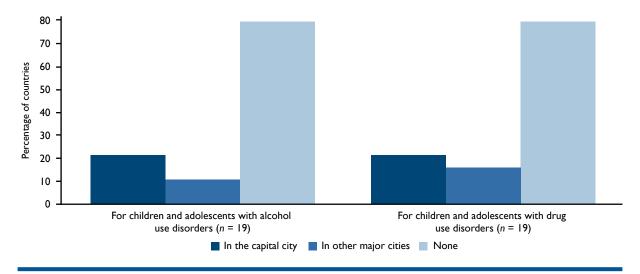


Fig. 43. Special treatment programmes for children and adolescents with substance use disorders

4.3.4.5 Special programmes for gambling disorders

Background

Respondents were asked about the existence of special treatment programmes for people with gambling disorders in different parts of the country.

Findings

 No country of the Eastern Mediterranean Region reported having special treatment programmes for people with gambling disorders.

4.3.4.6 Special housing services

Background

Respondents were asked about the existence of special housing services for people with substance use disorders as part of the treatment and rehabilitation process. They were requested to indicate the location of these services, i.e. in the capital city, in other major cities or in other areas (Fig. 44).

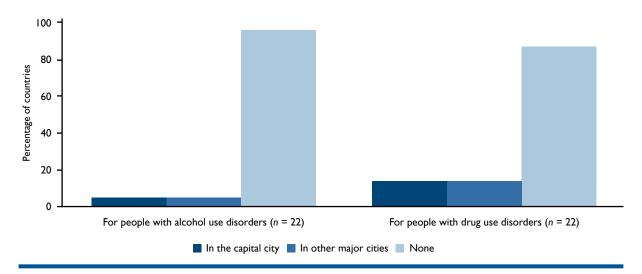


Fig. 44. Special housing services for people with substance use disorders

Findings

 The majority of the countries of the Eastern Mediterranean Region reported that there are no special housing services for people with substance use disorders.

4.3.4.7 Employment services

Background

Respondents were asked about the existence of employment services for people with substance use disorders as part of the treatment and rehabilitation process. They were requested to indicate the location of these services, i.e. in the capital city, in other major cities or in other areas (Fig. 45).

Findings

 The majority of the countries of the Eastern Mediterranean Region reported that there are no employment services for people with substance use disorders.

4.3.4.8 Open access interventions

Background

Respondents were asked to report on the availability of open access interventions for addressing substance use disorders in their country. They were asked to report

on the existence of telephone help-lines, web-based interventions or mobile phone-based interventions for alcohol and drug use (Fig. 46 and 47).

Findings

- The majority of the countries of the Eastern Mediterranean Region reported that there are no open access interventions for alcohol or drug use.
- Telephone help-lines for drug use were reported by 28% of the countries of the Region.
- Telephone help-lines for alcohol use were reported by 23% of the countries.

4.3.4.9 Mutual support/self-help groups

Background

Respondents were asked about the availability of mutual support/self-help groups* in different parts of the country (Fig. 48).

Findings

• The majority of the countries of the Eastern Mediterranean Region reported that Narcotics Anonymous, Cocaine Anonymous, Al-Anon/Alateen and family support groups are not available.

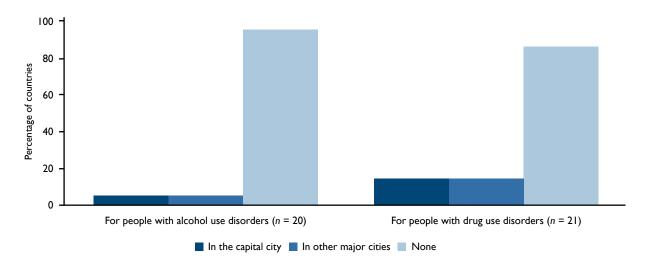
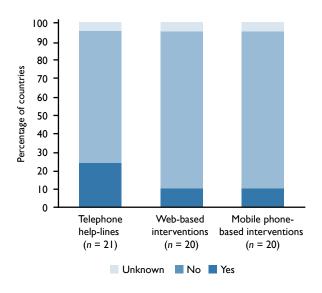


Fig. 45. Employment services for people with substance use disorders



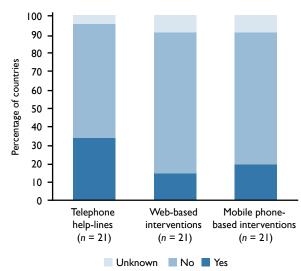


Fig. 46. Open access interventions for alcohol use

Fig. 47. Open access interventions for drug use

- 35% of the countries of the Region reported that Narcotics Anonymous is available in the capital city or other major cities in the country.
- 31% of the countries reported that Alcoholics Anonymous is available in the capital city or other major cities in the country.

4.3.5 Prevention

4.3.5.1 Prevention programmes

Background

Respondents were required to indicate the existence of different tools/programmes for prevention of substance use and substance use disorders. They were also requested to indicate the estimated coverage of the target population for each tool/programme (Fig. 49–51).

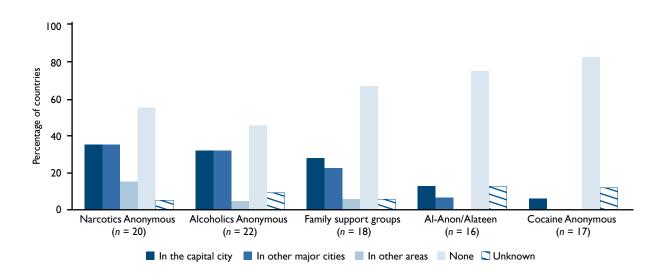


Fig. 48. Availability of mutual support/self-help groups

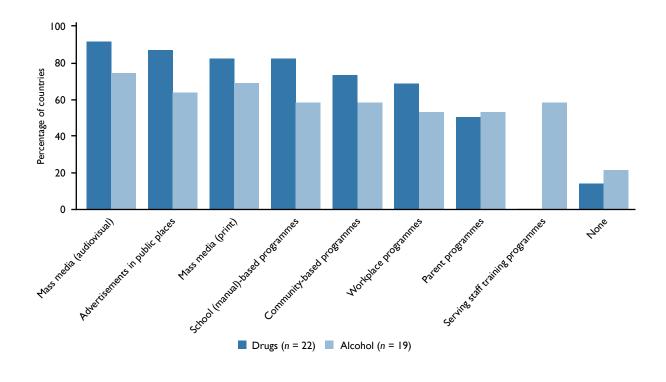


Fig. 49. Availability of prevention programmes for alcohol and drugs

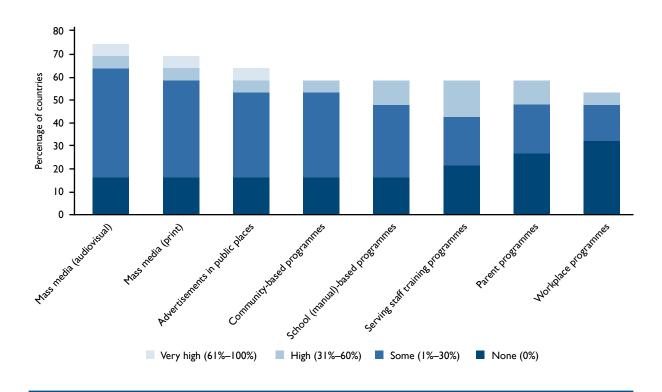


Fig. 50. Coverage of prevention programmes for alcohol use (n = 19)

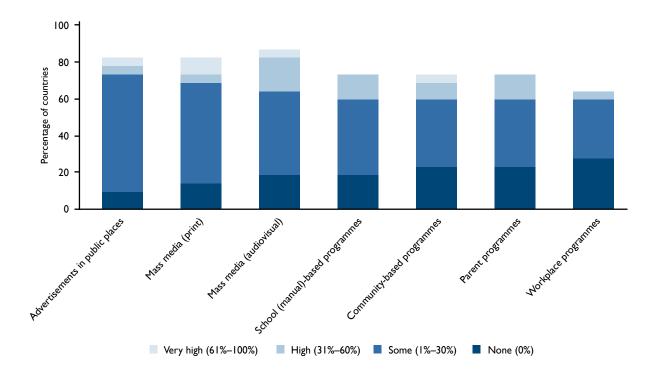


Fig. 51. Coverage of prevention programmes for drug use (n = 22)

Findings

- Prevention programmes are available in the majority of the countries of the Eastern Mediterranean Region.
- Overall, more countries of the Region reported having prevention programmes for drug use than for alcohol use.
- The coverage of prevention programmes varies between the types of programme, but is overall higher for drug use than for alcohol use.

Notes and comments

 Not all of the countries that provided a response to this question responded on all of the prevention programmes.

4.3.5.2 Groups and agencies involved in prevention

Background

Respondents were requested to indicate whether different groups and agencies are

actively involved in prevention of substance use disorders (Fig. 52).

Findings

- Various groups and agencies are reported to be involved in prevention of substance use disorders.
- Nongovernmental organizations are involved in 89% of the countries of the Region, followed by schools (84%) and religious groups (78%).

Notes and comments

 This question does not differentiate between prevention of alcohol or drug use disorders.

4.3.5.3 Prevention programmes for target population groups

Background

Respondents were asked about the existence of specific prevention programmes and/or

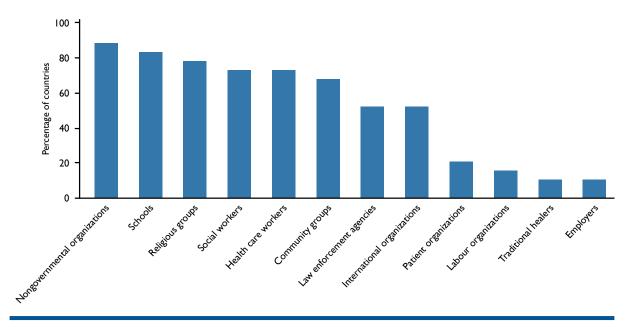


Fig. 52. Groups and agencies involved in prevention of substance use disorders (n = 19)

interventions to reduce substance use and/or substance use disorders specifically targeting population groups (Fig. 53).

Findings

- Prevention programmes for drug use targeting prisoners are reported by 77% of the countries of the Eastern Mediterranean Region.
- Prevention programmes for drug use targeting young people are reported by 77% of the countries of the Region.
- 11% of the countries of the Region reported having specific prevention programmes for drug use among pregnant women.

Notes and comments

 The response rate was lower for prevention programmes for alcohol use compared to those for drug use.

4.3.5.4 Screening and brief interventions in primary health care

Background

Respondents were asked whether primary health care services are expected to implement, according to national guidelines and standards of care, screening²² and brief interventions for hazardous and harmful use of tobacco, alcohol, cannabis and prescription drugs.

Respondents were also asked about the proportion of primary health care services that have implemented screening and brief interventions for harmful and hazardous alcohol and drug use. They were requested to specify whether this is for routine screening (for the majority of patients) or selective screening (for a minority of patients) (Fig. 54 and 55).

Findings

42% of the countries of the Eastern
 Mediterranean Region reported that there

²² Screening can be done by simply asking all pregnant women about substance use and need not involve a standardized screening questionnaire or testing.

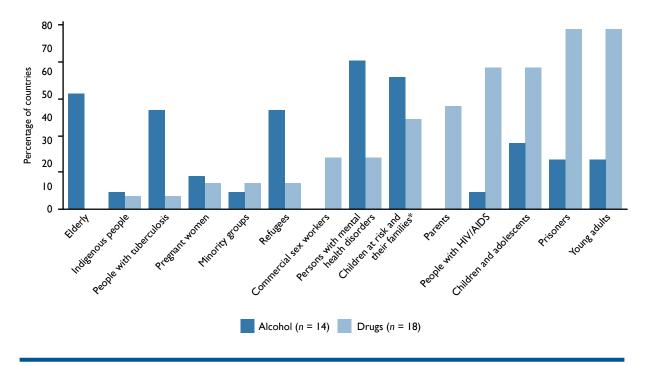


Fig. 53. Prevention programmes for target populations

is no recommendation for screening and brief interventions for alcohol or cannabis use in primary health care services.

- The existence of recommendations for screening and brief interventions for tobacco, alcohol and cannabis use is reported to be unknown by 33% of the countries of the Region.
- More than half of the countries of the Region reported that the proportion of primary care services that have implemented screening and brief interventions for alcohol or drug use is zero.
- Between 23% and 28% (depending on whether it is for routine screening or selective screening) of the countries of the Region reported that the proportion of primary care services that have implemented screening and brief interventions for alcohol or drug use is unknown.

Notes and comments

 Four countries reported that there are recommendations for screening and brief interventions for opioid use in primary health care services.

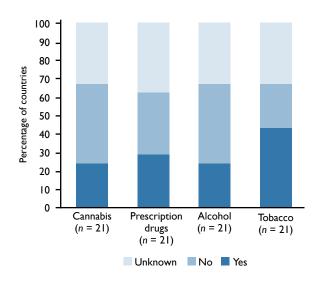


Fig. 54. National guidelines and standards of care recommendations for screening and brief interventions in primary health care services

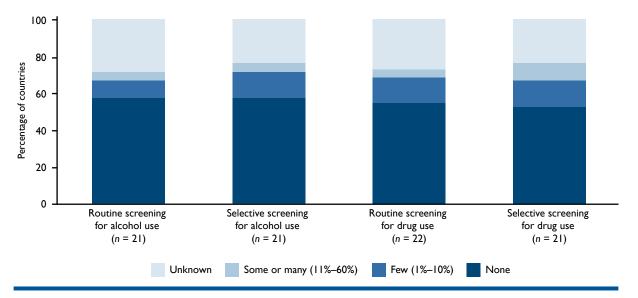


Fig. 55. Proportion of primary care services that have implemented screening and brief interventions for harmful and hazardous substance use

4.3.5.5 Screening and brief interventions in ante-natal services

Background

Respondents were asked whether antenatal services are expected to screen²³ all pregnant women about their use of tobacco, alcohol, cannabis and prescription drugs.

Respondents were also asked about the proportion of antenatal services that have implemented screening and brief interventions for harmful and hazardous alcohol and drug use (Fig. 56 and 57).

Findings

- 45% of the countries of the Eastern
 Mediterranean Region reported having
 recommendations for screening and brief
 interventions for prescription drug use in
 antenatal services.
- Half of the countries of the Region reported that there are no screening and brief interventions for alcohol and drug use in antenatal services.

4.4 Workforce

4.4.1 Professionals providing treatment

Background

Respondents were asked what types of professionals provide treatment and care for management of substance use disorders in their country (Fig. 58).

Findings

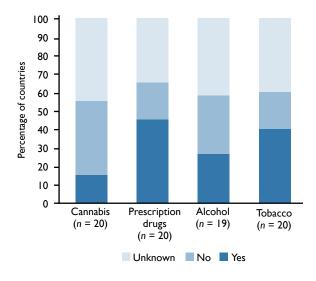
- A range of professionals provides treatment and care for substance use disorders in the Eastern Mediterranean Region. Psychiatrists are reported by all of the countries of the Region.
- 36% of the countries of the Region reported that addiction specialists provide treatment and care for substance use disorders.

4.4.2 Level of educational attainment in prevention/treatment

Background

Respondents were asked what level of educational attainment is possible to achieve in the areas of prevention of substance use and/or treatment of substance use disorders (Fig. 59).

²³ Screening can be done by simply asking all pregnant women about substance use and need not involve a standardized screening questionnaire or testing.



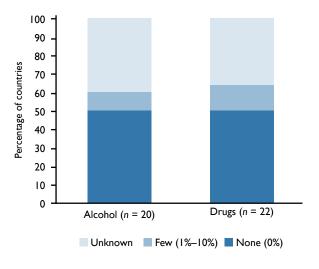


Fig. 56. National guidelines and standards of care recommendations for screening and brief interventions in antenatal services

Fig. 57. Proportion of antenatal services that have implemented screening and brief intervention for substance use

Findings

- Short-cycle tertiary education in prevention is reported by 40% of the countries of the Eastern Mediterranean Region.
- Short-cycle tertiary education in treatment is reported by 31% of the countries of the Region.

 31% of the countries of the Region do not have any educational programme in prevention or treatment.

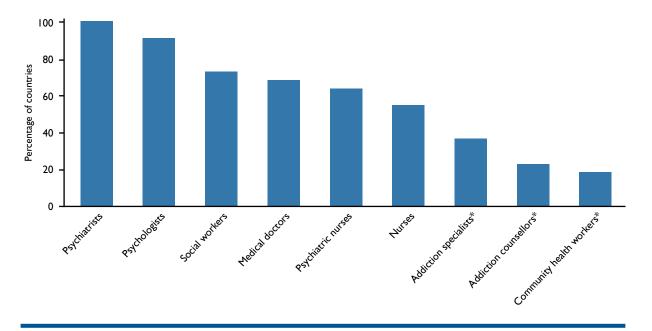


Fig. 58. Professionals providing treatment and care for management of substance use disorders (n = 22)

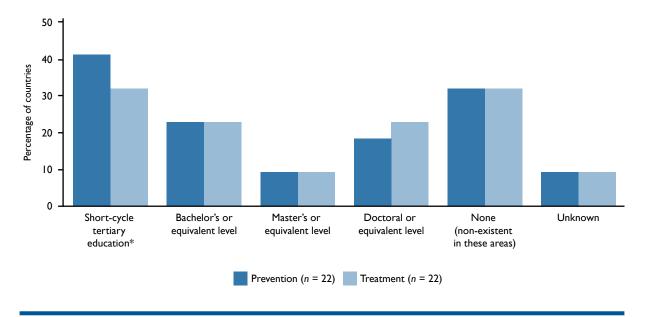


Fig. 59. Level of educational attainment that is possible to achieve in prevention and treatment

4.4.3 Postgraduate training programmes in prevention/treatment

Background

Respondents were asked whether certified postgraduate training programmes* in prevention of substance use and/or treatment of substance use disorders are available for specific professionals (Fig. 60).

Findings

- Postgraduate training programmes in prevention of substance use are available for psychiatrists in 45% of the countries of the Eastern Mediterranean Region.
- Postgraduate training programmes in treatment of substance use disorders are available for psychiatrists in 50% of the countries of the Region.
- 36% and 40% of the countries of the Region reported that there is no postgraduate training programme in prevention and treatment respectively.

4.4.4 Continuing professional development in prevention/treatment

Background

Respondents were requested to report on the availability of continuing professional development/education* for professionals working in the areas of prevention and/or treatment of substance use disorders (Fig. 61).

Findings

- Continuing professional education is available for psychiatrists in more than half of the countries of the Eastern Mediterranean Region.
- 27% of the countries of the Region reported that there is no continuing professional education for professionals working in the area of treatment of substance use disorders.

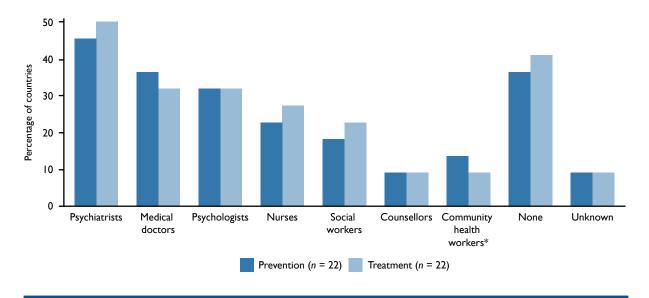


Fig. 60. Availability of postgraduate training programmes in prevention and treatment

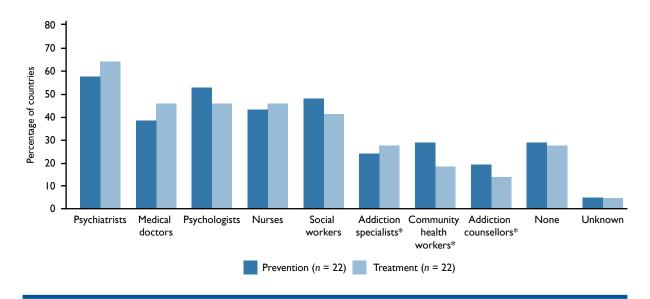


Fig. 61. Availability of continuing professional development/education for professionals working in prevention and treatment

4.4.6 National standards of care for professionals

Background

Respondents were asked whether national standards of care are developed for professionals working with people with substance use disorders (Fig. 62).

Findings

More than half of the countries of the Eastern Mediterranean Region reported having national standards of care for psychiatrists, psychologists and social workers.

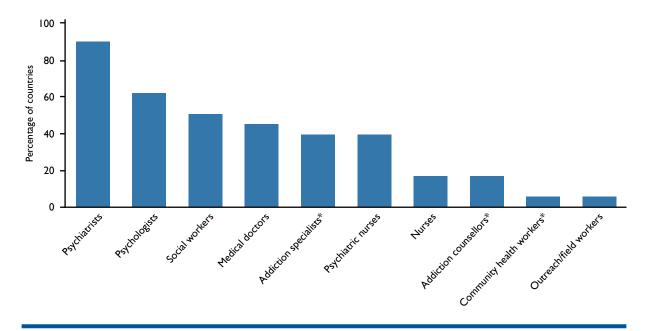


Fig. 62. National standards of care for professionals working with people with substance use disorders (n = 18)

Notes and comments

 The response rate to this question is lower than the other questions regarding the workforce as national standards of care for professionals do not exist in some countries.

4.5 Information systems

4.5.1 Epidemiological data collection system

Background

Respondents were asked to report on the existence of anational system of epidemiological data collection* for psychoactive substance use. They were requested to indicate if the system collects data on alcohol use only, on drug use only, on both, or whether there are two separate data collection systems for alcohol and drug use respectively.

It was also required to report on the frequency of data collection as well as on data collection on specific kinds of drugs. Finally, respondents were asked to report on a national system of epidemiological data collection for substance use among children and adolescents, by means of specific school-targeted surveys, or by means of surveys targeting the general population (Fig. 63–65).

Findings

- More than half of the countries of the Eastern Mediterranean Region do not have an epidemiological data collection system for substance use.
- 27% have an epidemiological data collection system for both alcohol and drug use.
- Among the countries of the Region with an epidemiological data collection system, 62% of them collect data on a regular basis.
- Among the countries of the Region with an epidemiological data collection system, more than half of them collect data on cannabis use, cocaine use, ATS use, opioid use and prescription drug use.

 Among the countries of the Region with an epidemiological data collection system, the vast majority do not have a specific data collection system among children and adolescents.

4.5.2 Data collection system from health services delivery

Background

Respondents were asked about the existence of a national system of data collection based on health services delivery* that collects data on the number of people with substance use disorders. They were requested to indicate if the system collects data for alcohol use disorders only, for drug use disorders only, for both, or whether there are two separate data collection systems for alcohol and drug use disorders respectively (Fig. 66).

Findings

45% of the countries of the Eastern
 Mediterranean Region do not have a data
 collection system based on health service
 delivery for substance use disorders.

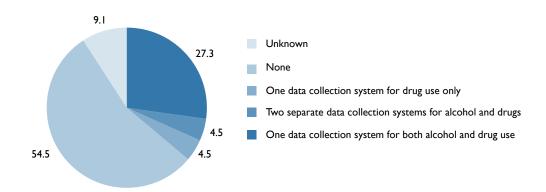


Fig. 63. National system of epidemiological data collection for substance use (n = 22)

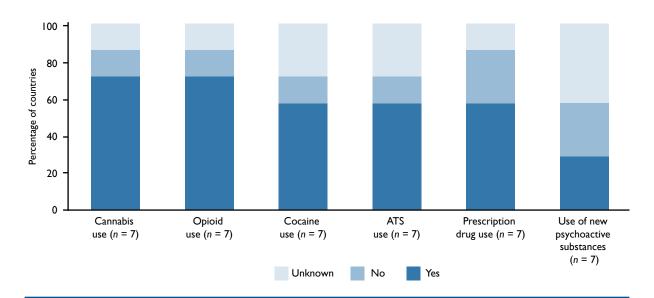


Fig. 64. Data collection for specific drug use

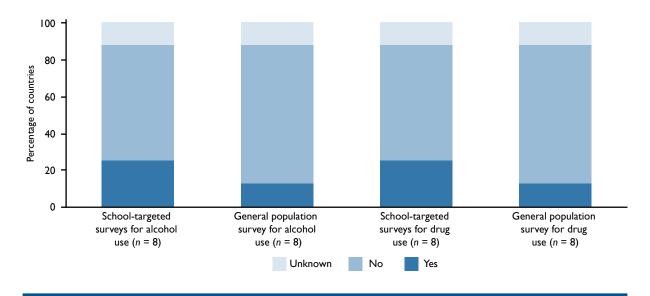


Fig. 65. Epidemiological data collection system among children and adolescents

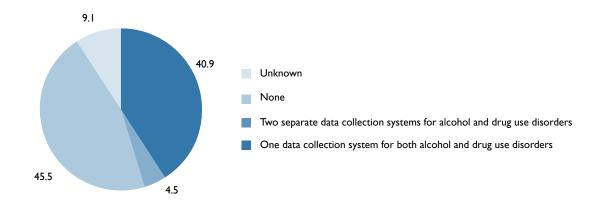


Fig. 66. National system of data collection based on health services delivery (n = 22)

4.5.3 Data reporting

Background

Respondents were asked whether epidemiological data and data from health services delivery have been included in any of the country's reports* in the past five years. They were asked to specify if the data were compiled in a specific substance use report or in a report compiled for general health statistics (Fig. 67).

Findings

- Mediterranean Region reported that epidemiological data on substance use have been reported in the past five years (in a specific substance use report or in a general health statistics report).
- 47% of the countries of the Region reported that data from health services delivery have been reported in the past five years (in a specific substance use report or in a general health statistics report).

4.5.4 Monitoring substance use involvement in death in forensic pathology

Background

Respondents were asked about the existence of a system of monitoring alcohol and drugs involvement in deaths and related deaths (as a direct cause or underlying cause) in forensic pathology. It was asked to specify the location of such system in the country.

Respondents were also asked to report on the existence of a system of monitoring opioid overdose mortality (Fig. 68).

Findings

45% of the countries of the Eastern
 Mediterranean Region have a system of
 monitoring alcohol and drugs involvement
 in forensic pathology, either in forensic
 examinations or in toxicology units.

 Two countries of the Region reported having a system of monitoring opioid overdose mortality.

5. Comparison of data between Atlas 2012 and Atlas 2015

A comparison of Atlas 2012 and Atlas 2015 was conducted to track changes in resources for prevention and treatment of substance use disorders over time. Data collection for these exercises occurred in 2011 and 2014, respectively. The analysis was conducted for the countries that provided data in 2011 and 2014 and was restricted to indicators that were addressed in a similar way between the two assessments. Indeed, in order to improve quality of gathered data, several indicators have been modified and specified for alcohol use disorders and drug use disorders in 2014. In addition, there was an attempt to standardize indicators with the ones collected in the atlases on mental health resources and neurological

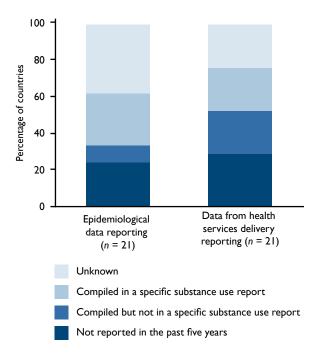


Fig. 67. Epidemiological and health services delivery data reporting

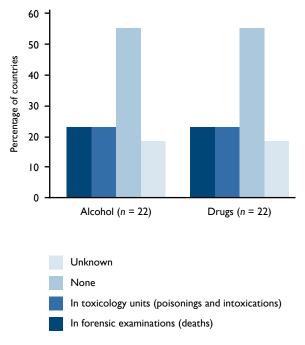


Fig. 68. System of monitoring alcohol and drugs involvement in forensic pathology

resources that were conducted at the global level in 2014 as well.

Overall, differences in the reported level of resources between 2011 and 2014 are small. Increases are observed in many areas, particularly in service organization and delivery. However, these differences may be due to changes in the methodology rather than a real change in the resource base. In addition, these changes may also reflect improvements in collecting the information.

Although the comparison is made on the same countries that provided data in both 2011 and 2014, it should be noted that the response rate increased overall between 2011 and 2014.

A comparison of specific indicators is made in the sections below.

5.1 Leadership and governance (Fig. 69)

5.1.1 Government unit/official

- The same number of countries (i.e. 11) reported having a government unit/ official responsible for treatment of substance use disorders.
- The number of countries reporting having a government unit/official responsible for prevention of substance use has increased from two to 12.

5.1.2 Confidentiality of people in treatment

 The number of countries having a law to protect confidentiality of people in treatment for alcohol drug use disorders has increased from seven to nine.

5.1.3 Compulsory treatment

 In 2014, this indicator was operationalized in a different way which enabled the collection of more precise information.
 But overall, the same number of countries (i.e. seven) reported having a mechanism for offering compulsory treatment.

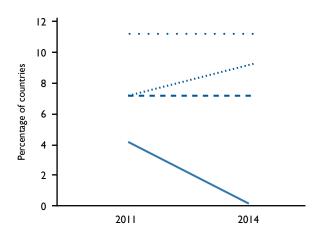
5.1.4 Drug courts

• The number of countries reported having a system of drug courts has decreased. Indeed, in 2011, four countries reported having a system of drug courts, while no country reported that in 2014.

5.2 Financing (Fig. 70)

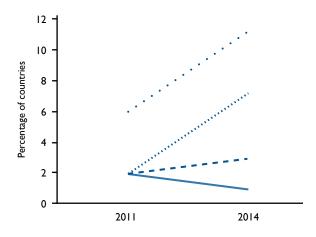
5.2.1 Budget line

- A higher number of countries reported having a specific budget line for prevention and treatment of substance use disorders in 2014 compared to 2011.
- In 2014, 12 countries reported having a budget line for prevention compared to six in 2011.
- In 2014, 11 countries reported having a budget line for treatment compared to six in 2011.
- However, this question was worded differently. In 2014, focal points were requested to indicate which ministries



- Existence of a government unit/ official for treatment of substance use disorders
- Existence of a law for confidentiality of people in treatment
- - Existence of a mechanism for compulsory treatment
- Existence of a system of drug courts

Fig. 69. Comparison of leadership and governance indicators between 2011 data and 2014 data



- Existence of budget line(s) for treatment of substance use disorders
- Government financing as the main financing method for treatment services
- Household financing as the main financing method for treatment services
- Monetary support for people with substance use disorders

Fig. 70. Comparison of financing indicators between 2011 data and 2014 data

have a specific budget line for treatment of substance use disorders, while in 2011 focal points were asked whether there is a specific budget line in the annual budget of the government for treatment services for substance use disorders. Thus, this increase may reflect a difference in how this indicator was operationalized rather than a real difference in resources.

5.2.2 Financing methods for treatment services

• In 2011, respondents were asked to indicate the most common financing method for treatment services for alcohol use disorders and for drug use disorders. This item was worded differently in 2014. Respondents were requested to indicate the main financing method for specific treatment services for alcohol and drug use disorders. These treatment services were the following: outpatient detoxification, inpatient detoxification, inpatient treatment,

- rehabilitation and opioid agonist maintenance therapy.
- The number of countries that reported having government financing as the main financing method for all treatment services for alcohol use disorders has increased from three to six between 2011 and 2014.
- Regarding treatment services for drug use disorders, the number of countries that reported government financing as the main financing method increased from two to seven.
- In terms of household financing, there
 has been a decrease from two to one in
 the number of countries reporting this
 method as the main financing method for
 treatment services for alcohol and drug
 use disorders.

5.2.3 Social support

- Two countries reported having government benefits in the form of monetary support for people with substance use disorders in 2014, while one country reported that in 2011.
- For the other countries that responded in 2011 and 2014, no change has been reported.

5.3 Service organization and delivery

5.3.1 Number of beds

• When comparing the same countries that provided data in both 2011 and 2014, the number of beds per 100 000 population decreased from 0.4 in 2011 to 0.31 in 2014, which corresponds to a 20% decrease (Fig. 71). It is important to note that the population in these countries increased by 10% between 2011 and 2014.

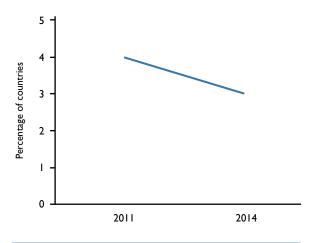


Fig. 71. Comparison of the number of beds for treatment of substance use disorders per 100 000 population between 2011 and 2014

5.3.2 Main substances reported at treatment entry

- Changes have been observed in the ranking of the three main substances reported at treatment entry.
- In 2011, alcohol was reported as the main substance at treatment entry, cannabis the second and opioids the third.
- In 2014, cannabis was reported as the main substance at treatment entry, followed by opioids and alcohol.

5.3.3 Guidelines on pharmacological treatment

 The number of countries reporting having guidelines on pharmacological treatment for substance use disorders has increased from seven to nine between 2011 and 2014.

5.3.4 Availability of opioid agonist pharmacotherapy

 Between 2011 and 2014, the number of countries that reported having methadone available for opioid detoxification and/or maintenance treatment has increased from three to six (Fig. 72).

5.3.5 Harm reduction programmes

- An increase in the number of countries having harm reduction programmes is observed between 2014 and 2011. Indeed, in 2014 three countries reported having needle/syringe exchange programmes while two reported that in 2011.
- The number of countries that reported having outreach services for injecting drug users increased from two to four.
- Two countries reported having naloxone distribution programmes in 2014, while none reported such programmes in 2011.

5.3.6 Open access interventions

- The number of countries that reported having telephone help-lines for drug use increased from three to four between 2011 and 2014.
- One country reported having web-based interventions for drug use while none reported such interventions in 2011.

5.3.7 Mutual support/self-help groups

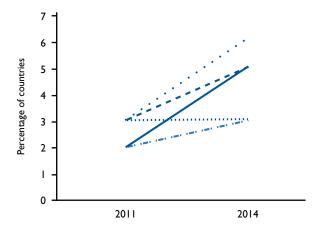
- Overall, a slight increase in the number of countries having Alcoholic Anonymous groups (six in 2011 and eight in 2014) and Cocaine Anonymous groups (zero in 2011 and one in 2014) is observed between 2011 and 2014.
- However, the number of countries reporting having Al-Anon/Alateen decreased from four to one between 2011 and 2014.

5.3.8 Screening and brief interventions in primary health care

• Three countries reported having implemented screening and brief interventions for alcohol or drug use in primary health care.

5.3.9 Groups and agencies involved in prevention

 A slight increase in the number of countries reporting specific groups



- Availability of methadone for detoxification or maintenance treatment
- - Availability of open access interventions for drug use
- Implementation of screening and brief interventions in primary health care
- Existence of prevention programmes for children at risk and their families
- Availability of needle/syringe exchange programmes

Fig. 72. Comparison of service organization and delivery indicators between 2011 data and 2014 data

- and agencies involved in prevention is observed between 2011 and 2014.
- The number of countries that reported that social workers are involved in prevention increased from five to 11 between 2011 and 2014.
- Four additional countries (five in 2011 and nine in 2014) reported that community groups are involved in prevention.

5.3.10 Prevention programmes

- In 2014, 13 countries reported having community-based programmes for drug use, compared to eight in 2011.
- In 2013, 13 countries reported having work place programmes for drug use compared to six in 2011.
- The number of countries reporting having school-based programmes for drug use increased from 11 in 2011 to 13 in 2014.

5.3.11 Prevention programmes for target populations

- Overall, more countries reported having specific prevention programmes for target populations.
- In 2011, six countries reported having special prevention programmes for drug use among prisoners, and in 2014, 10 countries reported having such programmes.
- The number of countries reported having prevention programmes for drug use targeting people with HIV/AIDS, increased from three in 2011 to six in 2014.
- Regarding prevention programmes for drug use among children at risk and their families, two countries reported such programmes in 2011, while five countries reported that in 2014.

5.4 Workforce

5.4.1 National standards of care for professionals

- The number of countries reporting having national standards of care for professionals working with substance use disorders increased from four to 10 between 2011 and 2014.
- However, it should be highlighted that this question was worded differently in 2014. Focal points were requested to indicate the professional categories that have national standards of treatment and care, whereas in 2011 focal points were asked whether there are national standards of care developed for professionals providing treatment for people with substance use disorders. This increase might reflect a difference in how this indicator was operationalized rather than a real difference in resources.

5.5 Information systems (Fig. 73)

5.5.1 Epidemiological data collection system among children and adolescents

• The number of countries reporting having an epidemiological data collection system increased from five in 2011 to seven in 2014.

5.5.2 Data collection system from health services delivery

 In 2014, one additional country (six in 2011 and seven in 2014) reported having a data collection system for substance use disorders based on health services delivery compared to 2011.

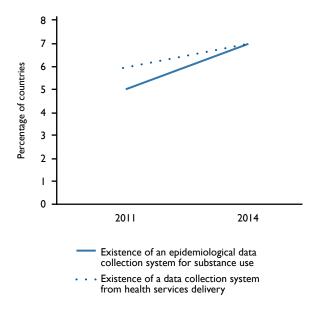


Fig. 73. Comparison of information systems indicators between 2011 data and 2014 data

6. Conclusion

Information on substance use in the Eastern Mediterranean Region is scarce and not updated. All efforts to collect data on the epidemiology of alcohol and drug use need to be guided in order to assess the needs and plan resources accordingly. Tools such as the global school-based student health survey should be conducted on a regular basis in order to monitor substance use among children and young adolescents.

Current estimates show that the burden of drug use disorders in the Region is high compared to global estimates, which highlights the importance of considering substance use and substance use disorders in health policy.

Resources for the prevention and treatment of substance use disorders varies across countries,

but remains overall insufficient to provide adequate care and treatment for people with substance use disorders.

Social support such as government benefits, housing or employment services are rarely available for people with substance use disorders. Interventions that have proven to be efficient, such as pharmacotherapy or screening and brief interventions, are available in a minority of the countries in the Region. Services should be scaled up to be available in all parts of each country and not limited to the major cities.

More important, information systems should be strengthened and data collected in a systematic way in order to provide the information needed for planning services and resources.

Glossary

- Addiction counsellors: professionals certified to work as counsellors for patients with substance use disorders and behavioural addictions after completion of formal training of varying intensity. Educational requirements for addiction counsellors vary depending on the type of certification, and higher levels of certification may require bachelor's or equivalent level of education.
- Addiction specialists/narcologist: medical doctors with specialization in addiction medicine/narcology.
- Budget line: source of money available and allocated for actions directed towards treatment and prevention of substance use disorders.
- Community health workers:

 members of a community who are chosen
 by community members or organizations
 to provide basic health and medical care
 to their community. Other names for
 this type of health care provider include
 village health worker, community health
 aide, community health promoter and lay
 health adviser.
- Continuing professional development/education: any certified training activities that are followed by people after completion of their formal professional training in order to maintain skills and knowledge related to their professional career.
- **Detoxification:** refers to a relatively short-term treatment aimed at withdrawing an individual from the effects of a psychoactive substance and usually involves clinical management of intoxication and/or withdrawal syndrome in a safe and effective manner.
- Drug court: specialized court that aims to stop drug abuse and related criminal activity of offenders through court-

- directed treatment and rehabilitation programmes. Drug courts order the treatment of suitable drug-related offenders as an alternative to prosecution or imprisonment and usually monitor compliance with treatment through court appearances and court-mandated regular tests (e.g. urine tests) or examinations.
- Employer financing: social health insurance scheme in which workers and employers are obliged to contribute to health insurance funds.
- Facilities: refers to treatment centres, departments, wards, and units designed and designated for treatment of substance use disorders. These facilities can be stand-alone (like, for example, national addiction treatment centres, drug treatment centres/clinics and narcological dispensaries) or integrated with other health care centres, clinics or dispensaries (such as general health care or mental health centres or hospitals, HIV clinics etc.).
- Government benefits: benefits that are provided by a government from public funds for disabled persons including those with substance use disorders that cause impairment leading to functional limitations. Benefits can be provided in different ways such as disability pensions, free access to services, housing and personal staff care.
- Government financing: national, regional/subnational or local government financing from tax-based funding or national health insurance.
- Household financing: direct out-ofpocket payment.
- Hypothecated taxes: in this context it refers to taxes that are specifically reserved for prevention and treatment of substance use disorders.
- **Inpatient treatment:** refers to different treatment modalities beyond

- detoxification that are implemented on an inpatient basis, i.e. with formal hospital admission that usually involves an overnight stay or in residential care when a patient lives in a residential treatment setting rather than in his/her own home or family home.
- Major cities: refers to cities with relatively large populations and tertiary and higher levels of health care available, including highly specialized facilities such as university hospitals or highly specialized treatment centres such as those for neurosurgery or radiology.
- Mutual-support groups: more widely known as self-help groups. A group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence or problems, or from the effects of another's dependence, without professional therapy or guidance. Examples of mutual support groups are Alcoholics Anonymous, Narcotics Anonymous and Al-Anon/Alateen (for family members of people with alcohol use disorders).
- Nongovernmental organizations and other external financing: financing through funds provided by voluntary organizations, charitable groups, advocacy groups, professional associations or international organizations.
- Number of treatment episodes: refers to the total number of annual treatment admissions to inpatient and outpatient specialized treatment facilities including the repeated treatment admissions for the same person during the year.
- Other areas: refers to urban and rural areas outside the capital and major cities.
- Outpatient treatment: refers to different treatment modalities beyond detoxification that are implemented on outpatient/ambulatory basis.

- Postgraduate training programme: training that is pursued after a first degree (such as a bachelor's degree) in a specific field or area.
- Rehabilitation: refers here to a longerterm process aimed at enabling people with substance use disorders to achieve an optimal state of health, psychological functioning and social well-being through a combination of approaches including psychosocial, medical and recoveryoriented interventions implemented on in patient and/or out patient basis as well as in community-based support groups.
- Report: regular report on information covering health or social services use, available resources (services, human resources) programmes and allocation of funds for each year by the government.
- **Services:** refers to the functions of providing prevention and treatment interventions for substance use disorders by health professionals, but not necessary implemented in specialized facilities designed and designated for treatment of substance use disorders. Examples include provision of screening and brief interventions for alcohol and drug use by health professionals in emergency rooms or primary health care centres, or management of substance use disorders, including pharmacotherapy of substance dependence, by medical doctors or other professionals working in different areas of medicine, psychology and social care (family doctors and nurses, psychiatrists, gastroenterologists, oncologists, social workers, community health workers, etc.).
- Short-cycle tertiary education: includes advanced vocational, academic or professional education in specialized areas of education but not reaching bachelor's or equivalent level.

- Specialized treatment facilities for substance use disorders: specialized facilities designed and designated for treatment of substance use disorders.
 These include mental health care facilities that offer specialized treatment for substance use disorders.
- Substance use disorders: a group of conditions related to alcohol or other drug use. In ICD-10 section F10–F19 it is referred to as "Mental and behavioural disorders due to psychoactive substance use" and contains a wide variety of disorders of different severity and clinical forms, all having in common the use of one or more psychoactive substances, which may or may not have been medically prescribed.
- Substance use: refers to the nonmedical use of alcohol, illicit drugs or

- other psychoactive substances, including prescription drugs.
- System of data collection based on health service delivery: refers to an organized system of collecting data based on health service delivery which usually incorporates admission and discharge data, number of outpatient contacts and similar.
- System of epidemiological data collection: refers to an organized epidemiological surveillance system, which usually incorporates results of regular epidemiological studies/surveys on prevalence of substance use and substance use disorders, patterns of substance use and similar.

Country fact sheets: substance use disorders

Legend and abbreviations

/: not applicable

-: missing/not reported

AUDs: alcohol use disorders

CSWs: commercial sex workers

DUDs: drug use disorders

MH: mental health

NCDs: noncommunicable diseases

OAMT: opioid agonist maintenance therapy

SUDs: substance use disorders

Afghanistan

	_	g.i.a.iiis					
DEMOGRAPHIC INFOR	MATION						
Total population (000), 2013				28 100			
Population in urban areas (%), 2013			24				
Adult literacy rate (15-24 years)	%			31			
Life expectancy at birth (years), 20)12			60			
Income group (World Bank)			Low	income			
LEADERSHIP AND GOV	ERNANCE						
		Prevention			Treatment		
Principal ministry(ies)	Ministries of healt	ch and of counter n	arcotics	Ministries of health and of counter narcotics			
Unit/entity responsible for policies	Yes, for drugs only	Y		Yes, for drugs	only		
	This unit is also responsible for policies covering mental health, noncommunicable diseases and health promotion			This unit is also responsible for policies covering mental health, noncommunicable diseases and health promotion		health	
Diversion schemes from crim	inal justice to hea	alth care system					
	As an altern	ative to criminal	sanctions	In addition	n to criminal sand	ctions	
Voluntary treatment		Yes			Yes		
Compulsory treatment		No			No		
Drug courts		None					
FINANCING							
Main financing method for tre	eatment services	for substance us	e disorders				
, and the second	Outpatient detoxification	Inpatient	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT	
Government financing		Yes	Yes	Yes	Yes		
Employer financing							
Households							
Nongovernmental organizations and other external financing	Yes						
Global Fund financing						Yes	
SERVICE ORGANIZATION	ON AND DELI	VERY					
Service provision and cov		·					
Main providers of treatment s							
riam providers of treatments		rst	Seco	and	Third		
Alcohol use disorders		-	_	, , , , , , , , , , , , , , , , , , , ,	_		
Drug use disorders	Stand-alone facili	Mental heal	th facilities	General health facilities	care		
Availability of specialized trea			disorders				
, , , , , , , , , , , , , , , , , , , ,		pital city	In other m	ajor cities	In other are	eas	
		es	Yes		Yes		
Main substance reported at ti	reatment entry						
First	•		Opioids				
	· · · · · · · · · · · · · · · · · · ·						
Second			Cannabis				
Second Third			Cannabis Sedatives				
	ance dependence	è					
Third	ance dependence			-10%)			
Third Treatment coverage for subst	ance dependence	\	Sedatives	,			
Third Treatment coverage for subst Opioid dependence	ance dependence	,	Sedatives	-10%)			
Third Treatment coverage for subst Opioid dependence Cannabis dependence	ance dependence	\ \ \	Sedatives Very limited (1% Very limited (1%	.–10%) .–10%)			

Access to treatment for substance dependence			
Opioid dependence		1%–10%	
Cannabis dependence		-	
Cocaine dependence		-	
Alcohol dependence		-	
Pharmacological treatment			
Guidelines on pharmacological		Yes	
treatment			
Registration and availability of medications			
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence	No	No	No
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	No
Buprenorphine/naloxone (films) for opioid dependence	No	No	No
Naltrexone (tablets) for opioid dependence	No	No	No
Methadone (liquid) for opioid dependence	No	No	-
Methadone (tablets) for opioid dependence	Yes	For detoxification and maintenance treatment	No
Clonidine (tablets) for opioid withdrawal	Yes	Yes	1
Lofexidine (tablets) for opioid withdrawal	No	-	1
Naloxone (for injection) for opioid overdose	Yes	Yes	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	_	No	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
Special programmes and services			
HIV and hepatitis testing, counselling and treat services for substance use disorders)	ment availability (percentage of total in spe	cialized facilities and
HIV testing and counselling		1%-10%	
HIV (ARV) treatment		Unknown	
Hepatitis testing and counselling		1%–10%	
Hepatitis vaccination	1%–10%		
Hepatitis treatment		Unknown	
Harm reduction programmes			
Needle/syringe exchange programmes		Yes	
Outreach services for injecting drug users		Yes	
Drop-in services		Unknown	
Naloxone distribution programmes		Unknown	
Condom distribution programmes		Yes	

			r women, child In the capit			er major cities	In other	areas
For women			No	ar City	III otiit	Yes	No.	ai Cas
For children an	nd adoloscon	ate:	No			Yes	No	
			stance use disc	and one		ies	NO	
Social Service	es for peop	ne with sut	In the capit		In othe	er major cities	In other	areas
Special housing	T convices		No	ai City	III Otile	No No	No.	ar cas
Employment se			No.			No	No	
		ons for sub	stance use prob	nlome		INO	NO	
Open access	inter vention	ons for sub	•	Icohol use			Drug use	
Telephone help	linos		^	No			No	
Web-based into				No			No	
Mobile phone-				No			Yes	
interventions	based			NO			163	
Mutual suppo	ort/self-hel	p groups						
		,	Alcoholics Anonymous	Narcot Anonym		ocaine onymous	Al-Anon/ Alateen	Family support groups
			No	Yes		No	-	Yes
Prevention	activitie	s						
Prevention p	rogramme	es						
			Coverag	e for alcoho	ol use	Co	verage for drug (ıse
School (manua programmes	l)-based			-			Some (1%–30%)	
Workplace pro	ogrammes			_			Some (1%–30%)	
Parenting prog	rammes			_			Some (1%–30%)	
Prevention p	rogramme	s for specif	fic populations					
I	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persons with mental health disorders	Youn adult
Alcohol use	-	-	-	-	-	-	-	-
Drug use	Yes	-	-	Yes	Yes	Yes	Yes	Yes
Screening an	d brief inte	erventions	for substance u	ise				
			In primary	health care	services	In	antenatal servic	es
Alcohol use				Unknown			-	
Drug use				Unknown			None	
WORKFO	RCE							
Availability o	f postgrad	uate traini	ng programmes					
Prevention				For p	sychiatrists ar	d medical doctor	^s	
Treatment				For p	sychiatrists ar	d medical doctor	^s	
National star	ndards of c	are for pro	fessionals					
Unknown								
INFORMA	TION SY	STEMS						
					Collected		Reported	i
Epidemiologica	l substance	use data			No		Unknown	
Substance use information sys		s a part of th	e health		Yes		Yes	

Bahrain

		Danrai				
DEMOGRAPHIC INFOR	MATION					
Total population (000), 2012			I 200)		
Population in urban areas (%), 2013	3		100			
Adult literacy rate (15–24 years) %	/		94			
Life expectancy at birth (years), 20			77			
Income group (World Bank)			High inco	ome		
LEADERSHIP AND GOV	ERNANCE					
		Prevention			Treatment	
Principal ministry(ies)	Ministries of	health, interior an	d education	Ministries	of health and inte	rior
Unit/entity responsible for policies	i	Yes			Yes	
		also responsible fo	•		so responsible for ring mental health	policies
Diversion schemes from crimi	inal justice to he	alth care system				
	As an alteri	native to crimina	al sanctions	In addition	to criminal san	ctions
Voluntary treatment		_			Yes	
Compulsory treatment		_			Yes	
Drug courts		None				
FINANCING						
Main financing method for tre	atment services	for substance us	se disorders			
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Government financing	Yes	Yes	Yes	Yes	Yes	Yes
Employer financing						
Households						
Nongovernmental organizationss and other external financing						
Global Fund financing						
SERVICE ORGANIZATION	ON AND DEL	VERY				
Service provision and cov	erage					
Main providers of treatment s	ervices					
		First	Se	cond	Third	
Alcohol use disorders	Mental	nealth facilities		health care cilities	Community-ba support gr	
Drug use disorders	Mental	nealth facilities		health care cilities	Community-ba support gr	
Availability of specialized trea	tment facilities f	or substance use	e disorders			
	In the	capital city	In other	major cities	In other a	reas
		Yes		_	_	
Main substance reported at tr	eatment entry					
First			Opioid	ds		
Second			Amfetamine-typ	e stimulant		
Third			Alcoh	ol		
Treatment coverage for substa	ance dependence	е				
Opioid dependence			More than	1 40%		
Cannabis dependence			-			
Cocaine dependence			Unknov			
Alcohol dependence			Substantial (2	I% -4 0%)		

Access to twentyment for sub-towns down					
Access to treatment for substance dependence		11-1			
Opioid dependence		Unknown			
Cannabis dependence	Unknown				
Cocaine dependence		Unknown			
Alcohol dependence		Unknown			
Pharmacological treatment					
Guidelines on pharmacological treatment		Yes			
Registration and availability of medications					
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients		
Buprenorphine (sublingual tablets) for opioid dependence	No	No	No		
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	No		
Buprenorphine/naloxone (films) for opioid dependence	No	No	No		
Naltrexone (tablets) for opioid dependence	No	No	No		
Methadone (liquid) for opioid dependence	No	No	No		
Methadone (tablets) for opioid dependence	Yes	For detoxification treatment	No		
Clonidine (tablets) for opioid withdrawal	No	No	1		
Lofexidine (tablets) for opioid withdrawal	No	No	1		
Naloxone (for injection) for opioid overdose	Yes	Yes	1		
For alcohol dependence/withdrawal					
Acamprosate (tablets) for alcohol dependence	No	No	1		
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes		
Disulfiram (tablets) for alcohol dependence	No	No	No		
Naltrexone (tablets) for alcohol dependence	No	No	1		
For benzodiazepine withdrawal					
Diazepam (tablets) for benzodiazepine withdrawal	No	Yes	Yes		
Special programmes and services					
HIV and hepatitis testing, counselling and treatm services for substance use disorders)	ent availability	(percentage of total in	specialized facilities and		
HIV testing and counselling		61%–100%			
HIV (ARV) treatment		61%–100%			
Hepatitis testing and counselling		61%-100%			
Hepatitis vaccination		61%-100%			
Hepatitis treatment		61%–100%			
Harm reduction programmes					
Needle/syringe exchange programmes		No			
Outreach services for injecting drug users		No			
Drop-in services		No			
Naloxone distribution programmes		No			
Condom distribution programmes		No			
Special treatment programmes for women, child	ren and adoleso		se disorders		
		n other major cities	In other areas		
	No	No No	No		
	No	No	No		
		1,0	. 10		

Social services for people with sub	stance use disor	ders				
	In the cap	oital city I	n other ma	jor cities	In other a	reas
Special housing services	N	0	No		No	
Employment services	N	0	No		No	
Open access interventions for sub	stance use probl	ems				
	Α	Icohol use			Drug use	
Telephone help-lines		No			No	
Web-based interventions		No			No	
Mobile phone-based interventions		No			No	
Mutual support/self-help groups						
	Alcoholics Anonymous	Narcotics Anonymous	Cocai Anonyn			y supportroups
	Yes	Yes	-	-	-	-
Prevention activities						
Prevention programmes						
	Coverage	for alcohol us	е	Cover	age for drug u	se
School (manual)-based programmes		-		Sc	ome (1%–30%)	
Workplace programmes		-		Sc	ome (1%–30%)	
Parenting programmes		_		Sc	ome (1%–30%)	
Prevention programmes for specif	fic populations					
Prisoners Pregn wom	ant Commerci en sex worke	_	People with HIV/ AIDS	Children and adolescents	Persons with mental health disorders	Young adults
Alcohol use – –	_	_	_	_	_	_
Drug use Yes _	_	_	Yes	_	_	Yes
Screening and brief interventions	for substance us	e				
	In primary he	ealth care serv	vices	In an	tenatal service	s
Alcohol use	U	nknown			Unknown	
Drug use	U	nknown			Unknown	
WORKFORCE						
Availability of postgraduate training	ng programmes					
Prevention			Non	e		
Treatment			Non	e		
National standards of care for pro	fessionals					
For psychiatrists, addiction medicine sp addiction counsellors	ecialists, other med	lical doctors, psy	chiatric nur	ses, psychologis	ts, social workers	s and
INFORMATION SYSTEMS					_	
INFORMATION SYSTEMS	Co	ollected			Reported	
INFORMATION SYSTEMS Epidemiological substance use data	Co	ollected No			Reported Unknown	
	Co				•	

Djibouti

		Diponi	CI			
DEMOGRAPHIC INFORM	1ATION					
Total population (000), 2013			860			
Population in urban areas (%), 2009			84			
Adult literacy rate (15-24 years) %			_			
Life expectancy at birth (years), 201	2		61			
Income group (World Bank)			Lower middle	income		
LEADERSHIP AND GOVE	ERNANCE					
		Prevention			Treatment	
Principal ministry(ies)	Ministry o	of health and office minister/preside	•		Ministry of health	
Unit/entity responsible for policies		Yes			_	
	This unit is als	so responsible for tobacco	policies coverir	g	-	
Diversion schemes from crimin	nal justice to hea	lth care system				
	As an alte	rnative to crimi	nal sanctions	In additi	on to criminal sa	anctions
Voluntary treatment		Yes			_	
Compulsory treatment		Unknown			_	
Drug courts		Few jurisdiction	s			
FINANCING						
Main financing method for trea	tment services f	or substance us	e disorders			
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Government financing						
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
SERVICE ORGANIZATIO	N AND DELIN	/ERY				
Service provision and cove	erage					
Main providers of treatment se	ervices					
		First	S	econd	Thir	d
Alcohol use disorders		-		_	-	
Drug use disorders		_		_	-	
Availability of specialized treat	ment facilities fo	r substance use	disorders			
	In the	capital city	In othe	r major citie	s In other	areas
		No		No	No	
Main substance reported at tre	eatment entry					
First			Cannab	is		
Second			Alcoho	l		
Third			Opioid	S		
Treatment coverage for substa	nce dependence					
Opioid dependence			-			
Cannabis dependence			-			
Cocaine dependence						

Unknown

Coniolid dependence -	Access to treatment for substance dependence			
Cananbis dependence	•		_	
Cacine dependence Unknown Pharmacological treatment Guidelines on pharmacological treatment Registration and availability of medications For opioid dependence/withdrawal/overdose Registration and availability of medications Buprenorphine (sublingual tablets) for opioid dependence Unknown — Buprenorphine/lackoone (tablets) for opioid dependence Unknown — Buprenorphine/lackoone (tablets) for opioid dependence — Unknown — Buprenorphine/lackoone (tablets) for opioid dependence — — — Buprenorphine/lackoone (tablets) for opioid dependence — — — — Buprenorphine/lackoone (tablets) for opioid dependence — — — — Methadone (tablets) for opioid dependence — — — — Methadone (tablets) for opioid withdrawal — — / — Colonidine (tablets) for opioid withdrawal — — / / Cora actional dependence withdrawal — — / /	·		_	
Pharmacological treatment Registration on pharmacological treatment Registration and availability of medications Registration and availability of medications Registration and availability of medications Registration	·		_	
Pharmacological treatment Test Treatment on pharmacological treatment (assistation and availability of medications For opioid dependence/withdrawal/overdose Registration and availability of medications Buprenorphine (sublingual tablets) for opioid dependence Unknown	·		Unknown	
Registration and availability of medications Registration and availability of medications For poioid dependence/withdrawal/overdose Registration Availability of medications Buprenorphine (sublingual tablets) for opioid dependence Unknown Unknown ————————————————————————————————————			C.maiowiii	
Registration and availability of medications For opioid dependence/withdrawal/overdose Buprenorphine (sublingual tablets) for opioid dependence Buprenorphine (sublingual tablets) for opioid dependence Buprenorphine/naloxone (tablets) for opioid dependence Buprenorphine/naloxone (tablets) for opioid dependence Buprenorphine/naloxone (films) for opioid dependence Rethadone (tablets) for opioid dependence Methadone (tablets) for opioid dependence Methadone (tablets) for opioid dependence Methadone (tablets) for opioid withdrawal Loioxidine (tablets) for opioid withdrawal Loioxidine (tablets) for opioid withdrawal Naloxone (for injection) for opioid overdose For alcohol dependence/withdrawal Acamprosate (tablets) for alcohol dependence Nalrexone (tablets) for benozidazepine withdrawal Dazepam (tablets) for benozidazepine withdrawal Nalexpam (tablets) for alcohol dependence Nalexpam (tablets) for a			Yes	
For opioid dependence/withdrawal/overdose Registration Availability olsoing available for olsoing available for outpatients Buprenorphine (sublingual tablets) for opioid Unknown Unknown — Buprenorphine/aloxone (tablets) for opioid dependence Unknown — <td></td> <td></td> <td></td> <td></td>				
### Part		Registration	Availability	Daily supervised
Buprenorphine/naloxone (tablets) for opioid dependence				dosing available for
Page		Unknown	Unknown	-
Natirexone (tablets) for opioid dependence Methadone (liquid) for opioid dependence Methadone (tablets) for opioid dependence Methadone (tablets) for opioid dependence Clonidine (tablets) for opioid dependence Clonidine (tablets) for opioid withdrawal Lofexidine (tablets) for opioid withdrawal Naloxone (for injection) for opioid overdose Roamprosate (tablets) for alcohol dependence Withdrawal Acamprosate (tablets) for alcohol dependence Withdrawal Malexone (tablets) for alcohol dependence Naltrexone (tablets) for bacohol dependence Naltrexone (tablets) for bacodiazepine withdrawal Diazepam (tablets) for bacodiazepine withdrawal Diazepam (tablets) for bacodiazepine withdrawal Diazepam (tablets) for bacodiazepine withdrawal Naltrexone (tablets) for bacodiazepine withdrawal Diazepam (tablets) for alcohol dependence Diazepam (tablets) for alcohol depen	Buprenorphine/naloxone (tablets) for opioid depender	nce Unknown	Unknown	-
Methadone (liquid) for opioid dependence	Buprenorphine/naloxone (films) for opioid dependence	e –	-	-
Methadone (tablets) for opioid dependence	Naltrexone (tablets) for opioid dependence	-	-	-
Clonidine (tablets) for opioid withdrawal		-	-	-
Contention Content	Methadone (tablets) for opioid dependence	-	-	-
Naloxone (for injection) for opioid overdose For alcohol dependence/withdrawal Acamprosate (tablets) for alcohol dependence Nulknown Diazepam (tablets) for alcohol dependence Nulkrexone (tablets) for alcohol dependence Naltrexone (tablets) for alcohol dependence Nolone (tablets) for alcohol dependere in table	Clonidine (tablets) for opioid withdrawal	_	-	1
For alcohol dependence/withdrawal Acamprosate (tablets) for alcohol dependence Acamprosate (tablets) for alcohol dependence Diszepam (tablets) for alcohol withdrawal Capablating (tablets) for alcohol dependence Altrexone (tablets) for alcohol dependence Altrexone (tablets) for alcohol dependence Capablating (tablets) for alcohol dependence Altrexone (tablets) for alcohol dependence Capablating (tablets) for alcohol withdrawal Capablating (tablets) for alcohol dependence Capablating (tablets) for alcohol withdrawal Capablating (tablets) for alcohol dependence Capablating (tablets) for alcohol dependen	` ' '	-	-	1
Acamprosate (tablets) for alcohol dependence Diazepam (tablets) for alcohol withdrawal Diazepam (tablets) for alcohol dependence Disulfiram (tablets) for alcohol dependence Disulfiram (tablets) for alcohol dependence Diazepam (tablets) for benzodiazepine withdrawal Diazepam (tablets) for alcohol dependence	Naloxone (for injection) for opioid overdose	-	-	1
Diazepam (tablets) for alcohol withdrawal Diazepam (tablets) for alcohol dependence Raltrexone (tablets) for alcohol dependence Raltrexone (tablets) for alcohol dependence Raltrexone (tablets) for alcohol dependence Robertal programmes withdrawal Diazepam (tablets) for benzodiazepine withdrawal Diazepam (tablets) for alcohol dependence Hort setting and services HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders) HIV testing and counselling HORNOWN HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis vaccination Hepatitis treatment Hepatitis treatment Hepatitis vaccination Hepatitis reatment Hepatitis programmes Needle/syringe exchange programmes Needle/syringe exchange programmes Needle/syringe exchange programmes Propo-in services Alloxone distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use discretes In the capital city In other major cities In other areas For women	·			
Disulfiram (tablets) for alcohol dependence	· · · · · · · · · · · · · · · · · · · ·	Unknown	-	1
Natrexone (tablets) for alcohol dependence	, , ,	-	-	-
For benzodiazepine withdrawal Diazepam (tablets) for benzodiazepine withdrawal	·	_	-	-
Diazepam (tablets) for benzodiazepine withdrawal	, ,	-	-	1
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders) HIV testing and counselling HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No No	·			
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders) HIV testing and counselling HIV (ARV) treatment Hepatitis testing and counselling Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Needle/syringe exchange programmes Outreach services for injecting drug users Prop-in services Naloxone distribution programmes Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city No No No No No		_	_	-
HIV testing and counselling HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Hepatitis treatment Hepatitis treatment Hepatitis treatment Homework Hepatitis treatment Hepatitis treatment Hepatitis treatment Hepatitis treatment Hepatitis treatment Homework Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Prop-in services Haloxone distribution programmes Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city No No No No				
HIV (ARV) treatment		ment availability (pei	centage of total in spe	ecialized facilities and
Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Hepatitis treatment Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Prop-in services Naloxone distribution programmes Condom distribution programmes For women In the capital city No	HIV testing and counselling		Unknown	
Hepatitis vaccination — — Hepatitis treatment — — — — — — — — — — — — — — — — — — —	HIV (ARV) treatment		_	
Hepatitis treatment ————————————————————————————————————	Hepatitis testing and counselling		_	
Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city No No No No No	Hepatitis vaccination		_	
Needle/syringe exchange programmes — Outreach services for injecting drug users — Drop-in services — Naloxone distribution programmes — Condom distribution programmes — Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No No	Hepatitis treatment		_	
Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city No No No No	Harm reduction programmes			
Drop-in services – Naloxone distribution programmes – Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No No	Needle/syringe exchange programmes		_	
Naloxone distribution programmes – Yes Condom distribution programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No No	Outreach services for injecting drug users		_	
Naloxone distribution programmes – Yes Condom distribution programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No No			_	
Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No	·		_	
Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas For women No No No No	1 0		Yes	
For women In the capital city In other major cities In other areas No No No No		ldren and adolescent	s with substance use d	lisorders
	For women	No	No	No
For children and adolescents – – – –	For children and adolescents	-	-	-

Social services for people	e with substa	nce use disorde	rs				
		In the ca		In ot	her major citie	s In oth	er areas
Special housing services		N.			No		No
Employment services		_	-		_		_
Open access intervention	ns for substar	ice use problem	าร				
			Alcohol us	е		Drug use	
Telephone help-lines			_			-	
Web-based interventions			_			_	
Mobile phone-based interve	entions		_			_	
Mutual support/self-help							
	8 -	Alcoholics Anonymou		cotics ymous	Cocaine Anonymous	Al-Anon/ Alateen	Family suppor
		No		_	_	_	_
Prevention activities							
Prevention programmes							
-		Cover	age for alco	hol use	C	overage for dr	ug use
School (manual)-based progi	rammes		-			None	
Workplace programmes			_			_	
Parenting programmes			_			_	
Prevention programmes	for specific p	opulations					
Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persons with mental health disorders	Youn adult
Alcohol use –	_	_	_	_	_	_	_
Drug use –	_	-	_	_	_	_	_
Screening and brief inter	ventions for	substance use					
		In primar	y health ca	re servic	es lı	n antenatal se	rvices
Alcohol use			Unknown			None	
Drug use			Unknown			Few (1%-109	%)
WORKFORCE							
Availability of postgradu	ate training p	rogrammes					
Prevention			F	or commu	nity health work	ers	
Treatment					None		
National standards of ca	-						
For psychiatrists, addiction n		ists and other me	edical doctors				
INFORMATION SYS	TEMS						
			Collected			Reported	
Epidemiological substance us	se data		No			Unknown	
Substance use indicators as a health information system	a part of the		Yes			Unknown	
Monitoring of substance use	related deaths		No			1	

Egypt

		Egypt			
DEMOGRAPHIC INFORMA	ATION				
Total population (000), 2013			84 628		
Population in urban areas (%), 2012			43		
Adult literacy rate (15-24 years) %			70		
Life expectancy at birth (years), 2012			71		
Income group (World Bank)			Lower middle i	ncome	
LEADERSHIP AND GOVER	RNANCE				
		Prevention		Tı	reatment
Principal ministry(ies)	Ministri	es of health and so	ocial welfare	Minis	stry of health
Unit/entity responsible for policies		Yes			Yes
	This unit is al	so responsible for mental health			also responsible for vering mental health
Diversion schemes from crimina	l justice to hea	lth care system			
	As an alte	rnative to crim	inal sanctions		ion to criminal anctions
Voluntary treatment		No			No
Compulsory treatment		_			Yes
Drug courts		None			
FINANCING					
Main financing method for treat	ment services	for substance us	e disorders		
C	Outpatient letoxification	Inpatient detoxification	Outpatient treatment	Inpatient Ref treatment	nabilitation OAMT
Government financing	Yes	Yes	Yes	Yes	Yes
Employer financing					
Households					
Nongovernmental organizations and other external financing					
Global Fund financing					
SERVICE ORGANIZATION	AND DELI	VERY			
Service provision and cover	age				
Main providers of treatment serv					
	ı	First	S	econd	Third
Alcohol use disorders	Mental h	ealth facilities		one facilities for e use disorders	General hospitals
Drug use disorders	Mental h	ealth facilities		one facilities for e use disorders	General hospitals
Availability of specialized treatm	ent facilities fo	r substance use	disorders		
	In the	capital city	In other	r major cities	In other areas
		Yes		Yes	Yes
Main substance reported at trea	tment entry				
First			Prescription o	pioids	
Second			Opioids		
Third			Sedatives	5	
Treatment coverage for substance	ce dependence				
Opioid dependence			Limited (11%-	-20%)	
Cannabis dependence			Limited (11%-	-20%)	
Cocaine dependence			None		

Very limited (1%–10%)

A to two-two-out four sub-toward downers downers			
Access to treatment for substance dependence			
Opioid dependence		Unknown	
Cannabis dependence		Unknown	
Cocaine dependence		Unknown	
Alcohol dependence		Unknown	
Pharmacological treatment			
Guidelines on pharmacological treatment		No	
Registration and availability of medications			
For opioid dependence/withdrawal/overdose	Registration	n Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence	No	No	_
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	-
Buprenorphine/naloxone (films) for opioid dependence	No	No	_
Naltrexone (tablets) for opioid dependence	Yes	Yes	Yes
Methadone (liquid) for opioid dependence	No	No	_
Methadone (tablets) for opioid dependence	No	No	_
Clonidine (tablets) for opioid withdrawal	Yes	Yes	1
Lofexidine (tablets) for opioid withdrawal	No	_	1
Naloxone (for injection) for opioid overdose	No	_	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	_	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	No	_	_
Naltrexone (tablets) for alcohol dependence	Yes	Yes	1
For benzodiazepine withdrawal		.00	,
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
Special programmes and services			
HIV and hepatitis testing, counselling and treatment services for substance use disorders)	t availability (per	centage of total in speci	ialized facilities and
HIV testing and counselling		11%-30%	
HIV (ARV) treatment		_	
Hepatitis testing and counselling		11%–30%	
Hepatitis vaccination		_	
Hepatitis treatment		_	
Harm reduction programmes			
Needle/syringe exchange programmes		Yes	
Outreach services for injecting drug users		Yes	
Drop-in services		Unknown	
Naloxone distribution programmes		Yes	
Condom distribution programmes		Yes	
Special treatment programmes for women, children	and adolescents		orders
	apital city	In other major cities	In other areas
	Yes	Yes	_
	Yes	Yes	_
Social services for people with substance use disorder			
·	apital city	In other major cities	In other areas
	No	No	No
	No	No	No
Employment services	10	140	INU

Open access interventions for substa	ince use probler					
		Alcohol use			Drug	
Telephone help-lines		Yes			Yes	
Web-based interventions		No			No	
Mobile phone-based interventions		No			No	
Mutual support/self-help groups						
	Alcoholics Anonymous	Narcotics Anonymou			l-Anon/ I Mateen	Family support groups
	Unknown	Yes	Unk	nown U	nknown	Yes
Prevention activities						
Prevention programmes						
	Coverag	e for alcohol	use	Co	verage for d	rug use
School (manual)-based programmes		-			_	
Workplace programmes		-			-	
Parenting programmes		-			-	
Prevention programmes for specific	populations					
Prisoners Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persor with me healtl disorde	ntal adults
Alcohol use – –	_	_	_	-	_	_
Drug use – –	_	-	-	Yes	_	Yes
Screening and brief interventions for	substance use					
	In primary l	health care se	ervices	In	antenatal s	ervices
Alcohol use		None			None	
Drug use		None			None	
WORKFORCE						
Availability of postgraduate training	programmes					
Prevention			For medi	cal doctors		
Treatment	Fo	or psychiatrists,	psychologi	sts, social wo	rkers and nur	ses
National standards of care for profes	sionals					
				_		
INFORMATION SYSTEMS						
	C	Collected			Reporte	d
Epidemiological substance use data		Yes			Yes	
Substance use indicators as a part of the health information system		No			Yes	
Monitoring of substance use related deaths	ı	Unknown			1	

Iran (Islamic Republic of)

IId	n (isiamic kep	Jublic Oi)				
DEMOGRAPHIC INFORMATIO	N						
Total population (000), 2013		76 9·	42				
Population in urban areas (%), 2013		72					
Adult literacy rate (15–24 years) %		83					
Life expectancy at birth (years), 2012		74					
Income group (World Bank)		Upper midd	le income				
LEADERSHIP AND GOVERNAM	NCE						
	Preventio	n	Tr	eatment			
Principal ministry(ies)	Ministries of health, edwelfare and drug contro	· ·	,	alth and drug control adquarters			
Unit/entity responsible for policies	Yes			Yes			
	This unit is also resp policies covering me			also responsible for ering mental health			
Diversion schemes from criminal justic	ce to health care system						
	As an alternative t			on to criminal anctions			
Voluntary treatment	Yes			Yes			
Compulsory treatment	Yes			Yes			
Drug courts	None						
FINANCING							
Main financing method for treatment	services for substance use	disorders					
•	atient Inpatient fication detoxification	-	Inpatient Reh	abilitation OAMT			
Government financing							
Employer financing							
Households Y	es Yes	Yes	Yes	Yes Yes			
Nongovernmental organization and other external financing							
Global Fund financing							
SERVICE ORGANIZATION AND	DELIVERY						
Service provision and coverage							
Main providers of treatment services							
	First	S	econd	Third			
Alcohol use disorders	Mental health services		Ilth care services	General hospitals			
Drug use disorders	Stand-alone facilities for substance use disorders	General hea	llth care facilities	Mental health services			
Availability of specialized treatment fa	cilities for substance use	disorders					
	In the capital city	In other	major cities	In other areas			
	Yes		Yes	Yes			
Main substance reported at treatment	entry						
First		Opio	ids				
Second		AT	S				
Third		Prescription	n opioids				
Treatment coverage for substance dep	endence						
Opioid dependence		More tha	ın 40%				
Cannabis dependence		Unkno	own				
Cocaine dependence		Unkno	own				
Alcohol dependence		Unkno	own				

Access to treatment for substance dependence	e		
Opioid dependence		21%–50%	
Cannabis dependence		Unknown	
Cocaine dependence		Unknown	
Alcohol dependence		Unknown	
Pharmacological treatment			
Guidelines on pharmacological treatment		Yes	
Registration and availability of medications			
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid depend	ence Yes	For detoxification and maintenance treatment	Yes
Buprenorphine/naloxone (tablets) for opioid depende	ence Yes	For detoxification and maintenance treatment	Yes
Buprenorphine/naloxone (films) for opioid dependen	ce Yes	For detoxification and maintenance treatment	Yes
Naltrexone (tablets) for opioid dependence	Yes	Yes	No
Methadone (liquid) for opioid dependence	Yes	For maintenance treatment	Yes
Methadone (tablets) for opioid dependence	Yes	For maintenance treatment	Yes
Clonidine (tablets) for opioid withdrawal	Yes	Yes	/
Lofexidine (tablets) for opioid withdrawal	No	-	1
Naloxone (for injection) for opioid overdose	Yes	Yes	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	No	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	Yes	No	No
Naltrexone (tablets) for alcohol dependence	Yes	Yes	/
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
Special programmes and services			
HIV and hepatitis testing, counselling and treaservices for substance use disorders)	tment availability (p	ercentage of total in speciali	zed facilities and
HIV testing and counselling		1%-10%	
HIV (ARV) treatment		None	
Hepatitis testing and counselling		1%-10%	
Hepatitis vaccination		None	
Hepatitis treatment		None	
Harm reduction programmes			
Needle/syringe exchange programmes		Yes	
Outreach services for injecting drug users		Yes	
Drop-in services		Yes	
Naloxone distribution programmes		No	
Condom distribution programmes		Yes	
Special treatment programmes for women, ch	nildren and adolesce	nts with substance use disord	ders
In	the capital city	In other major cities	In other areas
For women	Yes	Yes	No
For children and adolescents	No	No	No

			nce use disorde			41	! /•		41
				pital city	In c	ther majo	or cities	In o	ther areas
Special housing s				es		Yes			No
Employment serv				'es		Yes			No
Open access in	iterventions	for substar	nce use probler				_		
			Al	cohol use				rug use	
Telephone help-li				No				Yes	
Web-based inter				No				No	
Mobile phone-ba	ased interven	tions		No				No	
Mutual suppor	t/self-help g	roups							
			Alcoholics Anonymous	Narcotics Anonymou	-	ocaine nymous	Al-And Alated		nily support
			Yes	Yes		Yes	Yes		Yes
Prevention a									
Prevention pro	grammes								
			Coverage	e for alcohol	use		-	ge for dru	_
School (manual)-		mmes		None			Som	e (1%–30%)
Workplace progi	rammes		Son	ne (1%–30%)			Som	e (1%–30%)
Parenting progra	mmes		Son	ne (1%–30%)			Som	e (1%–30%)
Prevention pro	grammes f	or specific p	opulations						
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Childre and adolesce	wi ents	Persons th mental health lisorders	Young adults
Alcohol use	_	_	_	_	_	_		_	Yes
Drug use	Yes	_	_	_	_	Yes		_	Yes
Screening and	brief interv	entions for	substance use						
			In primary I	nealth care s	ervices		In ante	natal serv	rices
Alcohol use				None				None	
Drug use				None				None	
WORKFOR	CE								
Availability of		e training p	rogrammes						
Prevention	_	J.		For psychiatr	ists, medic	al doctors	and psych	ologists	
Treatment				For psychiatr					
National stand	ards of care	for profess	ionals	. ,			. ,	J	
		-	ychologists and o	utreach/field v	workers				
INFORMATI									
				Collected			R	eported	
Epidemiological s	substance use	data		Yes				Yes	
Substance use in-	dicators as a			No				No	
Monitoring of su	•	olated		Yes				1	

Iraq

		пач						
DEMOGRAPHIC INFORM	ATION							
Total population (000), 2013			35	095				
Population in urban areas (%), 2013		69						
Adult literacy rate (15-24 years) %			2	!I				
Life expectancy at birth (years), 2012			7	0				
Income group (World Bank)			Upper mid	ldle income				
LEADERSHIP AND GOVE	RNANCE							
		Prevention	n		Treatment			
Principal ministry(ies)	Minis	tries of health, inte justice and social			Ministry of health			
Unit/entity responsible for policies		Yes			Yes			
Diversion schemes from crimina	l justice to hea	alth care system						
	A	s an alternative t sanction		In additi	on to criminal sa	ınctions		
Voluntary treatment		No			No			
Compulsory treatment		No			No			
Drug courts		None						
FINANCING								
Main financing method for treat	ment services	for substance us	e disorders					
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT		
Government financing	Yes	Yes	Yes	Yes	Yes			
Employer financing								
Households								
Nongovernmental organizations and other external financing								
Global Fund financing								
SERVICE ORGANIZATION	AND DELI	VERY						
Service provision and cover	age							
Main providers of treatment ser	vices							
		First	Sec	ond	Third			
Alcohol use disorders	Ment	al health facilities		ealth care lities	Mental health	services		
Drug use disorders	Ment	al health facilities		ealth care lities	Mental health	services		
Availability of specialized treatment	ent facilities f	or substance use	disorders					
	ln t	he capital city	In other n	najor cities	In other a	reas		
		Yes	Y	es	-			
Main substance reported at trea	tment entry							
First			Ot	her				
Second				ohol				
Third			Seda	itives				
Treatment coverage for substan	ce dependence							
Opioid dependence			_	nown				
Cannabis dependence			_	nown				
Cocaine dependence			_	nown				
Alcohol dependence			Unkı	nown				

Access to treatment for substance dependent	dence			
Opioid dependence		_		
Cannabis dependence		_		
Cocaine dependence		_		
Alcohol dependence		50%–90%		
Pharmacological treatment				
Guidelines on pharmacological treatment		No		
Registration and availability of medication	ns			
For opioid dependence/withdrawal/overdo	ose Regist	ration Ava	ailability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid de	pendence Y	es	-	-
Buprenorphine/naloxone (tablets) for opioid de	pendence N	lo	No	-
Buprenorphine/naloxone (films) for opioid depe	ndence N	lo	No	-
Naltrexone (tablets) for opioid dependence	Y	es	No	-
Methadone (liquid) for opioid dependence	٨	lo	No	-
Methadone (tablets) for opioid dependence	٨	lo	No	-
Clonidine (tablets) for opioid withdrawal	Y	es	No	1
Lofexidine (tablets) for opioid withdrawal	Y	es	No	1
Naloxone (for injection) for opioid overdose	Y	es	No	1
For alcohol dependence/withdrawal				
Acamprosate (tablets) for alcohol dependence	Y	es	No	1
Diazepam (tablets) for alcohol withdrawal	Y	es	Yes	Yes
Disulfiram (tablets) for alcohol dependence	٨	lo	No	-
Naltrexone (tablets) for alcohol dependence	Y	es	No	1
For benzodiazepine withdrawal				
Diazepam (tablets) for benzodiazepine withdraw	val Y	es	Yes	Yes
Special programmes and services				
HIV and hepatitis testing, counselling and services for substance use disorders)	treatment availabilit	y (percentage of to	tal in specializ	ed facilities and
HIV testing and counselling		61%–100%		
HIV (ARV) treatment		61%–100%		
Hepatitis testing and counselling		61%–100%		
Hepatitis vaccination		61%–100%		
Hepatitis treatment		61%–100%		
Harm reduction programmes				
Needle/syringe exchange programmes		No		
Outreach services for injecting drug users		No		
Drop-in services		No		
Naloxone distribution programmes		No		
Condom distribution programmes		No		
Special treatment programmes for wome	en, children and adole	scents with substan	ce use disorde	ers
	In the capital city	In other major	cities I	n other areas
For women	No	No		No
For children and adolescents	No	No		No

Social services	s for people	with substa	nce use disorde	ers				
			In the cap	ital city	In othe	r major citie	s In ot	her areas
Special housing s	services		No		No			No
Employment ser	vices		No			No		No
Open access in	ntervention	s for substar	nce use probler	ns				
				Alcohol use			Drug us	se
Telephone help-l	lines			No			No	
Web-based inter	rventions			No			No	
Mobile phone-b	ased interven	tions		No			No	
Mutual suppor	rt/self-help g	groups						
			Alcoholic Anonymous	Narcotics Anonymou			l-Anon/ Fa Mateen	amily suppor groups
			No	No		No	No	No
Prevention a	activities							
Prevention pro	ogrammes							
			Coverage	e for alcohol	use	Co	verage for dr	ug use
School (manual)	-based progra	mmes	Som	ne (1%–30%)			Some (1%-30	%)
Workplace prog	rammes			None			None	
Parenting progra	ammes		Som	ne (1%–30%)			None	
Prevention pro	ogrammes f	or specific p	opulations					
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persons with ment health disorders	
Alcohol use	Yes	Yes	_	_	_	Yes	Yes	Yes
Drug use	Yes	Yes	_	_	_	Yes	Yes	Yes
Screening and	brief interv	entions for	substance use					
_			In primary I	health care se	ervices	In	antenatal se	rvices
Alcohol use			Som	e (11%-30%)			Unknown	
Drug use			Som	e (11%-30%)			Unknown	
WORKFOR	CE							
Availability of	postgradua	te training p	rogrammes					
Prevention			For psychia	atrists, medical	doctors, ¡	sychologists, s	ocial workers a	and nurses
Treatment			For psychia	atrists, medical	doctors,	osychologists, s	ocial workers a	and nurses
National stance	dards of care	e for profess	ionals					
None								
INFORMAT	ION SYST	TEMS						
				Collected			Reported	
							,	
	substance use	e data		No			Yes	
Epidemiological s Substance use in health information	dicators as a			No Yes			Yes Yes	

Jordan

		jordan					
DEMOGRAPHIC INFORM	MATION						
Total population (000), 2013				6 530			
Population in urban areas (%), 2013	1			83			
Adult literacy rate (15–24 years) %		93					
Life expectancy at birth (years), 20				74			
Income group (World Bank)			Upper r	middle income			
LEADERSHIP AND GOV	ERNANCE						
		Prev	ention		Treatment		
Principal ministry(ies)		Ministries of he	ealth and interio	r Ministri	es of health and	interior	
Unit/entity responsible for policies		1	No		No		
Diversion schemes from crimi	nal justice to hea	alth care system					
			tive to crimina ctions	al In a	ddition to crin sanctions	ninal	
Voluntary treatment		١	r es		Yes		
Compulsory treatment)	Yes		Yes		
Drug courts		N	one				
FINANCING							
Main financing method for trea	atment services	for substance use	disorders				
	Outpatient detoxification	Inpatient detoxification	-	Inpatient R treatment	Rehabilitation	OAMT	
Government financing	Yes	Yes	Yes	Yes	Yes		
Employer financing							
Households							
Nongovernmental organizations and other external financing							
Global Fund financing							
SERVICE ORGANIZATION	N AND DELI	VERY					
Service provision and cove	erage						
Main providers of treatment se	ervices						
		First	Se	econd	Third	i	
Alcohol use disorders		Stand-alone facilit for substance us disorders		ealth facilities	Community-based support gr		
Drug use disorders		Stand-alone facilit for substance us disorders		ealth facilities	Community-based support gr		
Availability of specialized treat	ment facilities fo	or substance use o	disorders				
		In the capital c	ity In other	major cities	In other a	areas	
		Yes		-	_		
Main substance reported at tro	eatment entry						
First			,	Alcohol			
Second			(Opioids			
Third			S	edatives			
Treatment coverage for substa	ince dependence						
Opioid dependence			U	nknown			
Cannabis dependence			U	nknown			
Cocaine dependence				nknown			
A I = - I = - I =				L. I			

Alcohol dependence

Unknown

Access to treatment for substance dependence	
Opioid dependence 50%–90%	
Cannabis dependence 1%–10%	
Cocaine dependence Unknown	
Alcohol dependence 50%–90%	
Pharmacological treatment	
Guidelines on pharmacological treatment Yes	
Registration and availability of medications	
,	Daily supervised
To opioid dependence/withdrawa/overdose Registration Availability	dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence – –	-
Buprenorphine/naloxone (tablets) for opioid dependence – –	-
Buprenorphine/naloxone (films) for opioid dependence – –	-
Naltrexone (tablets) for opioid dependence – –	-
Methadone (liquid) for opioid dependence Yes For detoxification treatment	-
Methadone (tablets) for opioid dependence – –	-
Clonidine (tablets) for opioid withdrawal – –	1
Lofexidine (tablets) for opioid withdrawal – –	1
Naloxone (for injection) for opioid overdose Yes Yes	1
For alcohol dependence/withdrawal	
Acamprosate (tablets) for alcohol dependence – –	1
Diazepam (tablets) for alcohol withdrawal Yes Yes	-
Disulfiram (tablets) for alcohol dependence – –	-
Naltrexone (tablets) for alcohol dependence – –	1
For benzodiazepine withdrawal	
Diazepam (tablets) for benzodiazepine withdrawal Yes Yes	-
Special programmes and services	
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialize services for substance use disorders)	ed facilities and
HIV testing and counselling 61%–100%	
HIV (ARV) treatment 61%–100%	
Hepatitis testing and counselling 61%–100%	
Hepatitis vaccination 61%–100%	
Hepatitis treatment 61%–100%	
Harm reduction programmes	
Needle/syringe exchange programmes No	
Outreach services for injecting drug users	
Drop-in services No	
Naloxone distribution programmes No	
Condom distribution programmes No	
Condom distribution programmes No Special treatment programmes for women, children and adolescents with substance use disorder	ers
Special treatment programmes for women, children and adolescents with substance use disorder	rs In other areas
Special treatment programmes for women, children and adolescents with substance use disorder	

Social services for	or people	with substa	nce use disorde	ers					
				he capital ci	ty In o	ther major	cities I	n other	areas
Special housing ser	vices			No	•	, No		No	
Employment service				No		No		No	
Open access inte		s for substar	nce use problen						
o pon decess mes			nee also produce.		ol use		Dr	ug use	
Telephone help-line	25				10			No	
Web-based interve					10			No	
Mobile phone-base		tions			10			No	
Mutual support/s				•					
Tracau sappor os	en neip g	, oups	Alcoholics Anonymous	Narcotics Anonymou	_	nymous	Al-Anon/ Alateen	gro	support oups
			Yes	No		No	No	1	1 0
Prevention act	tivities								
Prevention progr	rammes								
			Coverage	e for alcohol	use	C	overage for	drug us	e
School (manual)-ba	sed progra	mmes	Som	ne (1%–30%)			Some (1%	–30%)	
Workplace program	nmes			None			Non	e	
Parenting programm	mes		Som	ne (1%–30%)			Some (1%	–30%)	
Prevention progr	rammes f	or specific p	opulations						
P	risoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescent	Perso with meals s heal	ental th	Young adults
Alcohol use	Yes	_	Yes	_	Yes	Yes	_		Yes
Drug use	Yes	_	Yes	_	Yes	Yes	_		Yes
Screening and be	rief interv	entions for	substance use						
			In primary h	nealth care s	ervices	ı	n antenatal	service	S
Alcohol use			Fev	v (1%–10%)			Non	e	
Drug use			Fev	v (1%–10%)			Non	e	
WORKFORCI	E								
Availability of po		te training p	rogrammes						
Prevention			-		Uı	nknown			
Treatment						nknown			
National standar	ds of care	e for profess	ionals						
For psychiatrists, ps		•		workers					
INFORMATIC	N SYST	TEMS							
			C	Collected			Repor	ted	
Epidemiological sub	stance use	e data		No			Unkno		
Substance use indichealth information	ators as a			Yes			Unkno		
Monitoring of subsideaths	tance use r	related	l	Jnknown			1		

Kuwait

		Kuwait	-					
DEMOGRAPHIC INFORM	ATION							
Total population (000), 2012				3 806				
Population in urban areas (%), 2013				100				
Adult literacy rate (15–24 years) %				95				
Life expectancy at birth (years), 2012		78						
Income group (World Bank)		High income						
LEADERSHIP AND GOVE	RNANCE							
		Preve	ntion		Treatment			
Principal ministry(ies)		Ministry o	of health	ı	Ministry of health			
Unit/entity responsible for policies		, Ye			Yes			
, , ,	Т	his unit is also resp	onsible for po	licies This un	it is also responsible for			
		covering healt		policies	s covering mental health nd criminal justice			
Diversion schemes from crimina	al justice to hea	alth care system						
		As an alternati sanct		al Ina	ddition to criminal sanctions			
Voluntary treatment		Ye	S		Yes			
Compulsory treatment		Ye	s		Yes			
Drug courts		Most juris	dictions					
FINANCING								
Main financing method for treat	ment services	for substance us	e disorders					
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient I	Rehabilitation OAMT			
Government financing	Yes	Yes	Yes	Yes	Yes			
Employer financing								
Households								
Nongovernmental organizations and other external financing								
Global Fund financing								
SERVICE ORGANIZATION	AND DELI	VERY						
Service provision and cover	age							
Main providers of treatment ser	vices							
		First		Second	Third			
Alcohol use disorders		Mental health facil	ities	Therapeutic communities	Community-based self-support groups			
Drug use disorders		Mental health facil	ities	Therapeutic communities	Community-based self-support groups			
Availability of specialized treatn	nent facilities f	or substance use	disorders					
		In the capital c		ther major citie	es In other areas			
		Yes	·	Yes	Yes			
Main substance reported at trea	tment entry							
First			(Opioids				
Second				ATS				
Third			S	edatives				
Treatment coverage for substan	ce dependence	•						
Opioid dependence			U	Inknown				
Cannabis dependence			U	Inknown				
Cocaine dependence			U	Jnknown				
Alcohol dependence			U	Jnknown				

Access to treatment for substance dependence			
Opioid dependence		99%-100%	
Cannabis dependence		99%-100%	
Cocaine dependence		99%-100%	
Alcohol dependence		99%-100%	
Pharmacological treatment			
Guidelines on pharmacological treatment		Yes	
Registration and availability of medications			
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependen	ce No	No	-
Buprenorphine/naloxone (tablets) for opioid dependent	ce No	No	-
Buprenorphine/naloxone (films) for opioid dependence	Yes	Yes for detoxification only	-
Naltrexone (tablets) for opioid dependence	No	-	-
Methadone (liquid) for opioid dependence	No	No	-
Methadone (tablets) for opioid dependence	No	No	-
Clonidine (tablets) for opioid withdrawal	Yes	No	1
Lofexidine (tablets) for opioid withdrawal	No	-	1
Naloxone (for injection) for opioid overdose	Yes	Yes	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	-	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	No	-	-
Naltrexone (tablets) for alcohol dependence	No	-	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
Special programmes and services			
HIV and hepatitis testing, counselling and treatment services for substance use disorders)	nent availability (perc	entage of total in speciali	zed facilities and
HIV testing and counselling		61%-100%	
HIV (ARV) treatment		61%-100%	
Hepatitis testing and counselling		61%-100%	
Hepatitis vaccination		61%-100%	
Hepatitis treatment		61%-100%	
Harm reduction programmes			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		Yes	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
Special treatment programmes for women, child	dren and adolescents	with substance use disord	lers
	In the capital city	In other major cities	In other areas
For women	Yes	Yes	Yes
For children and adolescents	No	No	No

Social service	es for people	with substa	nce use disorde	ers					
			In th	ne capital city	/ In	other ma	ijor cities	In oth	er areas
Special housing	services			No		No	•	1	No
Employment se	ervices			No		No	•	1	No
Open access	interventions	for substar	nce use probler	ns					
			Alcohol use					rug use	
Telephone help	o-lines			Yes				Yes	
Web-based into	erventions		Yes Yes						
Mobile phone-	based intervent	cions		Yes				Yes	
Mutual suppo	ort/self-help g	roups							
			Alcoholics Anonymous	Narcotics Anonymou		ocaine nymous	Al-Anon/ Alateen		ly suppor roups
			Yes	Yes		No	Yes		Yes
Prevention	activities								
Prevention p	rogrammes								
			Coverage	e for alcohol	use		Coverage f	or drug (use
School (manua	l)-based progra	mmes	High	h (31%-60%)			High (31	%–60%)	
Workplace pro	grammes		-				-		
Parenting prog			· ·	n (31%–60%)			High (31	%–60%)	
Prevention p	rogrammes fo	or specific p	opulations						
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Childre and adolesce	with rents he	sons mental alth rders	Young adults
Alcohol use	Yes	_	_	_	Yes	Yes		_	Yes
Drug use	Yes	_	_	_	Yes	Yes		_	Yes
Screening an	d brief interv	entions for	substance use						
			In primary I	health care so	ervices		In antenat	al servic	es
Alcohol use				None			No	one	
Drug use				None			No	one	
WORKFO	RCE								
Availability o	f postgraduat	e training p	rogrammes						
Prevention					Ur	nknown			
Treatment					Ur	nknown			
National star	ndards of care	for profess	ionals						
For psychiatris	ts, psychiatric n	urses, psycho	logists and social	workers					
INFORMA ^T	TION SYST	EMS							
			C	Collected			Repo	orted	
Epidemiologica	l substance use	data		Yes			Y	es	
Substance use health informa	indicators as a p tion system	oart of the		Yes			Y	es	
Monitoring of s	substance use r	elated		No				/	

Lebanon

	Lebanon						
DEMOGRAPHIC INFORMATION							
Total population (000), 2013		4 168					
Population in urban areas (%), 2012		85					
Adult literacy rate (15–24 years) %	99						
Life expectancy at birth (years), 2012	80						
Income group (World Bank)	Upper middle income						
LEADERSHIP AND GOVERNANCE							
	Preventio	on	Treatment				
Principal ministry(ies)	Ministries of health, inte	erior and social	Ministry of health				
Unit/entity responsible for policies	No		Yes for drugs only				
Diversion schemes from criminal justice to	health care system						
	As an alternative t		n addition to criminal sanctions				
Voluntary treatment	No		No				
Compulsory treatment	No		No				
Drug courts	None						
FINANCING							
Main financing method for treatment servi	ces for substance use d	lisorders					
Outpatier detoxificati	•	Outpatient Inpatient reatment	Rehabilitation OAMT				
Government financing Yes		Yes					
Employer financing							
Households	Yes	Yes	Yes				
Nongovernmental organizations and other external financing		Yes					
Global Fund financing							
SERVICE ORGANIZATION AND DI	ELIVERY						
Service provision and coverage							
Main providers of treatment services							
	First	Second	Third				
Alcohol use disorders	Mental health facilities	General health ca facilities	re General health care services				
Drug use disorders	Standalone facilities for SUDs	Mental health facili	ties General health care facilities				
Availability of specialized treatment faciliti	es for substance use di	sorders					
	In the capital city	In other major c	ities In other areas				
	Yes	No	No				
Main substance reported at treatment enti-	ry						
First		Sedatives					
Second		Cannabis					
Third		Opioids					
Treatment coverage for substance depende	ence						
Opioid dependence		Unknown					
Cannabis dependence		Unknown					
Cocaine dependence		Unknown					

Unknown

Access to treatment for substance dependence	'e		
Opioid dependence		Unknown	
Cannabis dependence		11%–20%	
Cocaine dependence		Unknown	
Alcohol dependence		Unknown	
Pharmacological treatment		Chichewh	
Guidelines on pharmacological treatment		Yes	
Registration and availability of medications		163	
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised
Tor opioid dependence/withdrawai/overdose	negisti ation	Availability	dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid depend	lence Yes	For detoxification and maintenance treatment	Yes
Buprenorphine/naloxone (tablets) for opioid depend	ence No	No	No
Buprenorphine/naloxone (films) for opioid dependen	ce No	No	No
Naltrexone (tablets) for opioid dependence	No	No	No
Methadone (liquid) for opioid dependence	Yes	No	No
Methadone (tablets) for opioid dependence	Yes	No	No
Clonidine (tablets) for opioid withdrawal	No	No	1
Lofexidine (tablets) for opioid withdrawal	No	No	1
Naloxone (for injection) for opioid overdose	Yes	No	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	No	1
Diazepam (tablets) for alcohol withdrawal	Yes	No	Yes
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	No	Yes
Special programmes and services			
HIV and hepatitis testing, counselling and treaservices for substance use disorders)	tment availability (perd	centage of total in special	lized facilities and
HIV testing and counselling		None	
HIV (ARV) treatment		None	
Hepatitis testing and counselling		1%-10%	
Hepatitis vaccination		1%-10%	
Hepatitis treatment		1%-10%	
Harm reduction programmes			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		Yes	
Condom distribution programmes		No	
Special treatment programmes for women, ch	nildren and adolescents	with substance use disor	ders
	In the capital city	In other major cities	In other areas
For women	No	No	No
For children and adolescents	No	No	No

Social services	for neonle	with substa	nce use disorde	re					
Social services	ior people	WILII SUDSLA		e capital city	, In	other ma	ion cities	In oth	er areas
Canaial bassing an			III CIR	No No	' 111	No	-		er areas No
Special housing se									
Employment servi				No		No		Г	No
Open access int	tervention	s for substai	nce use probler						
				Alcohol	use		C	rug use	
Telephone help-lir				No				No	
Web-based interv				No				No	
Mobile phone-bas				No				No	
Mutual support	/self–help g	groups							
			Alcoholics Anonymous	Narcotic Anonymo	_	ocaine onymous	Al-Anon/ Alateen		ly support roups
			Yes	No		No	No		No
Prevention a									
Prevention prog	grammes								
			Coverage	e for alcoho	l use		Coverage f	or drug	use
School (manual)-b	oased progra	mmes	Son	ne (1%–30%)			Some (%–30%)	
Workplace progra	ammes			None			No	one	
Parenting progran	nmes			None			No	one	
Prevention prog	grammes f	or specific p	opulations						
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Childro and adolesce	with i	sons mental alth rders	Young adults
Alcohol use	_	Yes	_	-	_	_		_	Yes
Drug use	_	Yes	_	_	_	_		_	Yes
Screening and b	brief interv	entions for	substance use						
_			In primary I	nealth care s	services		In antenat	al servic	es
Alcohol use				None			Few (1	%–10%)	
Drug use				None			•	%–I0%)	
WORKFORG	Œ						(**		
Availability of p		te training r	rogrammes						
Prevention Prevention		В Р	0.3	For	psychiatris	sts and psyc	hologists		
Treatment				. 31		sychiatrists			
National standa	ards of care	for profess	ionals		101 þ				
For psychiatrists,		-		urses psycho	logists and	l social wor	kers		
INFORMATION			nses, psychiaeric n	ы зез, рзусно	1061313 11110	Jocial Wol	ici s		
INFORMATI	ONSIS	LIND		Collected			Do-	orted	
Enidomiological a	uhatanaa uaa	doto	•						
Epidemiological su Substance use ind health information	licators as a			No No				nown	
Monitoring of sub deaths	,	related		No				/	

Libya

		Libya							
DEMOGRAPHIC INFORM	ATION								
Total population (000), 2013			6 0	28					
Population in urban areas (%), 2013			86	,					
Adult literacy rate (15-24 years) %			90)					
Life expectancy at birth (years), 2012	2		75	;					
Income group (World Bank)			Upper midd	lle income					
LEADERSHIP AND GOVERNANCE									
		Prevention			Treatment				
Principal ministry(ies)		Ministry of healt	h	М	inistry of health				
Unit/entity responsible for policies		Yes			Yes				
		is also responsible covering mental he	•		lso responsible for ring mental health	policies			
Diversion schemes from crimina	al justice to hea	ılth care system							
	As ar	n alternative to o sanctions	riminal	In addition	n to criminal sand	ctions			
Voluntary treatment		Yes			Yes				
Compulsory treatment		Yes			Yes				
Drug courts		None							
FINANCING									
Main financing method for treat	tment services	for substance us	e disorders						
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT			
Government financing		Yes	Yes	Yes					
Employer financing									
Households									
Nongovernmental organizations and other external financing									
Global Fund financing									
SERVICE ORGANIZATION	NAND DELI	VERY							
Service provision and cover	rage								
Main providers of treatment ser	vices								
		First	Secon	ıd	Third				
Alcohol use disorders	Mental	health facilities	_		_				
Drug use disorders	Mental	health facilities	_		_				
Availability of specialized treatr	nent facilities fo	or substance use	disorders						
	In the	capital city	In other maj	or cities	In other area	as			
		-	Yes		_				
Main substance reported at trea	atment entry								
First			Оріс	oids					
Second			Cann	abis					
Third			Sedat	ives					
Treatment coverage for substan	ce dependence								
Opioid dependence			No	ne					
Cannabis dependence			No	ne					
Cocaine dependence			-						
Alcohol dependence			No	ne					

Access to treatment for substance depende	ence		
Opioid dependence		_	
Cannabis dependence		_	
Cocaine dependence		_	
Alcohol dependence		_	
Pharmacological treatment			
Guidelines on pharmacological treatment		No	
Registration and availability of medications			
For opioid dependence/withdrawal/ overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence	No	No	No
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	No
Buprenorphine/naloxone (films) for opioid dependence	No	No	No
Naltrexone (tablets) for opioid dependence	No	No	No
Methadone (liquid) for opioid dependence	No	No	No
Methadone (tablets) for opioid dependence	No	No	No
Clonidine (tablets) for opioid withdrawal	Yes	Yes	1
Lofexidine (tablets) for opioid withdrawal	No	No	1
Naloxone (for injection) for opioid overdose	No	No	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	No	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	No
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
Special programmes and services			
HIV and hepatitis testing, counselling and tr services for substance use disorders)	reatment availability (p	ercentage of total i	n specialized facilities and
HIV testing and counselling			
HIV (ARV) treatment		61%-100%	
Hepatitis testing and counselling		61%–100% 61%–100%	
-1			
Hepatitis vaccination		61%–100%	
, ,		61%–100%	
Hepatitis vaccination		61%–100%	
Hepatitis vaccination Hepatitis treatment		61%–100%	
Hepatitis vaccination Hepatitis treatment Harm reduction programmes		61%-100% 61%-100% - -	
Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug		61%-100% 61%-100% - - No	
Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users		61%-100% 61%-100% - - No No	
Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services		61%-100% 61%-100% - - No No	
Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop—in services Naloxone distribution programmes	, children and adolescer	61%-100% 61%-100% No No No No No	ise disorders
Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women,		61%-100% 61%-100% No No No No No	ise disorders In other areas
Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women,		61%-100% 61%-100% No	

Social services for pe	eople v	vith substa	nce use disorde	ers					
	•		In the capit		In other r	najor citie	s In o	other ar	eas
Special housing services	;		No	-	ı	No		No	
Employment services			No		1	No No			
Open access interver	ntions	for substar	nce use problen	ns					
			Al	cohol use			Drug	use	
Telephone help-lines				No			No)	
Web-based intervention	ns			No			No)	
Mobile phone based inte	erventio	ons	No No						
Mutual support/self-h	Mutual support/self-help groups								
			Alcoholics Anonymous	Narcotic Anonymo		ocaine nymous	Al-Anon/ Alateen		y support roups
			No	No		No	No		No
Prevention activit	ies								
Prevention programm	mes								
			Coverage	e for alcoho	l use		Coverage fo	r drug u	ise
School (manual) based p	orogram	nmes		-			-		
Work place programme	es.			-			-		
Parenting programmes				-			-		
Prevention programm	mes fo	r specific p	opulations						
Priso	ners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Childre and adolesce	with m	ental th	Young adults
Alcohol use –		_	_	_	_	_	_		_
Drug use –		_	_	_	Yes	_	_		_
Screening and brief in	nterve	ntions for	substance use						
-			In primary h	nealth care	services		In antenata	l service	es
Alcohol use				-			Unkno	own	
Drug use				None			Unkno	own	
WORKFORCE									
Availability of postgr	aduate	e training p	rogrammes						
Prevention						None			
Treatment						None			
National standards o	f care	for profess	ionals						
-									
INFORMATION S	SYST	EMS							
			C	Collected			Repor	ted	
Epidemiological substance	ce use	data		No			No	ı	
Substance use indicators health information syste		art of the		No			No		
Monitoring of substance deaths	use re	lated		No			1		

Morocco

	Moroco	: O	
DEMOGRAPHIC INFORMAT	ION		
Total population (000), 2013		32 950	
Population in urban areas (%), 2013		59	
Adult literacy rate (15–24 years) %		67	
Life expectancy at birth (years), 2012		71	
Income group (World Bank)		Lower middle incor	ne
LEADERSHIP AND GOVERN	IANCE		
	Prevention		Treatment
Principal ministry(ies)	Ministry of healt	h	Ministry of health
Unit/entity responsible for policies	Yes		Yes
, , , ,	This unit is also respon policies covering menta noncommunicable diseases, health promotio	l health, covering tobacco and disease	nit is also responsible for policies g mental health, noncommunicable es, tobacco and health promotion
Diversion schemes from criminal ju	ustice to health care system		
	As an alternative to sanctions	criminal In ac	dition to criminal sanctions
Voluntary treatment	Yes		Yes
Compulsory treatment	Yes		Yes
Drug courts	None		
FINANCING			
Main financing method for treatme	ent services for substance us	e disorders	
	utpatient Inpatient coxification	Outpatient Inpat treatment treatm	
Government financing	Yes		Yes
Employer financing			
Households		Yes Ye	es
Nongovernmental organizations and other external financing			
Global Fund financing			Yes
SERVICE ORGANIZATION A	ND DELIVERY		
Service provision and coverag	e		
Main providers of treatment service	es		
	First	Second	Third
Alcohol use disorders	Standalone facilities for substance use disorders	Mental health facilitie	es Mental health services
Drug use disorders	Stand-alone facilities for substance use disorders	Mental health facilitie	es Mental health services
Availability of specialized treatmen	nt facilities for substance use	disorders	
	In the capital city	In other major citi	es In other areas
	Yes	Yes	Yes
Main substance reported at treatm	ent entry		
First		Cannabis	
Second		Sedatives	
Third		Alcohol	
Treatment coverage for substance	dependence		
Opioid dependence		Limited (11%–20%	5)
Cannabis dependence		Very limited (1%–10)%)
Cocaine dependence		Limited (11%–20%	S)
Alcohol dependence		Very limited (1%–10	

Access to treatment for substance depend	dence		
Opioid dependence		11%–20%	
Cannabis dependence		1%–10%	
Cocaine dependence		1%–10%	
Alcohol dependence		1%–10%	
Pharmacological treatment			
Guidelines on pharmacological treatment		Yes	
Registration and availability of medication	ıs		
For opioid dependence/withdrawal/ overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence	No	No	Unknown
Buprenorphine/naloxone (tablets) for opioid dependence	Yes	-	Yes
Buprenorphine/naloxone (films) for opioid dependence	Unknown	Unknown	Yes
Naltrexone (tablets) for opioid dependence	Yes	Yes	Yes
Methadone (liquid) for opioid dependence	Yes	For maintenance treatment	Yes
Methadone (tablets) for opioid dependence	No	No	-
Clonidine (tablets) for opioid withdrawal	Yes	Yes	1
Lofexidine (tablets) for opioid withdrawal	Unknown	Unknown	1
Naloxone (for injection) for opioid overdose	Yes	Yes	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	Unknown	Unknown	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	No
Disulfiram (tablets) for alcohol dependence	Unknown	Unknown	Unknown
Naltrexone (tablets) for alcohol dependence	Yes	Yes	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
Special programmes and services			
HIV and hepatitis testing, counselling and services for substance use disorders)	treatment availability	(percentage of total in	specialized facilities and
HIV testing and counselling		1%–10%	
HIV (ARV) treatment		61%–100%	
Hepatitis testing and counselling		1%–10%	
Hepatitis vaccination		None	
Hepatitis treatment		11%–30%	
Harm reduction programmes			
Needle/syringe exchange programmes		Yes	
Outreach services for injecting drug users		Yes	
Drop-in services		Yes	
Naloxone distribution programmes		-	
Condom distribution programmes	191	Yes	li I
Special treatment programmes for wome			
	n the capital city	In other major cities	In other areas
For shildren and adolescents	No No	No No	No No
For children and adolescents	No	INO	No

Social services for people	e with substa	nce use disorde	ers				
		In the capit	al city I	In other r	major citie	s In o	ther areas
Special housing services		No		1	No		No
Employment services		No		1	No		No
Open access intervention	ns for substa	nce use problen	ns				
		Al	cohol use			Drug u	ise
Telephone help-lines			No			No	
Web-based interventions			No			No	
Mobile phone-based interve	entions		No			No	
Mutual support/self-help	groups						
		Alcoholics Anonymous	Narcotics Anonymou		ocaine nymous	Al-Anon/ Alateen	Family support
		Yes	No		No	No	No
Prevention activities							
Prevention programmes							
		Coverage	e for alcohol	use		Coverage for	drug use
School (manual) based progr	rammes	Som	ne (1%–30%)			Some (1%-	-30%)
Work place programmes		Som	ne (1%–30%)			Some (1%-	-30%)
Parenting programmes			_			Some (1%-	-30%)
Prevention programmes	for specific p	opulations					
Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Childre and adolescer	with me	ental adults
Alcohol use –	Yes	_	_	_	Yes	_	_
Drug use Yes	_	Yes	_	Yes	Yes	_	Yes
Screening and brief inter	ventions for	substance use					
		In primary h	nealth care s	ervices		In antenatal	services
Alcohol use			None			None	2
Drug use			None			None	<u> </u>
WORKFORCE							
Availability of postgradua	ate training p	rogrammes					
Prevention			For psychi	iatrists, me	dical docto	rs and nurses	
Treatment			For psychi	iatrists, me	dical docto	rs and nurses	
National standards of car	re for profess	ionals					
For psychiatrists, addiction n	nedicine specia	lists and other me	edical doctors				
INFORMATION SYS	TEMS						
		C	Collected			Report	ed
						Yes	
Epidemiological substance us	se data		Yes				
Epidemiological substance us Substance use indicators as a health information system			Yes Yes			Yes	

Oman

		Oman				
DEMOGRAPHIC INFORM	MATION					
Total population (000), 2013			3 855			
Population in urban areas (%), 2010)		75			
Adult literacy rate (15-24 years) %	•		88			
Life expectancy at birth (years), 20			76			
Income group (World Bank)			High inco	ome		
LEADERSHIP AND GOV	ERNANCE					
		Prevention			Treatment	
Principal ministry(ies)		Ministry of health	1	1	Ministry of health	
Unit/entity responsible for policies		Yes			Yes	
Diversion schemes from crimi	nal justice to he	alth care system				
	-	rnative to crimin	al sanctions	In additio	on to criminal sa	nctions
Voluntary treatment		Yes			No	
Compulsory treatment		Yes			Yes	
Drug courts		None				
FINANCING						
Main financing method for trea	atment services	for substance us	e disorders			
-	Outpatient	Inpatient	Outpatient	Inpatient	Rehabilitation	OAMT
	detoxification	detoxification	treatment	treatment		
Government financing		Yes	Yes	Yes	Yes	
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
SERVICE ORGANIZATION	N AND DELI	VERY				
Service provision and cover	erage					
Main providers of treatment so	ervices					
	ļ	First	Se	cond	Thir	d
Alcohol use disorders	Mental h	ealth facilities	Mental he	alth services	-	
Drug use disorders	Mental h	ealth facilities	Mental he	alth services	_	
Availability of specialized treat	tment facilities f	or substance use	disorders			
	In the	capital city	In other	major cities	In other	areas
		Yes		-	-	
Main substance reported at tro	eatment entry					
First			Cannab	is		
Second			Opioid	s		
Third			Sedative	es		
Treatment coverage for substa	ance dependence	e				
Opioid dependence			-			
Cannabis dependence			-			
Cocaine dependence			_			
Alcohol dependence			More than	40%		
Access to treatment for substa	ance dependence	е				
Opioid dependence			99%-100	0%		
Cannabis dependence			99%-100	0%		
Cocaine dependence			Unknov	vn		
Alcohol dependence			99%–100	0%		

Guidelines on pharmacological treatment		Yes	
Registration and availability of medications		163	
For opioid dependence/withdrawal/ overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence	No	No	-
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	-
Buprenorphine/naloxone (films) for opioid dependence	No	No	-
Naltrexone (tablets) for opioid dependence	No	-	-
Methadone (liquid) for opioid dependence	No	No	-
Methadone (tablets) for opioid dependence	Yes	-	Yes
Clonidine (tablets) for opioid withdrawal	No	-	1
Lofexidine (tablets) for opioid withdrawal	No	-	1
Naloxone (for injection) for opioid overdose	No	-	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	_	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	No	-	_
Naltrexone (tablets) for alcohol dependence	No	-	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
Special programmes and services			
HIV and hepatitis testing, counselling and tro services for substance use disorders)	eatment availabilit	(percentage of total in s	pecialized facilities and
HIV testing and counselling		1%–10%	
HIV testing and counselling HIV (ARV) treatment		1%–10% 1%–10%	
HIV (ARV) treatment		1%–10%	
HIV (ARV) treatment Hepatitis testing and counselling		1%–10% 1%–10%	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination		1%–10% 1%–10% None	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment		1%–10% 1%–10% None	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes		1%–10% 1%–10% None 1%–10%	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug		1%–10% 1%–10% None 1%–10% Unknown	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users		1%–10% 1%–10% None 1%–10% Unknown Unknown	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drugusers Drop-in services		1%–10% 1%–10% None 1%–10% Unknown Unknown	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drugusers Drop-in services Naloxone distribution programmes Condom distribution programmes	children and adole:	1%–10% 1%–10% None 1%–10% Unknown Unknown Unknown Unknown Unknown	e disorders
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drugusers Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women,	the capital city	1%–10% 1%–10% None 1%–10% Unknown Unknown Unknown Unknown Unknown	disorders In other areas
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, In the		1%–10% 1%–10% None 1%–10% Unknown Unknown Unknown Unknown Unknown Unknown	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, In the for women	the capital city Yes –	1%–10% 1%–10% None 1%–10% Unknown Unknown Unknown Unknown Unknown Unknown	
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drugusers Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, In the for women For children and adolescents Social services for people with substance use	the capital city Yes - e disorders	1%–10% 1%–10% None 1%–10% Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	In other areas - -
HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drugusers Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, In the for women For children and adolescents Social services for people with substance use	the capital city Yes –	1%–10% 1%–10% None 1%–10% Unknown Unknown Unknown Unknown Unknown Unknown	

Open access interventions for substa	neo uso problem	ne				
Open access interventions for substa	-	cohol use			D	
Talanhana hala linaa	Ai				Drug (use
Telephone help-lines		Yes			Yes No	
Web-based interventions		No				
Mobile phone–based interventions		No			No	
Mutual support/self-help groups	Alcoholics	N				F!b
	Anonymous	Narcotics Anonymou			Al-Anon/ Alateen	Family suppo groups
	Yes	Yes		_	_	-
Prevention activities						
Prevention programmes						
	Coverage	e for alcohol	use	Co	overage for	drug use
School (manual)-based programmes		None			High (31%	_
Workplace programmes		None			Some (1%	•
Parenting programmes		None			High (31%	ŕ
Prevention programmes for specific	populations				6 (,
	c Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Perso with mo healt disord	ental adults th
Alcohol use Yes –	_	_	Yes	_	_	Yes
Drug use Yes –	_	_	Yes	Yes	_	Yes
Screening and brief interventions for	r substance use					
	In primary h	nealth care s	ervices	Ir	antenatal	services
Alcohol use		None			None	e
Drug use		None			None	e
WORKFORCE						
Availability of postgraduate training	programmes					
Prevention			Ur	nknown		
Treatment			Ur	nknown		
National standards of care for profes	ssionals					
For psychiatrists, addiction medicine speci	alists, other medica	al doctors, nui	rses, psych	ologists and so	cial workers	s
INFORMATION SYSTEMS						
					Report	4 a d
	C	Collected			перы	tea
Epidemiological substance use data	c	Yes			Yes	
	C				•	

Pakistan

	i akista		
DEMOGRAPHIC INFORM	MATION		
Total population (000), 2013		184 350	
Population in urban areas (%), 2013		38	
Adult literacy rate (15–24 years) %		58	
Life expectancy at birth (years), 20	12	65	
Income group (World Bank)		Lower middle income	
LEADERSHIP AND GOVE	ERNANCE		
	Prevention		Treatment
Principal ministry(ies)	Ministries of health and of nar board		of health and of narcotics control board
Unit/entity responsible for policies	Yes		Yes
Diversion schemes from crimin	nal justice to health care system		
	As an alternative to crimin	nal sanctions In addition	to criminal sanctions
Voluntary treatment	Yes		Yes
Compulsory treatment	Yes		Yes
Drug courts	None		
FINANCING			
Main financing method for trea	atment services for substance us	se disorders	
	Outpatient Inpatient detoxification	Outpatient Inpatient treatment	Rehabilitation OAMT
Government financing	Yes	Yes	
Employer financing			
Households	Yes		
Nongovernmental organizations and other external financing		Yes	Yes
Global Fund financing			Yes
SERVICE ORGANIZATIO	N AND DELIVERY		
Service provision and cove	erage		
Main providers of treatment se	ervices		
	First	Second	Third
Alcohol use disorders	General hospitals	Other general health care services	Community-based self-support groups
Drug use disorders	General hospitals	Other general health care services	Community-based self-support groups
Availability of specialized treat	ment facilities for substance use		
	In the capital city	In other major cities	In other areas
	Yes	Yes	-
Main substance reported at tre	eatment entry		
First		Cannabis	
Second		Opioids	
Third		Sedatives	
Treatment coverage for substa	nce dependence		
Opioid dependence		Very limited (1%–10%)	
Cannabis dependence		Very limited (1%–10%)	
Cocaine dependence		Very limited (1%–10%)	
Alcohol dependence		Very limited (1%–10%)	

Access to treatment for substance dependence			
Opioid dependence		1%–10%	
Cannabis dependence		1%-10%	
Cocaine dependence		1%-10%	
Alcohol dependence		11%–20%	
Pharmacological treatment			
Guidelines on pharmacological treatment		No	
Registration and availability of medications			
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid depende	nce Yes	-	-
Buprenorphine/naloxone (tablets) for opioid dependent	nce No	No	-
Buprenorphine/naloxone (films) for opioid dependence	e No	No	-
Naltrexone (tablets) for opioid dependence	No	No	No
Methadone (liquid) for opioid dependence	No	No	No
Methadone (tablets) for opioid dependence	No	No	No
Clonidine (tablets) for opioid withdrawal	Yes	No	1
Lofexidine (tablets) for opioid withdrawal	Unknown	No	1
Naloxone (for injection) for opioid overdose	No	No	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	Unknown	No	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	No
Disulfiram (tablets) for alcohol dependence	Unknown	No	No
Naltrexone (tablets) for alcohol dependence	No	No	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
Special programmes and services		4	
HIV and hepatitis testing, counselling and treat services for substance use disorders)	ment availability (per	centage of total in speci	alized facilities and
HIV testing and counselling		1%–10%	
HIV (ARV) treatment		1%–10%	
Hepatitis testing and counselling		11%–30%	
Hepatitis vaccination		1%–10%	
Hepatitis treatment		1%–10%	
Harm reduction programmes			
Needle/syringe exchange programmes		Yes	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
Special treatment programmes for women, chi			
	In the capital city	In other major cities	In other areas
For women	No	No	No
For children and adolescents	No	No	No
Social services for people with substance use di			
	In the capital city	In other major cities	In other areas
Special housing services	No	No	No
Employment services	No	No	No

Open access interventions f	for substai	nce use problen	ns				
		•	Alcohol	use		Dru	ig use
Telephone help-lines			No			,	res .
Web-based interventions			No			,	Yes
Mobile phone-based intervention	ons		No			,	Yes
Mutual support/self-help gro	oups						
	•	Alcoholics Anonymous	Narcotic Anonymo		ocaine nymous	Al-Anon/ Alateen	Family support groups
		Yes	Yes		No	No	No
Prevention activities							
Prevention programmes							
		Coverage	e for alcoho	use	c	Coverage for	drug use
School (manual)-based program	mes		None			None	e
Workplace programmes			None			None	e
Parenting programmes			None			None	e
Prevention programmes for	r specific p	opulations					
Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescen	with me	ental adults th
Alcohol use Yes	-	Yes	-	-	-	-	_
Drug use Yes	-	Yes	_	_	_	_	_
Screening and brief interven	ntions for	substance use					
		In primary h	nealth care s	ervices	ı	In antenatal	services
Alcohol use			None			None	e
Drug use			None			None	e
WORKFORCE							
Availability of postgraduate	training p	programmes					
Prevention				1	None		
Treatment				I	None		
National standards of care t	for profess	sionals					
For psychiatrists							
INFORMATION SYSTE	MS						
		C	Collected			Report	ted
Epidemiological substance use d	lata		Yes			Yes	
Substance use indicators as a pa health information system	art of the		Yes			Yes	

Qatar

		Qatar				
DEMOGRAPHIC INFORM	IATION					
Total population (000), 2013			2 003			
Population in urban areas (%), 2013			100			
Adult literacy rate (15–24 years) %			98			
Life expectancy at birth (years), 201	2		79			
Income group (World Bank)	_		High inco	me		
LEADERSHIP AND GOVE	RNANCE		T light lines			
ZZADZNOSIM ARO GOVZ		Prevention			Treatment	
Principal ministry(ies)	Ministries of	health, education, ir welfare	nterior and soci	al Ministrie	es of health and welfare	social
Unit/entity responsible for policies		Yes			Yes	
	mental health	so responsible for , tobacco, noncomr and health promot	nunicable diseas	se policies c tobacco, no	is also responsi overing mental oncommunicable health promotic	health, e disease
Diversion schemes from crimin	al justice to hea	lth care system				
	As an alte	ernative to crimi	nal sanctions	In addition	to criminal s	anctions
Voluntary treatment		Unknown			Unknown	
Compulsory treatment		Unknown			Unknown	
Drug courts		Unknown				
FINANCING						
Main financing method for trea	tment services	for substance us	e disorders			
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient Rotreatment	ehabilitation	OAMT
Government financing	Yes	Yes	Yes	Yes	Yes	Yes
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
SERVICE ORGANIZATIO	N AND DELI	VERY				
Service provision and cove	rage					
Main providers of treatment se	rvices					
		First	\$	econd	Thir	rd
Alcohol use disorders		cilities for substand disorders	te Mental	health facilities	General he facilit	
Drug use disorders		cilities for substand disorders	e Mental	health facilities	-	
Availability of specialized treati						
	In the	capital city	In othe	r major cities	In other	areas
		Yes		-	-	
Main substance reported at tre	atment entry					
First			Alcoho			
Second			Cannab			
Third			Opioid	S		
Treatment coverage for substan	nce dependence					
Opioid dependence			Unknow			
Cannabis dependence			Unknow			
Cocaine dependence			Unknow	'n		

Unknown

Access to treatment for substance dependence			
Access to treatment for substance dependence		90%–98%	
Opioid dependence		99%–100%	
Cannabis dependence		Unknown	
Cocaine dependence			
Alcohol dependence		90%–98%	
Pharmacological treatment		v	
Guidelines on pharmacological treatment		Yes	
Registration and availability of medications For opioid dependence/withdrawal/overdose	Do sistenti se	A! a.b.: ;4	Daily averagisad
ror opiola dependence/withdrawai/overdose	Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid dependence	Yes	For detoxification and maintenance treatment	-
Buprenorphine/naloxone (tablets) for opioid dependence	Yes	For detoxification and maintenance treatment	-
Buprenorphine/naloxone (films) for opioid dependence	Yes	For detoxification and maintenance treatment	-
Naltrexone (tablets) for opioid dependence	Unknown	Unknown	Unknown
Methadone (liquid) for opioid dependence	Yes	For detoxification and maintenance treatment	-
Methadone (tablets) for opioid dependence	Yes	For detoxification and maintenance treatment	-
Clonidine (tablets) for opioid withdrawal	Yes	_	1
Lofexidine (tablets) for opioid withdrawal	Yes	Yes	1
Naloxone (for injection) for opioid overdose	Yes	Yes	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	Yes	Yes	1
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	-
Disulfiram (tablets) for alcohol dependence	Unknown	-	Unknown
Naltrexone (tablets) for alcohol dependence	Unknown	No	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	-
Special programmes and services			
HIV and hepatitis testing, counselling and treatmer services for substance use disorders)	nt availability (pe	rcentage of total in specia	lized facilities and
HIV testing and counselling		Unknown	
HIV (ARV) treatment		Unknown	
Hepatitis testing and counselling		Unknown	
Hepatitis vaccination		Unknown	
Hepatitis treatment		Unknown	
Harm reduction programmes			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		Unknown	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
Special treatment programmes for women, childre			
In the cap	-	In other major cities	In other areas
For women No		No	No
For children and adolescents Yes		_	-

Social service	es for people	with substa	nce use disorde	ers				
			In the capit	al city	In o	ther major cit	ies In otl	her areas
Special housing	g services		No			No		No
Employment so	ervices		No			No		No
Open access	interventions	s for substar	nce use problen	ns				
			A	Icohol use			Drug use	
Telephone help	p-lines			No			_	
Web-based int	erventions			Unknown			Unknown	
Mobile phone-	-based interven	tions		Unknown			Unknown	
Mutual supp	ort/self-help g	roups						
			Alcoholics Anonymous	Narc Anony		Cocaine Anonymous	Al-Anon/ Alateen	Family support groups
			Unknown	Unkn	own	Unknown	Unknown	Unknow
Prevention	activities							
Prevention p	rogrammes							
			Coverag	e for alcoho	l use	C	Coverage for dr	ug use
School (manua	ıl)-based progra	mmes	Some (1%–30%)			Some (1%–30%)		
Workplace pro	ogrammes		Sor	me (1%-30%)			Some (1%–30	%)
Parenting prog	grammes		Sor	me (1%-30%)			Some (1%–30	%)
Prevention p	rogrammes f	or specific p	opulations					
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persons with mental health disorders	Young adults
Alcohol use	Yes	_	_	_	Yes	Yes	Yes	Yes
Drug use	Yes	_	_	_	Yes	Yes	Yes	Yes
	nd brief interv	entions for	substance use					
				health care	services	ı	n antenatal se	rvices
Alcohol use				Unknown			Unknown	
Drug use				Unknown			Unknown	
WORKFO	RCE							
Availability o	of postgraduat	te training p	rogrammes					
Prevention			-		N	one		
Treatment					N	one		
National star	ndards of care	for profess	ionals					
For psychiatris	sts							
	TION SYST	TEMS						
			(Collected			Reported	
Epidemiologica	al substance use	data		Unknown			Unknown	
Substance use	indicators as a rmation system	part of		Unknown			No	
Monitoring of deaths	substance use r	related		Yes			1	

	Saudi Ara	abia	
DEMOGRAPHIC INFORM	ATION		
Total population (000), 2013		29 994	
Population in urban areas (%), 2012		83	
Adult literacy rate (15–24 years) %		99	
Life expectancy at birth (years), 2012	<u>.</u>	76	
Income group (World Bank)		High income	
LEADERSHIP AND GOVE	RNANCE		
	Prevention		Treatment
Principal ministry(ies)	Ministries of health and	l interior Minist	ries of health and interior
Unit/entity responsible for policies	Yes		Yes
	This unit is also responsible for mental health and health		unit is also responsible for covering mental health and health promotion
Diversion schemes from crimina	al justice to health care system		
	As an alternative to crimi	nal sanctions In addit	tion to criminal sanctions
Voluntary treatment	Yes		Yes
Compulsory treatment	Yes		Yes
Drug courts	None		
FINANCING			
Main financing method for treat	ment services for substance us	se disorders	
	Outpatient Inpatient detoxification	Outpatient Inpatient treatment	Rehabilitation OAMT
Government financing	Yes Yes	Yes Yes	Yes
Employer financing			
Households			
Nongovernmental organizations and other external financing			
Global Fund financing			
SERVICE ORGANIZATION	NAND DELIVERY		
Service provision and cover	rage		
Main providers of treatment ser	vices		
	First	Second	Third
Alcohol use disorders	Stand-alone facilities for substance use disorders	Mental health facilitie	es –
Drug use disorders	Stand-alone facilities for substance use disorders	Mental health facilitie	es –
Availability of specialized treatn	nent facilities for substance use	disorders	
	In the capital city	In other major citi	es In other areas
	Yes	Yes	Yes
Main substance reported at trea	itment entry		
First		Cannabis	
Second		ATS	
Third		Alcohol	
Treatment coverage for substan	ce dependence		
Opioid dependence		Substantial (21%–40%)	
Cannabis dependence		Substantial (21%—40%)	
Cocaine dependence		Substantial (21%–40%)	

Substantial (21%–40%)

Alcohol dependence

Access to treatment for substance dependence					
Opioid dependence		Unknown			
Cannabis dependence	Unknown				
Cocaine dependence		Unknown			
Alcohol dependence		Unknown			
Pharmacological treatment					
Guidelines on pharmacological treatment		Yes			
Registration and availability of medications					
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients		
Buprenorphine (sublingual tablets) for opioid dependence	Yes	For detoxification and maintenance treatment	Yes		
Buprenorphine/naloxone (tablets) for opioid dependence	Yes	For detoxification and maintenance treatment	Yes		
Buprenorphine/naloxone (films) for opioid dependence	Yes	For detoxification and maintenance treatment	Yes		
Naltrexone (tablets) for opioid dependence	Yes	Yes	No		
Methadone (liquid) for opioid dependence	No	No	-		
Methadone (tablets) for opioid dependence	No	No	-		
Clonidine (tablets) for opioid withdrawal	Yes	-	1		
Lofexidine (tablets) for opioid withdrawal	No	-	1		
Naloxone (for injection) for opioid overdose	Yes	Yes	1		
For alcohol dependence/withdrawal					
Acamprosate (tablets) for alcohol dependence	-	-	1		
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes		
Disulfiram (tablets) for alcohol dependence	Yes	-	-		
Naltrexone (tablets) for alcohol dependence	Yes	Yes	1		
For benzodiazepine withdrawal					
Diazepam (tablets) for benzodiazepine withdrawal					
Special programmes and services					
HIV and hepatitis testing, counselling and treatmer services for substance use disorders)	nt availability (per	centage of total in special	ized facilities and		
HIV testing and counselling		Unknown			
HIV (ARV) treatment		Unknown			
Hepatitis testing and counselling		Unknown			
Hepatitis vaccination		Unknown			
Hepatitis treatment		Unknown			
Harm reduction programmes					
Needle/syringe exchange programmes		No			
Outreach services for injecting drug users		No			
Drop-in services		Yes			
Naloxone distribution programmes		No			
Condom distribution programmes		No			
Special treatment programmes for women, childre					
	e capital city	In other major cities	In other areas		
For women	Yes	Yes	-		
For children and adolescents	Yes	Yes	-		

Social services for people v	with substa	nce use disorde	ers					
		In the	capital city	In o	ther majo	or cities	In othe	r areas
Special housing services			Yes		Yes		_	-
Employment services			Yes		Yes		-	-
Open access interventions	for substai	nce use problen	ns					
		Al	cohol use			Drug	g use	
Telephone help-lines			Yes			Y	es	
Web-based interventions			Yes			Y	es	
Mobile phone-based intervent	cions		Yes			Y	es	
Mutual support/self-help g	roups							
		Alcoholics Anonymous Yes	Narcotics Anonymos		caine nymous –	Al-Anon/ Alateen	gi	y support roups Yes
Prevention activities								
Prevention programmes								
, 0		Coverage	e for alcohol	use		Coverage f	or drug u	ise
School (manual)-based program	mmes	High	n (31%–60%)				-	
Workplace programmes		High	n (31%–60%)			High (31	%–60%)	
Parenting programmes		High	n (31%–60%)			High (31	%–60%)	
Prevention programmes for	or specific p	opulations					,	
Prisoners	Pregnant	Commercial	Refugees	People	Childre	n P er	sons	Young
	women	sex workers		with HIV/ AIDS	and adolesce	nts he	nental alth rders	adults
Alcohol use Yes	-	_	_	_	_	Y	es	_
Drug use Yes	-	_	-	-	_	Y	es	_
Screening and brief interve	entions for	substance use						
		In primary l	nealth care s	ervices		In antenat	al service	es
Alcohol use			None			Unkr	nown	
Drug use			None			Unkr	nown	
WORKFORCE								
Availability of postgraduat	e training p	rogrammes						
Prevention				1	None			
Trevention								
Treatment					None			
	for profess	ionals						
Treatment National standards of care For psychiatrists, addiction me community health workers	dicine specia		al doctors, psy	1	None	ologists, socia	al workers	, and
Treatment National standards of care For psychiatrists, addiction me community health workers	dicine specia		al doctors, psy	1	None	ologists, socia	al workers	, and
Treatment National standards of care For psychiatrists, addiction me community health workers	dicine specia	lists, other medica	al doctors, psy	1	None		al workers orted	, and
Treatment National standards of care For psychiatrists, addiction me	dicine specia	lists, other medica		1	None	Repo		, and
Treatment National standards of care For psychiatrists, addiction me community health workers INFORMATION SYST	dicine specia EMS data	lists, other medica	Collected	1	None	Repo Unkr	orted	, and

Somalia

	Joinan		
DEMOGRAPHIC INFORMATI	ON		
Total population (000), 2013		10 195	
Population in urban areas (%), 2009		37	
Adult literacy rate (15-24 years) %		-	
Life expectancy at birth (years), 2012		53	
Income group (World Bank)		Low income	
LEADERSHIP AND GOVERNA	ANCE		
	Prevention		Treatment
Principal ministry(ies)	-	Ministries o	f health, interior and justice
Unit/entity responsible for policies	No		-
Diversion schemes from criminal just	tice to health care system		
	As an alternative to crimi	nal sanctions In addition	n to criminal sanctions
Voluntary treatment	No		-
Compulsory treatment	No		-
Drug courts	None		
FINANCING			
Main financing method for treatmen	nt services for substance us	se disorders	
	tpatient Inpatient oxification	Outpatient Inpatient treatment	Rehabilitation OAMT
Government financing			
Employer financing			
Households			
Nongovernmental organizations and other external financing			
Global Fund financing			
SERVICE ORGANIZATION A	ND DELIVERY		
Service provision and coverage			
Main providers of treatment service			
	First	Second	Third
Alcohol use disorders	_	_	_
Drug use disorders	_	_	_
Availability of specialized treatment	facilities for substance use	disorders	
	In the capital city	In other major cities	In other areas
	No	No	No
Main substance reported at treatme	nt entry		
First		Alcohol	
Second		Opioids	
Third		Cocaine	
Treatment coverage for substance d	ependence		
Opioid dependence		-	
Cannabis dependence		-	
Cocaine dependence		-	
Alcohol dependence		-	
Access to treatment for substance d	ependence		
Opioid dependence		-	
Cannabis dependence		-	
Cocaine dependence		-	
Alcohol dependence		-	

Pharmacological treatment Guidelines on pharmacological treatment		No	
Registration and availability of medications		110	
For opioid dependence/withdrawal/overdos	e Registration	Availability	Daily supervised dosing available for outpatients
Buprenorphine (sublingual tablets) for opioid depe	endence No	No	No
Buprenorphine/naloxone (tablets) for opioid depe	ndence No	No	No
Buprenorphine/naloxone (films) for opioid depend	lence No	No	No
Naltrexone (tablets) for opioid dependence	No	No	No
Methadone (liquid) for opioid dependence	No	No	No
Methadone (tablets) for opioid dependence	No	No	No
Clonidine (tablets) for opioid withdrawal	No	No	1
Lofexidine (tablets) for opioid withdrawal	No	No	1
Naloxone (for injection) for opioid overdose	No	No	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	No	1
Diazepam (tablets) for alcohol withdrawal	No	No	No
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	No	No	No
Special programmes and services			
HIV and hepatitis testing, counselling and to services for substance use disorders)	reatment availability (p	ercentage of total in spe	cialized facilities and
HIV testing and counselling		1%-10%	
HIV (ARV) treatment		1%-10%	
Hepatitis testing and counselling		1%-10%	
Hepatitis vaccination		1%-10%	
Hepatitis treatment		-	
Harm reduction programmes			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
Special treatment programmes for women,	children and adolescer	nts with substance use d	isorders
In t	the capital city	In other major cities	In other areas
For women	No	No	No
	No	No	No
For children and adolescents	INO		
For children and adolescents Social services for people with substance us			
Social services for people with substance us		In other major cities	In other areas
Social services for people with substance us	e disorders	In other major cities	In other areas No

Open access int	terventions	s for substar	nce use problen	ns					
•			_	Alcohol use	:		Drug use		
Telephone help-lir	nes			No			No		
Web-based interv				No			No		
Mobile phone-bas	sed interven	tions		No			No		
Mutual support	/self-help g	roups							
		·	Alcoholics Anonymous		cotics ymous	Cocaine Anonymous	Al-Anon/ Alateen	Family support groups	
			No	1	No	No	No	No	
Prevention ad	ctivities								
Prevention prog	grammes								
			Covera	age for alco	hol use	c	overage for dr	ug use	
School (manual)-b	ased progra	mmes		None			None		
Workplace progra	ammes		None None						
Prevention prog	grammes f	or specific p	opulations						
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persons with mental health disorders	Young adults	
Alcohol use	_	_	_	_	_	_	_	_	
Drug use	-	-	-	-	-	-	-	-	
Screening and b	orief interv	entions for	substance use						
			In primary	y health car	e service	s I	n antenatal se	rvices	
Alcohol use				None			None		
Drug use				None			None		
WORKFORC	E								
Availability of p	ostgraduat	te training p	rogrammes						
Prevention					1	None			
Treatment					1	None			
National standa	ards of care	for profess	ionals						
-									
INFORMATION	ON SYST	TEMS							
				Collected			Reported		
Epidemiological su	ubstance use	data		No			No		
Substance use ind	icators as a	part of		No			No		

INFORMATION SYSTEMS		
	Collected	Reported
Epidemiological substance use data	No	No
Substance use indicators as a part of the health information system	No	No
Monitoring of substance use related deaths	No	1

Sudan

	Sudan				
1ATION					
		36 163	1		
13 36 163 (%), 2012 30					
		50			
2		63			
		Lower middle	income		
RNANCE					
	Prevention			Treatment	
	Ministry of interio	r	٢	linistry of interior	
	Yes, for drugs only	/		Yes	
covering heal	th promotion, non	communicable		•	
al justice to hea	lth care system				
As an alter	native to crimin	al sanctions	In addition	on to criminal sai	nctions
	No			No	
	No			No	
	None				
tment services f	for substance us	e disorders			
Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Yes	Yes	Yes	Yes	Yes	Yes
N AND DELI	VERY				
rage					
rvices					
F	irst	Se	cond	Thire	d
Genera	l hospitals		-	-	
	•		-	-	
	•		-	In other : No	areas
atment entry					
		Alcoho	d		
		Cannab	is		
		Opioid	s		
nce dependence		Opioid	s		
nce dependence		Unknow	/n		
nce dependence		·	/n		
nce dependence		Unknow	yn yn yn		
	This unit is covering head diseases that justice to head As an alter Outpatient detoxification Yes NAND DELIVERAGE Genera Genera Genera ment facilities for In the contract of the contract	Prevention Ministry of interior Yes, for drugs only This unit is also responsible covering health promotion, non diseases, tobacco and mental justice to health care system As an alternative to crimin No No No None As an alternative to detoxification As an alternative to detoxification Yes Yes NAND DELIVERY Prage Prices First General hospitals General hospitals General focilities for substance use In the capital city No	AATION 36 163 30 50 2 63 Lower middle ERNANCE Prevention Ministry of interior Yes, for drugs only This unit is also responsible for policies covering health promotion, noncommunicable diseases, tobacco and mental health hal justice to health care system As an alternative to criminal sanctions No As an alternative to detoxification Treatment Yes Yes Yes Yes Yes Se General hospitals General hospitals General hospitals ment facilities for substance use disorders In the capital city No In other to the capital city No Seatment entry Alcoholicity Alcoholicity In other to the capital city Alcoholicity	ATION 36 163 30 50 2 63 Lower middle income FRNANCE Prevention Ministry of interior Yes, for drugs only This unit is also responsible for policies covering health promotion, noncommunicable diseases, tobacco and mental health That justice to health care system As an alternative to criminal sanctions No No None As an alternative to criminal sanctions No No None This unit is also responsible for policies covering health promotion, noncommunicable diseases, tobacco and mental health This unit is also responsible for policies covering health care system As an alternative to criminal sanctions No No No No No No No This unit is also responsible for policies Covering health care system As an alternative to criminal sanctions In addition This unit is also responsible for policies Covering health care system As an alternative to criminal sanctions No	ATTION 36 163 30 50 2 63 Lower middle income Treatment Ministry of interior Yes, for drugs only This unit is also responsible for policies covering health promotion, oncommunicable diseases, tobacco and mental health Thal justice to health care system As an alternative to criminal sanctions No

Access to treatment for substance dependence	
·	
Cannabis dependence 21%–50%	
Cocaine dependence 1%–10%	
Alcohol dependence 50%–90%	
Pharmacological treatment	
Guidelines on pharmacological treatment No	
Registration and availability of medications	
dosi	supervised ng available outpatients
Buprenorphine (sublingual tablets) for opioid dependence Unknown Unknown	Jnknown
Buprenorphine/naloxone (tablets) for opioid dependence Unknown Unknown	Jnknown
Buprenorphine/naloxone (films) for opioid dependence Unknown Unknown	Jnknown
Naltrexone (tablets) for opioid dependence No No	-
Methadone (liquid) for opioid dependence No No	-
Methadone (tablets) for opioid dependence No No	-
Clonidine (tablets) for opioid withdrawal No No	1
Lofexidine (tablets) for opioid withdrawal No No	1
Naloxone (for injection) for opioid overdose No No	1
For alcohol dependence/withdrawal	
Acamprosate (tablets) for alcohol dependence Unknown Unknown	1
Diazepam (tablets) for alcohol withdrawal Yes –	Yes
Disulfiram (tablets) for alcohol dependence No No	_
Naltrexone (tablets) for alcohol dependence No No	1
For benzodiazepine withdrawal	
Diazepam (tablets) for benzodiazepine withdrawal Yes –	Yes
Special programmes and services	
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized faservices for substance use disorders)	cilities and
HIV testing and counselling None	
HIV (ARV) treatment	
Hepatitis testing and counselling None	
Hepatitis vaccination None	
Hepatitis treatment None	
Harm reduction programmes	
Needle/syringe exchange programmes No	
Outreach services for injecting drug users No	
Drop-in services No	
Naloxone distribution programmes No	
Condom distribution programmes No	
Special treatment programmes for women, children and adolescents with substance use disorders	
In the capital city In other major cities In other	her areas
	N.I.
For women No No	No
For women No No For children and adolescents No No	No
For children and adolescents No No Social services for people with substance use disorders	
For children and adolescents No No Social services for people with substance use disorders	No

Anonymous Anonymous Alateen gro	support oups No
Telephone help-lines Web-based interventions No No Mobile phone based interventions Mutual support/self-help groups Alcoholics Anonymous No No No No Al-Anon/ Alateen No No Prevention activities Prevention programmes Coverage for alcohol use Cocaine Anonymous Alateen No No Cocaine Anonymous No No No No Cocaine Anonymous No No No No No Cocaine Al-Anon/ Alateen No No No No No No Cocaine No No No No No No No No No No	oups No
Web-based interventions No No Mobile phone based interventions No No Mutual support/self-help groups Alcoholics Anonymous Anonymous Anonymous Anonymous Anonymous No Al-Anon/ Alateen No Family Anonymous Anonymous Anonymous No No No No No No Prevention activities Coverage for alcohol use Coverage for drug us	oups No
Mutual support/self-help groups Alcoholics Anonymous Anonymous No	oups No
Mutual support/self-help groups Alcoholics Anonymous Anonymous Anonymous Alateen No N	oups No
Alcoholics Anonymous Alarcotics Al-Anon/ Alateen Roman No	oups No
Prevention activities Prevention programmes Coverage for alcohol use Coverage for drug use	
Prevention programmes Coverage for alcohol use Coverage for drug us	e
Coverage for alcohol use Coverage for drug us	e
Coverage for alcohol use Coverage for drug us	e
•	
tions (manual) subset programmes	
Workplace programmes None None	
Parenting programmes None None	
Prevention programmes for specific populations	
Prisoners Pregnant Commercial Refugees People Children Persons women sex workers with and with mental HIV/ adolescents health AIDS disorders	Young adults
Alcohol use	_
Drug use – – – – – – – –	-
Screening and brief interventions for substance use	
In primary health care services In antenatal services	i
Alcohol use None None	
Drug use None None	
WORKFORCE	
Availability of postgraduate training programmes	
Prevention None	
Treatment None	
National standards of care for professionals	
For psychiatrists, psychologists and social workers	
INFORMATION SYSTEMS	
Collected Reported	
Epidemiological substance use data No No	
Substance use indicators as a part of the No No health information system	
Monitoring of substance use related Yes / deaths	

Syrian Arab Republic

	Syrian Arab F	kepublik			
DEMOGRAPHIC INFORMA	TION				
Total population (000), 2013		21 639			
Population in urban areas (%), 2012		54			
Adult literacy rate (15-24 years) %		86			
Life expectancy at birth (years), 2012		68			
Income group (World Bank)		Lower middle in	ncome		
LEADERSHIP AND GOVER	NANCE				
	Prevention		1	Treatment	
Principal ministry(ies)	Ministry of healt	h	Min	istry of health	
Unit/entity responsible for policies	Yes			Yes	
	This unit is also responsible covering mental he			o responsible for ng mental health	•
Diversion schemes from criminal	justice to health care system				
	As an alternative to crimin	nal sanctions	In addition	to criminal san	ctions
Voluntary treatment	Yes			Yes	
Compulsory treatment	No			No	
Drug courts	None				
FINANCING					
Main financing method for treatment services for substance use disorders					
	Outpatient Inpatient etoxification	•	Inpatient R reatment	ehabilitation	OAMT
Government financing	Yes		Yes		
Employers financing					
Households	Yes	Yes			
Nongovernmental and other external financing					
Global Fund financing					
SERVICE ORGANIZATION	AND DELIVERY				
Service provision and covera	ge				
Main providers of treatment servi	ces				
	First	Seco	ond	Third	
Alcohol use disorders	Mental health facilities	General health	care facilities	Mental health	services
Drug use disorders	Mental health facilities	General health	care facilities	Mental health	services
Availability of specialized treatme	nt facilities for substance use	disorders			
	In the capital city	In other m	ajor cities	In other a	reas
	Yes	_		_	
Main substance reported at treatment	ment entry				
First		Opioids			
Second		Prescription of	oioids		
Third		Alcohol			
Treatment coverage for substance	dependence				
Opioid dependence		Unknown			
Cannabis dependence		Unknown			
Cocaine dependence		Unknown			

Unknown

Alcohol dependence

Access to treatment for substance dependence		210/ 500/			
Opioid dependence		21%–50%			
Cannabis dependence		21%–50%			
Cocaine dependence		21%–50%			
Alcohol dependence	21%–50%				
Pharmacological treatment					
Guidelines on pharmacological treatment		No			
Registration and availability of medications					
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients		
Buprenorphine (sublingual tablets) for opioid dependence	No	No	-		
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	-		
Buprenorphine/naloxone (films) for opioid dependence	No	No	-		
Naltrexone (tablets) for opioid dependence	No	No	-		
Methadone (liquid) for opioid dependence	No	No	-		
Methadone (tablets) for opioid dependence	No	No	-		
Clonidine (tablets) for opioid withdrawal	Yes	No	1		
Lofexidine (tablets) for opioid withdrawal	No	No	1		
Naloxone (for injection) for opioid overdose	Yes	Yes	1		
For alcohol dependence/withdrawal					
Acamprosate (tablets) for alcohol dependence	No	No	1		
Diazepam (tablets) for alcohol withdrawal	Yes	_	No		
Disulfiram (tablets) for alcohol dependence	No	No	_		
Naltrexone (tablets) for alcohol dependence	No	No	1		
For benzodiazepine withdrawal					
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No		
Special programmes and services					
HIV and hepatitis testing, counselling and treatment services for substance use disorders)	availability (perd	centage of total in special	ized facilities and		
HIV testing and counselling		31%–60%			
HIV (ARV) treatment		-			
Hepatitis testing and counselling		31%–60%			
Hepatitis vaccination		-			
Hepatitis treatment		-			
Harm reduction programmes					
Needle/syringe exchange programmes		No			
Outreach services for injecting drug users		No			
Drop-in services		No			
Naloxone distribution programmes		No			
Condom distribution programmes		No			
Special treatment programmes for women, children	and adolescents	with substance use disor	ders		
In th	ne capital city	In other major cities	In other areas		
For women	No	No	No		
For children and adolescents	No	No	No		
Social services for people with substance use disorder	rs				
In th	ne capital city	In other major cities	In other areas		
Special housing services	No	No	No		
Employment services	No	No	No		

Open access interventions for s	substan	ce use problen	ns					
			Alcoho	ol use		Dru	ig use	
Telephone help-lines			No)		No		
Web-based interventions			No)		ı	No	
Mobile phone-based interventions			No	o		1	No	
Mutual support/self-help group	s							
		Alcoholics Anonymous	Narcotics Anonymo			l-Anon/ Alateen	-	y support oups
		No	No		No	No		No
Prevention activities								
Prevention programmes								
		Coverage	for alcohol	luse	Co	verage for	drug u	se
School (manual) based-programmes	S		-			-		
Workplace programmes			-			-		
Parenting programmes			-			-		
Prevention programmes for spe	ecific po	opulations						
	gnant omen	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Perso with me healt disorde	ental h	Young adults
Alcohol use –	_	_	_	Yes	_	_		_
Drug use –	-	_	_	Yes	_	_		_
Screening and brief intervention	ns for s	ubstance use						
		In primary h	ealth care s	services	In	antenatal	service	es
Alcohol use		Fev	v (1%–10%)			Few (1%–	10%)	
Drug use		Fev	v (1%–10%)			Few (1%-	10%)	
WORKFORCE								
Availability of postgraduate tra	ining pr	rogrammes						
Prevention					None			
Treatment					None			
National standards of care for p	professi	onals						
					_			
INFORMATION SYSTEMS	S							
		C	Collected			Report	ed	
Epidemiological substance use data			No			Yes		
Substance use indicators as a part of health information system	of the		Yes			Yes		
Monitoring of substance use related	i		No			1		

deaths

Tunisia

Tunisia					
DEMOGRAPHIC INFORMA	TION				
Total population (000), 2012			10 88	5	
Population in urban areas (%), 2012			66		
Adult literacy rate (15–24 years) %			97		
Life expectancy at birth (years), 2012			74		
Income group (World Bank)			Upper middle	income	
LEADERSHIP AND GOVER	NANCE				
		Prevention			Treatment
Principal ministry(ies)		Ministry of health		М	inistry of health
Unit/entity responsible for policies		Yes			Yes
		is also responsible g mental health and	•		lso responsible for policies ental health and tobacco
Diversion schemes from criminal	justice to hea	alth care system			
	As an alter	rnative to crimin	al sanctions	In addition	n to criminal sanctions
Voluntary treatment		Yes			Yes
Compulsory treatment		No			No
Drug courts		None			
FINANCING					
Main financing method for treatm	nent services	for substance us	e disorders		
	Outpatient etoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation OAMT
Government financing	Yes	Yes	Yes	Yes	Yes
Employer financing					
Households					
Nongovernmental organizations and other external financing					
Global Fund financing					
SERVICE ORGANIZATION	AND DELI	VERY			
Service provision and covera	ige				
Main providers of treatment serv	ices				
	F	irst	Se	cond	Third
Alcohol use disorders	Mental he	ealth services	General heal	th care services	-
Drug use disorders	Mental he	ealth services	General heal	th care services	Nongovernmental organizations
Availability of specialized treatme	ent facilities fo	or substance use	disorders		
	In the o	capital city	In other	major cities	In other areas
		Yes		Yes	Yes
Main substance reported at treat	ment entry				
First			Cannab		
Second			Volatile inh	alants	
Third			Sedativ	es	
Treatment coverage for substance	e dependence				
Opioid dependence			Unknov		
Cannabis dependence			Very limited (
Cocaine dependence			None		

Very limited (1%–10%)

Alcohol dependence

Access to treatment for substance dependence Opioid dependence Cannabis dependence Unknown Cocaine dependence Unknown Alcohol dependence Unknown Pharmacological treatment Guidelines on pharmacological treatment Registration and availability of medications For opioid dependence/withdrawal/overdose Buprenorphine (sublingual tablets) for opioid dependence No No No No No No No No No N
Cannabis dependence Cocaine dependence Unknown Alcohol dependence Unknown Pharmacological treatment Guidelines on pharmacological treatment Registration and availability of medications For opioid dependence/withdrawal/overdose Buprenorphine (sublingual tablets) for opioid dependence No
Cocaine dependence Alcohol dependence Unknown Pharmacological treatment Guidelines on pharmacological treatment No Registration and availability of medications For opioid dependence/withdrawal/overdose Buprenorphine (sublingual tablets) for opioid dependence No No No No No No No No No N
Alcohol dependence Pharmacological treatment Guidelines on pharmacological treatment Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Registration Availability Daily supervised dosing available for outpatients Buprenorphine (sublingual tablets) for opioid dependence No No No No No
Pharmacological treatment Guidelines on pharmacological treatment Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Registration Availability Daily supervised dosing available for outpatients Buprenorphine (sublingual tablets) for opioid dependence No No No No No No
Guidelines on pharmacological treatment No Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Availability Daily supervised dosing available for outpatients Buprenorphine (sublingual tablets) for opioid dependence No
Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Availability Daily supervised dosing available for outpatients Buprenorphine (sublingual tablets) for opioid dependence No
For opioid dependence/withdrawal/overdose Registration Availability Daily supervised dosing available for outpatients Buprenorphine (sublingual tablets) for opioid dependence No
Buprenorphine/naloxone (tablets) for opioid dependence No No No
Buprenorphine/naloxone (films) for opioid dependence No No –
Naltrexone (tablets) for opioid dependence No – –
Methadone (liquid) for opioid dependence No No –
Methadone (tablets) for opioid dependence No No –
Clonidine (tablets) for opioid withdrawal Yes No /
Lofexidine (tablets) for opioid withdrawal No – /
Naloxone (for injection) for opioid overdose Yes Yes /
For alcohol dependence/withdrawal
Acamprosate (tablets) for alcohol dependence No – /
Diazepam (tablets) for alcohol withdrawal Yes No –
Disulfiram (tablets) for alcohol dependence No – –
Naltrexone (tablets) for alcohol dependence No – /
For benzodiazepine withdrawal
Diazepam (tablets) for benzodiazepine withdrawal Yes No –
Special programmes and services
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)
HIV testing and counselling 61%–100%
HIV (ARV) treatment None
Hepatitis testing and counselling 61%–100%
Hepatitis vaccination None
Hepatitis treatment None
Harm reduction programmes
Needle/syringe exchange programmes Yes
Outreach services for injecting drug users No
Drop-in services No
Naloxone distribution programmes No
Condom distribution programmes Yes
Special treatment programmes for women, children and adolescents with substance use disorders
In the capital city In other major cities In other areas
For women No No No
For children and adolescents No No No

Social service	es for people	with substa	nce use disorde	ers					
			In t	he capital ci	ty In	other ma	jor cities	In othe	r areas
Special housing	services			No		No		N	lo
Employment se	ervices			No		No		N	lo
Open access	intervention	s for substar	ice use problen	ns					
				Alcoho	l use		D	rug use	
Telephone help	-lines			No				No	
Web-based inte	erventions			No				No	
Mobile phone-	based interven	tions		No)			No	
Mutual suppo	ort/self-help g	groups							
			Alcoholics Anonymous	Narcotics Anonymou	_	ocaine onymous	Al-Anon/ Alateen		y support oups
			No	No		No	No		No
Prevention	activities								
Prevention pr	rogrammes								
			Coverage	e for alcohol	use		Coverage fo	r drug u	se
School (manual) based-progra	mmes		None			High (319	%–60%)	
Workplace pro	grammes			None			Some (19	%–30%)	
Parenting progr	rammes			None			Some (19	%–30%)	
Prevention pr	rogrammes f	or specific p	opulations						
	Prisoners	Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Childre and adolesce	with m	nental Ith	Young adults
Alcohol use	_	_	_	_	_	_	_		_
Drug use	Yes	_	Yes	_	Yes	Yes	_		Yes
Screening and	d brief interv	entions for	substance use						
			In primary h	nealth care s	ervices		In antenata	ıl service	es
Alcohol use			. ,	None			Unkn	own	
Drug use			Fev	v (1%–10%)			Unkne	own	
WORKFOR	RCE								
Availability of		te training p	rogrammes						
Prevention	, 3 /	31	3	For psychiatr	rists, medic	al doctors	and psycholog	ists	
Treatment							and psycholog		
National stan	dards of care	e for profess	ionals	, ,			, , -0		
		-	lists and psycholo	gists					
INFORMAT			, , , , , , , , , , , , , , , , , , ,	0					
			C	Collected			Repo	rted	
Epidemiological	l substance use	data		Yes			No		
Substance use i	indicators as a			No			Ye		
Monitoring of s	•	related		No			1		

United Arab Emirates

		Arab E				
DEMOGRAPHIC INFORM	1ATION					
Total population (000), 2012			9	206		
Population in urban areas (%), 2013				_		
Adult literacy rate (15–24 years) %				94		
Life expectancy at birth (years), 201	12			76		
Income group (World Bank)			High	income		
LEADERSHIP AND GOVE	ERNANCE					
		Preven	ition		Treatment	
Principal ministry(ies)	Mini	stries of health, ed the national rehab			es of health, interion he national rehabil centre	
Unit/entity responsible for policies		Yes	i		Yes	
		is unit is also respo covering mental h noncommunicable promotion and c	nealth, tobacco, diseases, health	policie toba	unit is also respons es covering mental acco, noncommuni ses, health promoti criminal justice	health, cable
Diversion schemes from crimin	nal justice to hea	alth care system				
		As an alternative sancti		ln :	addition to crim sanctions	inal
Voluntary treatment		Yes	i		-	
Compulsory treatment		Yes	i		Unknown	
Drug courts		Some juris	dictions			
-			dictions			
FINANCING		Come jane	diedolio			
		for substance us				
FINANCING	Outpatient detoxification	for substance us Inpatient detoxification		Inpatient treatment	Rehabilitation	OAMT
FINANCING Main financing method for treat Government financing	Outpatient	for substance us Inpatient	e disorders Outpatient	•	Rehabilitation Yes	OAMT
FINANCING Main financing method for treat Government financing Employer financing	Outpatient detoxification	for substance us Inpatient detoxification	e disorders Outpatient treatment	treatment		OAMT
FINANCING Main financing method for treat Government financing Employer financing Households	Outpatient detoxification	for substance us Inpatient detoxification	e disorders Outpatient treatment	treatment		OAMT
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing	Outpatient detoxification	for substance us Inpatient detoxification	e disorders Outpatient treatment	treatment		OAMT
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing	Outpatient detoxification Yes	for substance us Inpatient detoxification Yes	e disorders Outpatient treatment	treatment		OAMT
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO	Outpatient detoxification Yes	for substance us Inpatient detoxification Yes	e disorders Outpatient treatment	treatment		OAMT
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove	Outpatient detoxification Yes ON AND DELIVERAGE	for substance us Inpatient detoxification Yes	e disorders Outpatient treatment	treatment		OAMT
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO	Outpatient detoxification Yes ON AND DELIVERAGE	for substance us Inpatient detoxification Yes	e disorders Outpatient treatment	Yes Yes	Yes	
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove	Outpatient detoxification Yes ON AND DELI Perage Pervices	for substance us Inpatient detoxification Yes VERY First	e disorders Outpatient treatment Yes	treatment Yes Second	Yes	d
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove Main providers of treatment services Alcohol use disorders	Outpatient detoxification Yes ON AND DELIVerage ervices	for substance us Inpatient detoxification Yes VERY First tand-alone facilities ubstance use disord	e disorders Outpatient treatment Yes for Menta	Yes Second I health facilitie	Yes Thir es General hea faciliti	d alth care es
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove Main providers of treatment service Alcohol use disorders Drug use disorders	Outpatient detoxification Yes ON AND DELL' erage ervices	for substance us Inpatient detoxification Yes VERY First tand-alone facilities ubstance use disord tand-alone facilities ubstance use disord	e disorders Outpatient treatment Yes for Mentaders for Mentaders	treatment Yes Second	Yes Thir es General hea faciliti	d alth care es alth care
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove Main providers of treatment services Alcohol use disorders	Outpatient detoxification Yes ON AND DELL' erage ervices	for substance us Inpatient detoxification Yes VERY First tand-alone facilities ubstance use disord tand-alone facilities ubstance use disord to r substance use	e disorders Outpatient treatment Yes for Menta ders for Menta ders disorders	Yes Second I health facilitie	Thires General hea facilities General hea	d alth care es alth care es
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove Main providers of treatment service Alcohol use disorders Drug use disorders	Outpatient detoxification Yes ON AND DELL' erage ervices	for substance us Inpatient detoxification Yes VERY First tand-alone facilities ubstance use disord tand-alone facilities ubstance use disord or substance use	e disorders Outpatient treatment Yes for Menta ders for Menta ders disorders	Second I health facilitie I health facilitie	Thir es General hea faciliti es General hea faciliti	d alth care es alth care es
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove Main providers of treatment service Alcohol use disorders Drug use disorders Availability of specialized treat	Outpatient detoxification Yes ON AND DELI Perage Pervices Solution Soluti	for substance us Inpatient detoxification Yes VERY First tand-alone facilities ubstance use disord tand-alone facilities ubstance use disord to r substance use	e disorders Outpatient treatment Yes for Menta ders for Menta ders disorders	Yes Second I health facilitie	Thires General hea facilities General hea	d alth care es alth care es
FINANCING Main financing method for treat Government financing Employer financing Households Nongovernmental organizations and other external financing Global Fund financing SERVICE ORGANIZATIO Service provision and cove Main providers of treatment service Alcohol use disorders Drug use disorders	Outpatient detoxification Yes ON AND DELI Perage Pervices Solution Soluti	for substance us Inpatient detoxification Yes VERY First tand-alone facilities ubstance use disord tand-alone facilities ubstance use disord or substance use	e disorders Outpatient treatment Yes for Menta ders for Menta ders disorders ty In oth	Second I health facilitie I health facilitie	Thir es General hea faciliti es General hea faciliti	d alth care es alth care es

Sedatives

Third

Treatment arrange for substance descendance				
Treatment coverage for substance dependence	6.1	1 (2.10/400/)		
Opioid dependence	Subs	tantial (21% -4 0%)		
Cannabis dependence		-		
Cocaine dependence	None			
Alcohol dependence	Very limited (1%–10%)			
Access to treatment for substance dependence				
Opioid dependence		1%–10%		
Cannabis dependence		1%–10%		
Cocaine dependence		-		
Alcohol dependence		11%–20%		
Pharmacological treatment				
Guidelines on pharmacological treatment		No		
Registration and availability of medications				
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatients	
Buprenorphine (sublingual tablets) for opioid dependence	No	No	-	
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	-	
Buprenorphine/naloxone (films) for opioid dependence	No	No	-	
Naltrexone (tablets) for opioid dependence	No	-	-	
Methadone (liquid) for opioid dependence	-	-	-	
Methadone (tablets) for opioid dependence	Yes	For detoxification treatment	-	
Clonidine (tablets) for opioid withdrawal	Yes	Yes	1	
Lofexidine (tablets) for opioid withdrawal	-	-	1	
Naloxone (for injection) for opioid overdose	No	-	1	
For alcohol dependence/withdrawal				
Acamprosate (tablets) for alcohol dependence	No	No	1	
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes	
Disulfiram (tablets) for alcohol dependence	-	-	-	
Naltrexone (tablets) for alcohol dependence	No	-	1	
For benzodiazepine withdrawal				
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes	
Special programmes and services				
HIV and hepatitis testing, counselling and treatment services for substance use disorders)	availability (percent	tage of total in special	ized facilities and	
HIV testing and counselling		1%-10%		
HIV (ARV) treatment		-		
Hepatitis testing and counselling		1%-10%		
Hepatitis vaccination	1%–10%			
Hepatitis treatment		1%-10%		
Harm reduction programmes				
Needle/syringe exchange programmes		No		
Outreach services for injecting drug users		No		
Drop-in services		Unknown		
Naloxone distribution programmes		No		
Condom distribution programmes		No		

				substance us		
	In the	e capital city	In (other major o	ities In o	ther areas
For women		-		-		-
For children and adolescents		-		-		-
Social services for people with substan	ice use disorde	ers				
	In the	e capital city	In •	other major o	ities In o	ther areas
Special housing services		Yes		Yes		No
Employment services		Yes		Yes		-
Open access interventions for substan	ce use problen	ns				
		Alcohol u	se		Drug u	se
Telephone help-lines		Yes			Yes	
Web-based interventions		_			Unknov	vn
Mobile phone based interventions		_			Unknov	vn
Mutual support/self-help groups						
	Alcoholics	Narcotics				mily suppor
	Anonymous Yes	Anonymou	S Ano	nymous A	lateen	groups
Duoyontion activities	ies	Yes		_	_	_
Prevention activities						
Prevention programmes	_			_	_	
	_	e for alcohol	use	Cov	erage for dru	_
School (manual) based-programmes	Som	ne (1%–30%)			Some (1%–30%	6)
Workplace programmes		-			-	
Parenting programmes		None			Some (1%–30%	6)
Prevention programmes for specific po	-					
Prisoners Pregnant women	Commercial sex workers	Refugees	People with HIV/ AIDS	Children and adolescents	Persons with menta health disorders	Young I adults
Alcohol use Yes –	_	_	Yes	Yes	Yes	Yes
Drug use Yes –	_	_	Yes	Yes	_	Yes
Screening and brief interventions for s	ubstance use					
5		nealth care se	rvices	In	antenatal ser	vices
Alcohol use		None			_	
Drug use		None			None	
WORKFORCE						
Availability of postgraduate training p	rogrammes					
Prevention	5		1	None		
Treatment				None		
National standards of care for professi	onals					
For psychiatrists						
. ,						
INFORMATION SYSTEMS		Collected			Reported	
INFORMATION SYSTEMS		ollected			porteu	
	C				_	
Epidemiological substance use data Substance use indicators as a part of the health information system	C	No No			– No	

West Bank and Gaza Strip

DEMOGRAPHIC INFORMATION	
Total population (000), 2013	4 485
Population in urban areas (%), 2013	73
Adult literacy rate (15–24 years) %	96
Life expectancy at birth (years), 2012	72.9
Income group (World Bank)	Lower middle income

LEADERSHIP AND GOVERNANCE

	Prevention	Treatment
Principal ministry(ies)	Ministries of health and interior	Ministry of health
Unit/entity responsible for policies	Yes, for drugs only	Yes, for drugs only

Diversion schemes from criminal justice to health care system

Diversion schemes from Criminal justice to health care system					
	As an alternative to criminal sanctions	In addition to criminal sanctions			
Voluntary treatment	No	No			
Compulsory treatment	No	No			
Drug courts	None				

FINANCING

Main financing method for treatment services for substance use disorders

Outpatient	Inpatient	Outpatient	Inpatient	Rehabilitation	OAMT
detoxification	detoxification	treatment	treatment		

Government financing

Employer financing

Households

Nongovernmental organizations and other external financing

Global Fund financing

SERVICE ORGANIZATION AND DELIVERY

Service provision and coverage

Main providers of treatment services

	First	Second	Third
Alcohol use disorders	-	-	_
Drug use disorders	_	_	_

Availability of specialized treatment facilities for substance use disorders

	In the capital city	In other major cities	In other areas
	No	No	No
Main substance reported at treatment entry			
First		_	
Second		-	
Third		_	
Treatment coverage for substance dependence			
Opioid dependence		_	
Cannabis dependence		_	
Cocaine dependence		_	
Alcohol dependence		_	

Opioid dependence - Cannabis dependence - Cocarine dependence - Alcohol dependence - Pharmacological treatment no Registration and availability of medications No For opioid dependence/withdrawal/overdose Registration Availability Daily supervised desire available for outpatients Buprenorphine (sublingual tablets) for opioid dependence Yes - - Buprenorphine/naloxone (tablets) for opioid dependence Yes - - Buprenorphine/naloxone (tablets) for opioid dependence Yes - - What acone (tablets) for opioid dependence Yes - - What acone (tablets) for opioid dependence Yes - - What acone (tablets) for opioid dependence Yes - - What acone (tablets) for opioid dependence Yes Yes / What acone (tablets) for opioid dependence Yes Yes / What acone (tablets) for opioid dependence Yes Yes / Cloridine (tablets) for opioid dependence	Access to treatment for substance dependence			
Cananabis dependence — Cocaine dependence — Incheol dependence — Pharmacological treatment Guidlens on pharmacological treatment No Registration and availability of medications Toropioid dependence/withdrawal/overdose Registration Availability of outpetited dosing available for outpetients Buprenorphine (sublingual tablets) for opioid dependence — <th< td=""><td>·</td><td></td><td>_</td><td></td></th<>	·		_	
Coclaine dependence — Pharmacological treatment Guidelines on pharmacological treatment No Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Availability Daily supervised doising available for outpatients Buprenorphine (sublingual tables) for opioid dependence Pes — — — — Buprenorphine/naloxone (tablets) for opioid dependence — — — — — Buprenorphine/naloxone (films) for opioid dependence — — — — — Buprenorphine/naloxone (films) for opioid dependence Yes — — — — Buprenorphine/naloxone (films) for opioid dependence Yes — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —			_	
Pharmacological treatment No Registration and availability of medications Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Availability of available of original availability of medications Buprenorphine (sublingual tablets) for opioid dependence Yes — Availability Page available of a variable of a variability of a variability of propied dependence Buprenorphine/naloxone (tablets) for opioid dependence Yes — Availability — Availability Buprenorphine/naloxone (tablets) for opioid dependence Yes — Availability — Availability Buprenorphine/naloxone (film) for opioid dependence Yes — Availability — Availability Buprenorphine/naloxone (tablets) for opioid dependence Yes — Availability — Availability Methadone (tablets) for opioid dependence Yes Por maintenance treatment — Availability — Availability <t< td=""><td>·</td><td></td><td>_</td><td></td></t<>	·		_	
Pharmacological treatment No Registration and availability of medications For opioid dependence/withdrawal/overdose Registration Availability of medications For opioid dependence/withdrawal/overdose Registration Availability of medications Buprenorphine (sublingual tablets) for opioid dependence Yes — — — Buprenorphine/naloxone (films) for opioid dependence — — — — Buprenorphine/naloxone (films) for opioid dependence — — — — Methadone (liquid) for opioid dependence Yes For maintenance reatment — — Methadone (tablets) for opioid dependence Personance (tablets) for opioid withdrawal Yes — — Methadone (tablets) for opioid withdrawal Yes — — — Methadone (tablets) for opioid withdrawal Yes — <td>·</td> <td></td> <td>_</td> <td></td>	·		_	
Guidelines on pharmacological treatment No Registration and availability of medications Registration Availability of modising available for outpatients For opioid dependence/withdrawal/overdose Registration Availability of modising available for outpatients Buprenorphine (sublingual tablets) for opioid dependence 7 - - Buprenorphine/naloxone (tablets) for opioid dependence - - - - Buprenorphine/naloxone (films) for opioid dependence 7 -				
Registration and availability of medications Registration Availability of moint of point dependence of moint of point of going available for outpatients of soing available for outpatients of proprior or private (sublingual tablets) for opioid dependence Yes — — — Buprenorphine (sublingual tablets) for opioid dependence — — — — Buprenorphine/naloxone (tablets) for opioid dependence — — — — Buprenorphine/naloxone (time) for opioid dependence — — — — — Natirexone (tablets) for opioid dependence Yes — — — — Methadone (tablets) for opioid dependence No No No — — Clondine (tablets) for opioid withdrawal Yes — / / — / — / — / — / — / — — / — <td></td> <td></td> <td>No</td> <td></td>			No	
For opioid dependence/withdrawal/overdose Registration Availability abily supervised dosing available for outpatients Buprenorphine (sublingual tablets) for opioid dependence Yes — — Buprenorphine/naloxone (films) for opioid dependence — — — Natrexone (tablets) for opioid dependence Yes — — Methadone (lablets) for opioid dependence Yes — — Methadone (tablets) for opioid dependence No No — Methadone (tablets) for opioid dependence No No — Methadone (tablets) for opioid withdrawal Yes — — Closidine (tablets) for opioid withdrawal Yes — — Naloxone (for injection) for opioid withdrawal Yes — — For alcohol dependence/withdrawal — — — Naloxone (for injection) for opioid withdrawal Yes Yes — Nalizeryam (tablets) for alcohol dependence — — — Nalizeryam (tablets) for alcohol dependence Yes — — Nalizery				
Buprenorphine (sublingual tablets) for opioid dependence Yes — — — — — — — — — — — — — — — — — —	•	Registration	Availability	Daily supervised
Buprenorphine/naloxone (fallets) for opioid dependence − − − Buprenorphine/naloxone (films) for opioid dependence − − − Naltrexone (tablets) for opioid dependence Yes Pormaintentance treatment − Methadone (tablets) for opioid dependence No No − Methadone (tablets) for opioid dependence No No − Clonidine (tablets) for opioid withdrawal Yes − / Maloxone (for injection) for opioid overdose Yes Yes / Naloxone (for injection) for opioid overdose Yes Yes / Valoxone (for injection) for opioid overdose Yes Yes / Poralcohol dependence/withdrawal Yes Yes / Naloxone (tablets) for alcohol dependence Pes Yes − Nalterexone (tablets) for alcohol dependence Yes Yes − Nalterexone (tablets) for benzodiazepine withdrawal Yes Yes − Nalterexone (tablets) for benzodiazepine withdrawal Yes Tes HIV action (page males (tablets) for al	roi opiola depondence/ menarawanoverasse	riogisti ution	Availability	dosing available
Buprenorphine/naloxone (films) for opioid dependence	Buprenorphine (sublingual tablets) for opioid dependen	nce Yes	_	_
Natirexone (tablets) for opioid dependence Methadone (liquid) for opioid dependence Methadone (tablets) for opioid dependence Methadone (tablets) for opioid dependence No No No No Parameter Pa	Buprenorphine/naloxone (tablets) for opioid dependent	ce –	_	_
Methadone (liquid) for opioid dependence Yes For maintenance treatment − Methadone (tablets) for opioid dependence No No − Clonidine (tablets) for opioid withdrawal Yes − / Lofexidine (tablets) for opioid withdrawal Unknown Yes / Naloxone (for injection) for opioid overdose Yes Yes / For alcohol dependence/withdrawal Acamprosate (tablets) for alcohol dependence ¬ ¬ ¬ Diszepam (tablets) for alcohol dependence Yes Yes ¬ Naltrexone (tablets) for barzodiazepine withdrawal Yes Yes ¬ Naltrexone (tablets) for benzodiazepine withdrawal Yes ¬ ¬ Peccial programmes and services Yes ¬ ¬ HIV ack tigg and counselling and treatment availability (percaphage) Vinknown Yes ¬ No No No <td< td=""><td>Buprenorphine/naloxone (films) for opioid dependence</td><td>-</td><td>_</td><td>_</td></td<>	Buprenorphine/naloxone (films) for opioid dependence	-	_	_
Methadone (tablets) for opioid dependence No No No - Clonidine (tablets) for opioid withdrawal Yes	Naltrexone (tablets) for opioid dependence	Yes	_	_
Clonidine (tablets) for opioid withdrawal Yes	Methadone (liquid) for opioid dependence	Yes		-
Lofexidine (tablets) for opioid withdrawal Vinknown Yes / Naloxone (for injection) for opioid overdose Yes Yes Yes / Yes	Methadone (tablets) for opioid dependence	No	No	_
Naloxone (for injection) for opioid overdose Yes Yes Yes / For alcohol dependence/withdrawal Acamprosate (tablets) for alcohol dependence	Clonidine (tablets) for opioid withdrawal	Yes	_	1
For alcohol dependence/withdrawal Acamprosate (tablets) for alcohol dependence Acamprosate (tablets) for alcohol dependence Diazepam (tablets) for alcohol withdrawal Yes Yes 1 Olazepam (tablets) for alcohol dependence Yes - Olazepam (tablets) for alcohol dependence Yes Yes - Olazepam (tablets) for benzodiazepine withdrawal Nebrazia for benzodiazepine withdrawal Nescala programmes and services HIV and hepatitis testing, counselling and treatment availability (percental in special in specialities and services for substance use disorders) HIV testing and counselling Unknown Hepatitis testing and counselling Unknown Hepatitis vaccination Hepatitis vaccination Hepatitis treatment Unknown Hepatitis vaccination Fyes Outreach services for injecting drug users Outreach services for injecting drug users Outreach services for injecting drug users Forondom distribution programmes In the capital city No No No	Lofexidine (tablets) for opioid withdrawal	Unknown	Yes	1
Acamprosate (tablets) for alcohol dependence	Naloxone (for injection) for opioid overdose	Yes	Yes	1
Diazepam (tablets) for alcohol withdrawal Yes Yes − Disulfiram (tablets) for alcohol dependence Yes − − Naltrexone (tablets) for alcohol dependence Yes − / For benzodiazepine withdrawal Yes Tes − Diazepam (tablets) for benzodiazepine withdrawal Yes Yes − Special programmes and services HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders) HIV testing and counselling − − HIV (ARV) treatment Unknown Unknown Hepatitis testing and counselling Unknown + Hepatitis treatment Tes + Unknown Happetitis treatment Tes + Unknown Hepatitis treatment Yes Outreach services for injecting drug users Yes Outreach services for injecting drug users − Drop-in services − Naloxone distribution programmes +	For alcohol dependence/withdrawal			
Disulfiram (tablets) for alcohol dependence Nester (tablets) for benzodiazepine withdrawal Nester (tablets) for benzodiazepine withstableta with substance with substa	Acamprosate (tablets) for alcohol dependence	_	_	1
Naltrexone (tablets) for alcohol dependence For benzodiazepine withdrawal Diazepam (tablets) for benzodiazepine withdrawal Pisseperal programmes and services HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialities and services for substance use disorders) HIV (ARV) treatment HIV (ARV) treatment Hepatitis testing and counselling Hepatitis vaccination Hepatitis reatment Hepatitis reatment Hepatitis reatment Hepatitis reatment Hespatitis reatment Needle/syringe exchange programmes Fes Outreach services for injecting drug users Condom distribution programmes Tes Special treatment programmes for women, children and adolescents with substance use disorder areas In the capital city In other major cities For women No No No	Diazepam (tablets) for alcohol withdrawal	Yes	Yes	_
For benzodiazepine withdrawal Diazepam (tablets) for benzodiazepine withdrawal Nescala programmes and services HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialities and services for substance use disorders) HIV testing and counselling HIV (ARV) treatment Hepatitis testing and counselling Hepatitis testing and counselling Hepatitis vaccination Hepatitis treatment Hepatitis treatment Hempatitis treatment Harm reduction programmes Needle/syringe exchange programmes Needle/syringe exchange programmes Needle/syringe exchange programmes Pres Outreach services for injecting drug users Drop-in services Aloxone distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorter areas In the capital city In other major cities For women No No No	Disulfiram (tablets) for alcohol dependence	Yes	_	_
Diazepam (tablets) for benzodiazepine withdrawal Yes Yes − Special programmes and services HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders) HIV testing and counselling − HIV (ARV) treatment Unknown Hepatitis testing and counselling Unknown Hepatitis vaccination − Harm reduction programmes Yes Needle/syringe exchange programmes Yes Outreach services for injecting drug users − Drop-in services − Naloxone distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities In other areas cities For women No No No	Naltrexone (tablets) for alcohol dependence	Yes	_	1
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders) HIV testing and counselling	For benzodiazepine withdrawal			
HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialities and services for substance use disorders) HIV testing and counselling	Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	_
HIV testing and counselling – HIV (ARV) treatment Unknown Hepatitis testing and counselling Unknown Hepatitis vaccination – Hepatitis treatment Unknown Hepatitis treatment Unknown Hepatitis treatment Unknown Heratitis treatment Verschange programmes Needle/syringe exchange programmes Needle/syringe exchange programmes Outreach services for injecting drug users – Drop-in services Naloxone distribution programmes Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorters In the capital city No No No	Special programmes and services			
HIV (ARV) treatment Unknown Hepatitis testing and counselling Unknown Hepatitis vaccination		ment availability (percei	ntage of total in special	lized facilities and
Hepatitis testing and counselling Hepatitis vaccination Hepatitis vaccination Hepatitis treatment Unknown Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Drop-in services Condom distribution programmes Yes Special treatment programmes for women, children and adolescents with substance use disorters In the capital city No No No No No	HIV testing and counselling		-	
Hepatitis vaccination	HIV (ARV) treatment		Unknown	
Hepatitis treatment Unknown Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city No No No No No No No No No N	Hepatitis testing and counselling		Unknown	
Harm reduction programmes Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorters In the capital city No No No No No No No No No N	Hepatitis vaccination		-	
Needle/syringe exchange programmes Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorters In the capital city No No No No No	Hepatitis treatment		Unknown	
Outreach services for injecting drug users Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities No No No	Harm reduction programmes			
Drop-in services Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities For women No No No No	Needle/syringe exchange programmes		Yes	
Naloxone distribution programmes Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities For women No No No No	Outreach services for injecting drug users		-	
Condom distribution programmes Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities For women No No No No	Drop-in services		-	
Special treatment programmes for women, children and adolescents with substance use disorders In the capital city In other major cities For women No No No No	Naloxone distribution programmes		-	
In the capital city In other major cities For women No No No No	Condom distribution programmes		Yes	
For women No No No	Special treatment programmes for women, child	dren and adolescents w	ith substance use disor	ders
		In the capital city		In other areas
For children and adolescents No No No	For women	No	No	No
	For children and adolescents	No	No	No

	s for people	with substa	nce use disorde	ers			
			In t	he capital city		er major ities	In other areas
Special housing s	services			No		No	No
Employment ser	vices			No		No	No
Open access in	ntervention	s for substa	nce use probler	ns			
				Alcohol u	ıse	D	rug use
Telephone help-	lines		No No			No	
Web-based inter	rventions			No			No
Mobile phone-b	ased interven	tions		No			No
Mutual suppor	rt/self-help g	roups					
			Alcoholics Anonymous	Narcotics Anonymous	Cocaine Anonymou	Al-Anon/ s Alateen	Family suppor groups
			No	No	No	No	No
Prevention a	activities						
Prevention pro	ogrammes						
			Coverag	e for alcohol u	se	Coverage fo	or drug use
School (manual)	based-progra	mmes		None		No	ne
Workplace prog	rammes			None		No	ne
Parenting progra	ammes			None		No	ne
Prevention pro	ogrammes f	or specific p	opulations				
	Prisoners	Pregnant women	Commercial sex workers	J	with ar	dren Pers nd with n scents hea disor	nental adults ulth
Alcohol use	_	_	_	Yes			- Yes
David 1105	Yes						
Drug use	ies	_	_	Yes			- Yes
Drug use Screening and		entions for	- substance use	Yes			- Yes
		entions for		Yes health care ser	 vices	In antenata	
		entions for	In primary			In antenata	al services
Screening and Alcohol use		entions for	In primary I	health care ser			al services own
Screening and Alcohol use	brief interv	entions for	In primary I	health care ser Unknown		Unkn	al services own
Screening and Alcohol use Drug use	brief interv		In primary 	health care ser Unknown		Unkn	al services own
Screening and Alcohol use Drug use WORKFOR	brief interv		In primary l	health care ser Unknown Unknown		Unkn	al services own own
Alcohol use Drug use WORKFOR Availability of	brief interv		In primary I	health care ser Unknown Unknown or psychiatrists, p	sychologists, soc	Unkn Unkn	al services own own nurses
Alcohol use Drug use WORKFOR Availability of Prevention Treatment	CE postgradua	te training p	In primary I	health care ser Unknown Unknown or psychiatrists, p	sychologists, soc	Unkn Unkn cial workers and	al services own own nurses
Alcohol use Drug use WORKFOR Availability of Prevention Treatment National stand	CE postgraduat	te training p	In primary I	health care ser Unknown Unknown or psychiatrists, p	sychologists, soc	Unkn Unkn cial workers and	al services own own nurses
Alcohol use Drug use WORKFOR Availability of Prevention Treatment National stand	CE postgraduate dards of cares	te training p e for profess nologists and	In primary I	health care ser Unknown Unknown or psychiatrists, p	sychologists, soc	Unkn Unkn cial workers and	al services own own nurses
Alcohol use Drug use WORKFOR Availability of Prevention Treatment National stand	CE postgraduate dards of cares	te training p e for profess nologists and	In primary I	health care ser Unknown Unknown or psychiatrists, p	sychologists, soc	Unkn Unkn cial workers and	al services own own nurses nurses
Alcohol use Drug use WORKFOR Availability of Prevention Treatment National stand For psychiatrists	CE postgraduate dards of care in, nurses, psychology	te training perfects and rems	In primary I	health care ser Unknown Unknown or psychiatrists, p	sychologists, soc	Unkn Unkn cial workers and cial workers and	al services own own nurses nurses
Screening and Alcohol use Drug use WORKFOR Availability of Prevention	CE postgraduar dards of care in, nurses, psych Substance use	te training performance for profession and FEMS	In primary I	health care ser Unknown Unknown or psychiatrists, p or psychiatrists, p	sychologists, soc	Unkn Unkn cial workers and cial workers and Repo	al services own own nurses nurses

Yemen

	Terrie				
DEMOGRAPHIC INFORMAT	TION				
Total population (000), 2013		25 235			
Population in urban areas (%), 2013					
Adult literacy rate (15–24 years) %		34			
Life expectancy at birth (years), 2012		64			
Income group (World Bank)		Lower middle income			
LEADERSHIP AND GOVERN	VANCE				
	Prevention		Treatment		
Principal ministry(ies)	Ministry of heal	th	Ministry of health		
Unit/entity responsible for policies	Unknown		Unknown		
Diversion schemes from criminal j		n	Cindiowii		
Diversion schemes from criminary	As an alternative to crim		on to criminal sanctions		
Voluntary treatment	Unknown	mar sanctions in additi	Unknown		
Compulsory treatment	Unknown		Unknown		
Drug courts	Unknown		Olikilowii		
FINANCING	Olikilowii				
Main financing method for treatm	ent services for substance	ise disordors			
_	Outpatient Inpatient	Outpatient Inpatient	Rehabilitation OAMT		
	etoxification detoxification				
Government financing					
Employer financing					
Households					
Nongovernmental organizations					
and other external financing					
Global Fund financing					
SERVICE ORGANIZATION	AND DELIVERY				
Service provision and coverage	ge				
Main providers of treatment service	ces				
	First	Second	Third		
Alcohol use disorders	-	-	-		
Drug use disorders	-	-	-		
Availability of specialized treatment	nt facilities for substance us	se disorders			
	In the capital city	In other major cities	In other areas		
	No	No	No		
Main substance reported at treatm	nent entry				
First		-			
Second		-			
Third		-			
Treatment coverage for substance	dependence				
Opioid dependence		Unknown			
Cannabis dependence		Unknown			
Cocaine dependence	Unknown				
Alcohol dependence		Unknown			
Access to treatment for substance	dependence				
Opioid dependence		Unknown			
Cannabis dependence		Unknown			
Cocaine dependence		Unknown			
Alcohol dependence		Unknown			

Pharmacological treatment			
Guidelines on pharmacological treatment		No	
Registration and availability of medications			
For opioid dependence/withdrawal/overdose	Registration	Availability	Daily supervised dosing available for outpatient
Buprenorphine (sublingual tablets) for opioid dependence	No	No	No
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	No
Buprenorphine/naloxone (films) for opioid dependence	No	No	No
Naltrexone (tablets) for opioid dependence	-	-	No
Methadone (liquid) for opioid dependence	_	_	No
Methadone (tablets) for opioid dependence	-	-	No
Clonidine (tablets) for opioid withdrawal	No	-	1
Lofexidine (tablets) for opioid withdrawal	-	-	1
Naloxone (for injection) for opioid overdose	-	_	1
For alcohol dependence/withdrawal			
Acamprosate (tablets) for alcohol dependence	No	No	1
Diazepam (tablets) for alcohol withdrawal	No	_	No
Disulfiram (tablets) for alcohol dependence	_	_	No
Naltrexone (tablets) for alcohol dependence	_	_	1
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	No	_	No
Special programmes and services			
HIV and hepatitis testing, counselling and treatment services for substance use disorders)	t availability (pe	rcentage of total in	specialized facilities and
HIV testing and counselling		Unknown	
HIV (ARV) treatment		Unknown	
Hepatitis testing and counselling		Unknown	
Hepatitis vaccination		-	
Hepatitis treatment		-	
Harm reduction programmes			
Needle/syringe exchange programmes		Unknown	
Outreach services for injecting drug users		Unknown	
Drop-in services		Unknown	
Naloxone distribution programmes		Unknown	
Condom distribution programmes		Unknown	
Special treatment programmes for women, children	and adolescent	s with substance u	se disorders
In the	e capital city	In other major cities	In other areas
For women	No	No	No
For children and adolescents	No	No	No
Social services for people with substance use disord	ers		
In the	e capital city	In other major cities	In other areas
Special housing services	No	No	No
Employment services	No	No	No
Open access interventions for substance use problem	ms		
	Alcohol use		Drug use
Telephone help-lines	No		No
Web-based interventions	No		No
Mobile phone based interventions	No		No
1			-

	elp groups	3							
			Alcoholics Anonymous	Narcotics Anonymou		ocaine nymous	Al-Anon/ Alateen		y support oups
			No	No		No	No		No
Prevention activit	ies								
Prevention programm	nes								
			Cove	erage for alco	ohol use		Coverage f	or drug	use
School (manual) based-p	rogrammes			None			None		
Workplace programmes				None			No	one	
Parenting programmes				None			No	one	
Prevention programm	nes for spe	ecific po	opulations						
Priso		gnant men	Commercial sex workers	Refugees	People with HIV/ AIDS	Childre and adolesce	with n		Young adults
Alcohol use -		-	_	-	-	_	-	-	-
Drug use -		_	_	-	-	-	-	-	-
Screening and brief in	nterventio	ns for s	ubstance use						
			In p	rimary heal services	th care		In antenat	al servic	es
Alcohol use				Unknown			Unkr	nown	
Drug use				Unknown			Unkr	nown	
WORKFORCE									
Availability of postgra	aduate trai	ining pı	rogrammes						
Prevention				hiatrists, mediors and comm			gists, social wo	orkers, nu	rses,
Treatment				hiatrists, medi ors and comm			gists, social wo	orkers, nu	rses,
National standards of	f care for p	rofessi	onals						
For psychiatrists									
INFORMATION S	YSTEMS	5							
				Collected	l		Repo	orted	
				Unknown			N	lo	
Epidemiological substance	ce use data			Olikilowii					
Epidemiological substance Substance use indicators information system		f the hea	alth	Unknown			Ν	lo	

Mental disorders have a profound effect on individuals, their families and society, and are responsible for 11% of disease burden in the Eastern Mediterranean Region yet. WHO's Project Atlas 2014 has collected and compiled information about mental health resources in countries around the world. This regional review incorporates region-specific data, presenting comparisons with other regions, analysing countries with similar health system characteristics within the Region, and providing concise summary sheets for each country that provided data for the Atlas 2014 Project. It is hoped that this will assist stakeholders in the countries of the Region to identify gaps in current provision and inform decisions around increasing resources to scale up services for mental health.