

# Atlas: substance use in the Eastern Mediterranean Region 2015





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## 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 level<sup>1</sup> and at the regional level<sup>2</sup>. 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 estimate<sup>3</sup>.
- 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 amphetamine use among students aged 13–15 years is 3.5% and 3.3% respectively, with large differences between males and females.

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

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

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

- 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.

- 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 religious 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 Mediterranean 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 Region<sup>4</sup>, except for the “Population proportion under 15” indicator which is extracted from the WHO Global Health Observatory<sup>5</sup>.

<sup>4</sup> 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](http://applications.emro.who.int/dsaf/EMROPUB_2014_EN_1792.pdf?ua=1), accessed 5 March 2016).

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

## 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 2014*<sup>6</sup>. 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.

<sup>6</sup> Data from five countries are available for 2012.

<sup>7</sup> 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.

<sup>8</sup> Data are available from 2006 to 2013 depending on the country.

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

**Table 1. Demographic and socioeconomic indicators of the Region**

<b>Total population (000s), 2013<sup>6</sup></b>	<b>618 210</b>
Urban population (%), 2013 <sup>7</sup>	49.5
Population proportion under 15 (%), 2013	33
Adult literacy rate (15–24 years) (%) <sup>8</sup>	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
<b>Total</b>	<b>0.7</b>	<b>6.2</b>

**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
<b>Both</b>	<b>0.7</b>	<b>6.2</b>

**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)	

<sup>10</sup> United Nations Office on Drugs and Crime. *World Drug Report 2014* ([https://www.unodc.org/documents/wdr2014/World\\_Drug\\_Report\\_2014\\_web.pdf](https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf), accessed 5 March 2016).

### 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 64<sup>10</sup>. 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 median<sup>11</sup>, this represents an increase of more than 10%.

<sup>11</sup> 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 amphetamine-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

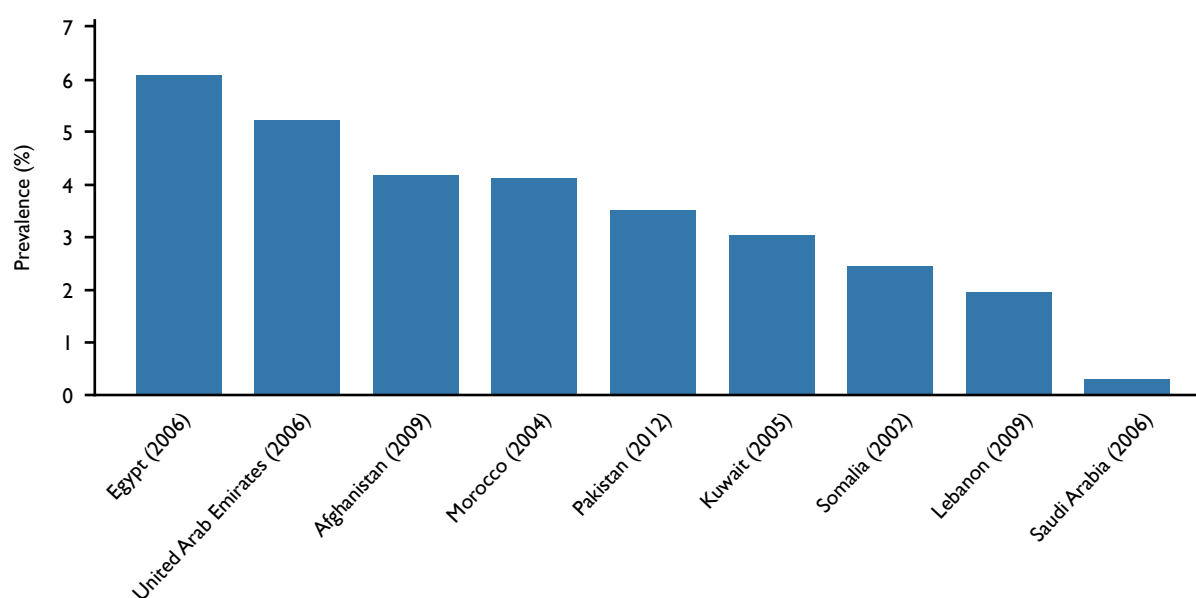
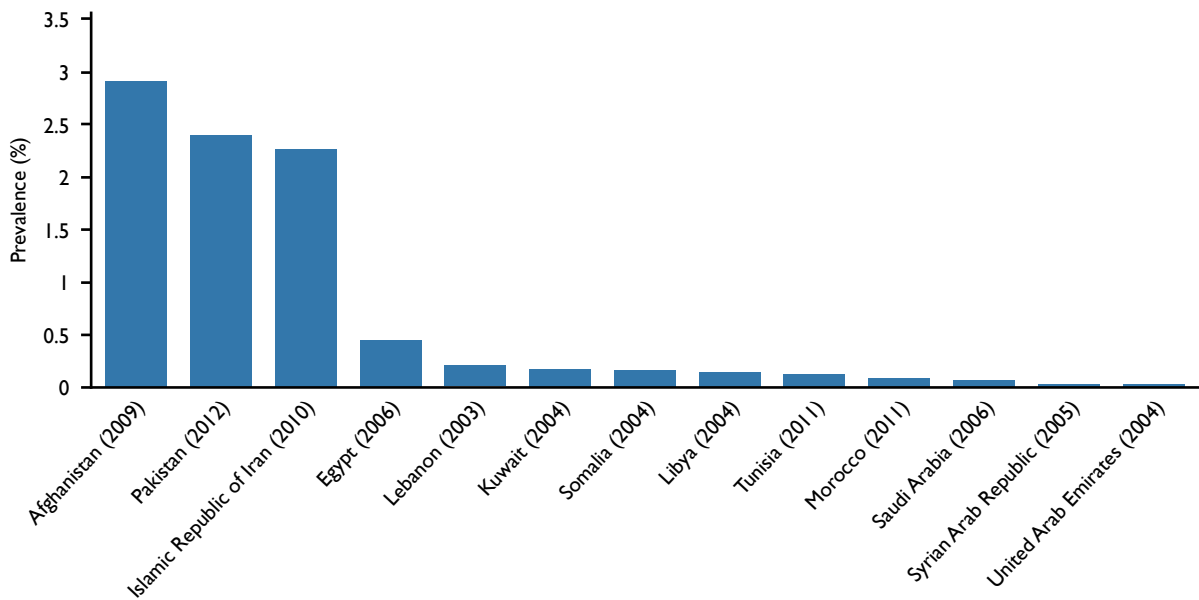
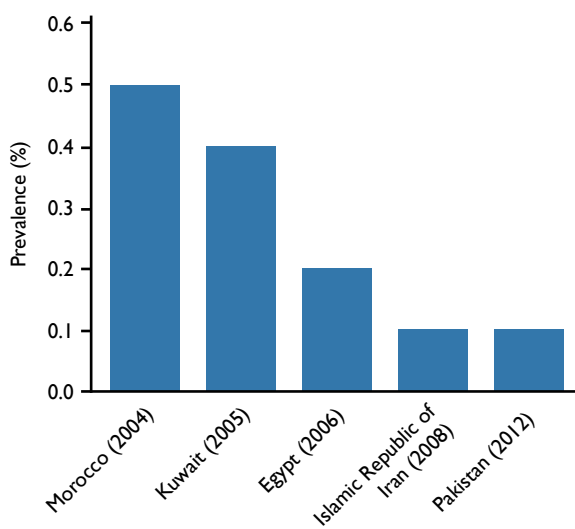


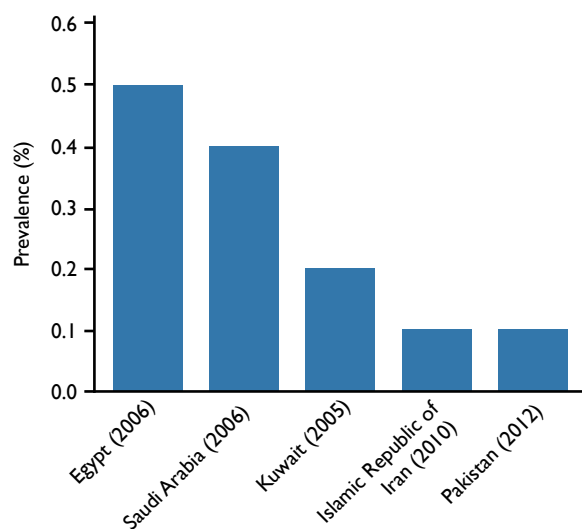
Fig. 1. Annual prevalence of use of cannabis among population aged 15–64 years



**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

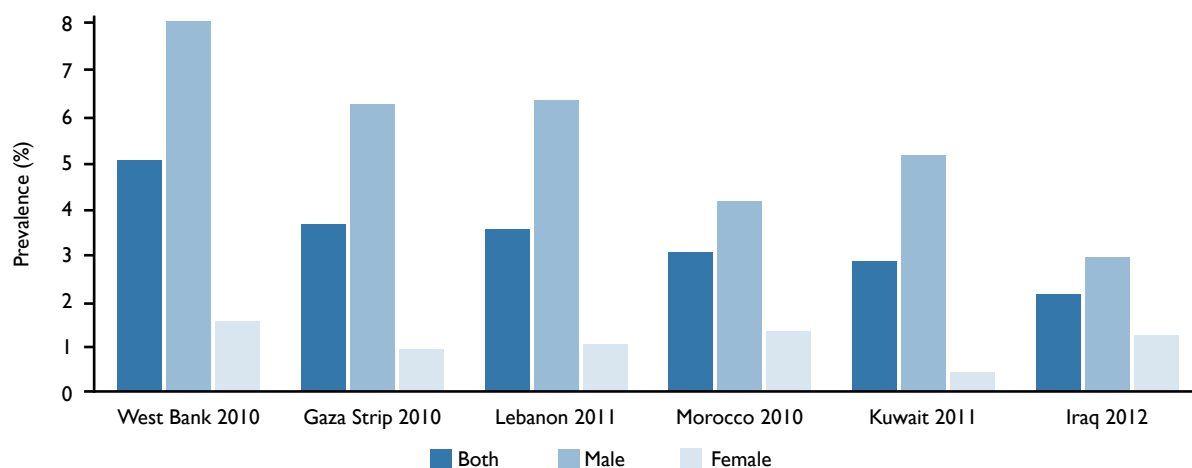


**Fig. 4.** Annual prevalence of use of ATS (excluding ecstasy) among population aged 15-64 years

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.

## 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.

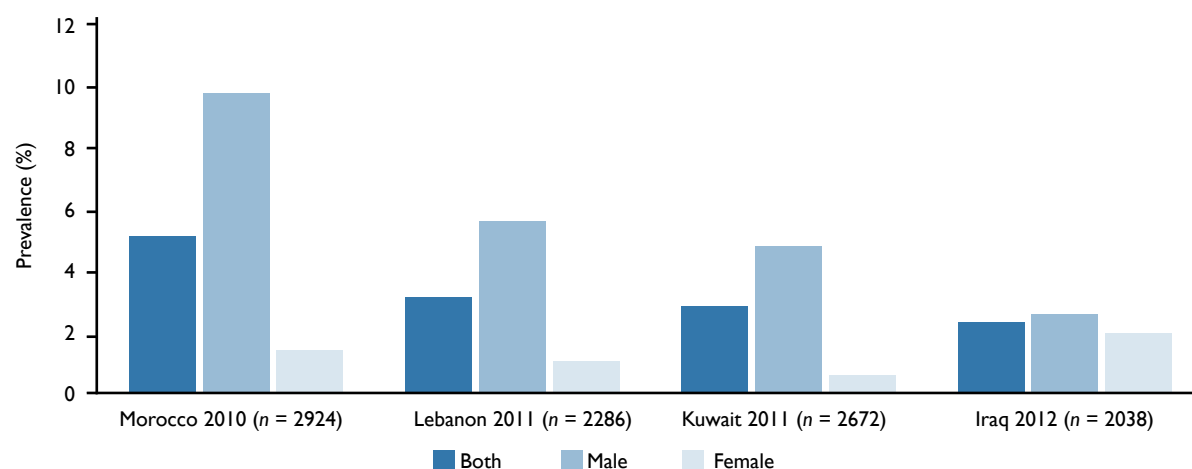
Fig. 7 shows the proportion of students who first used drugs before 14 years out of the total number of students who ever used drugs. The median for the countries that reported data is 87.25%.

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.

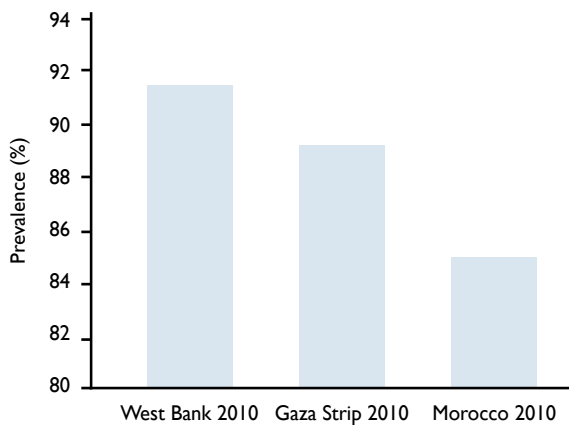
### 3.2.4 Prevalence of alcohol use disorders

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 2014*<sup>12</sup>.



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

<sup>12</sup> 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 Region<sup>13</sup> 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, amphetamine, 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.
- Amphetamine 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**

	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)
Amphetamine 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)

<sup>13</sup> 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.

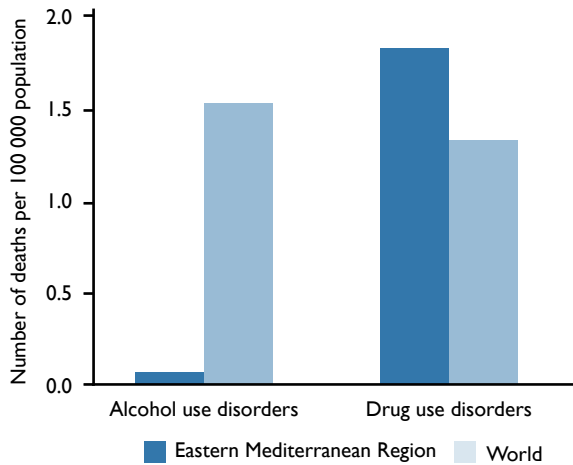
Fig. 9 provides the number of DALYs due to alcohol use disorders and drug use disorders for the Region and the world. Table 8 provides the number of DALYs per 100 000 population due to drug use disorders for each country in the Eastern Mediterranean Region by sex and age group.

**Table 7. Number of deaths per 100 000 population due to drug use disorders by sex and age group, 2012**

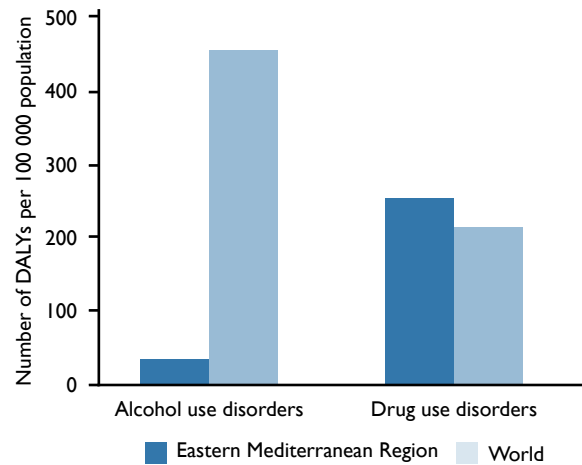
	Age group					
	Female			Male		
	15–29	30–59	60–69	15–29	30–59	60–69
Afghanistan	1.66	2.22	2.13	2.49	3.92	4.44
Bahrain	0.02	0.10	0.57	0.62	1.03	2.05
Djibouti	1.39	1.90	2.08	4.37	4.38	3.95
Egypt	0.29	1.74	5.23	2.17	5.42	7.96
Islamic Republic of Iran	0.49	1.66	6.22	8.88	12.94	13.76
Iraq	0.19	1.13	4.13	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 DALYs per 100 000 population due to drug use disorders by sex and age group, 2012

	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\*<sup>14</sup> 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.

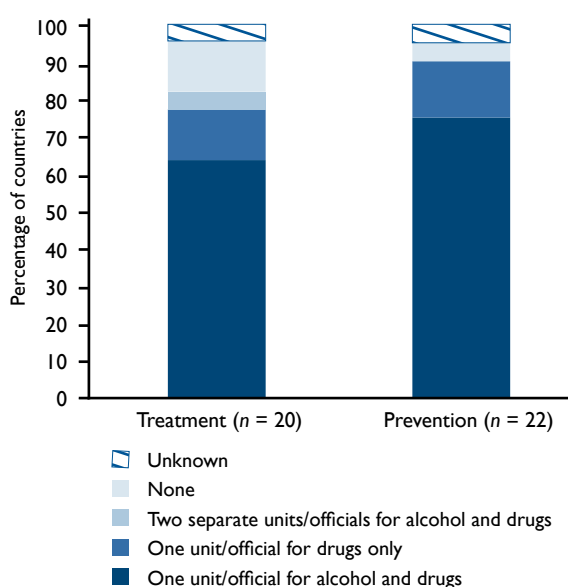
#### 4.1.2 Ministry with primary responsibility for prevention/treatment

#### 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).

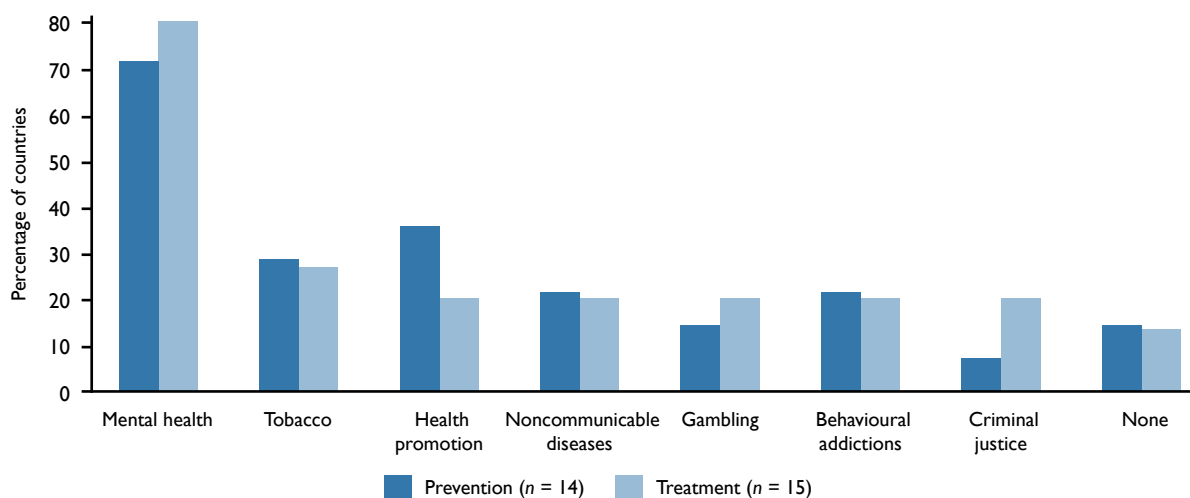
#### Findings

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



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

<sup>14</sup> The terms followed by an asterisk are defined in the glossary.



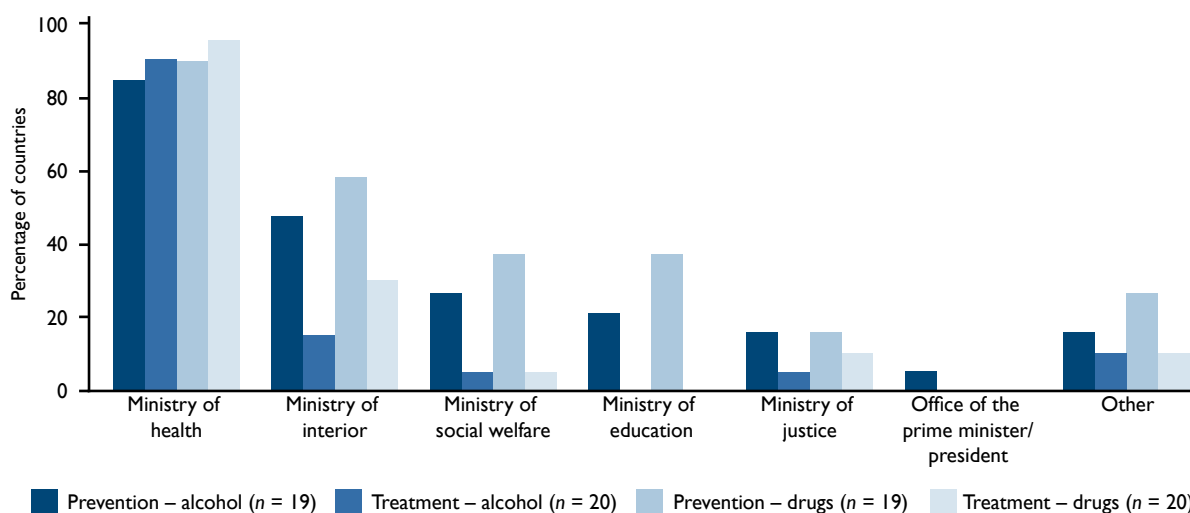
**Fig. 11.** Areas under responsibility of the government unit/official responsible for alcohol and drugs together

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.

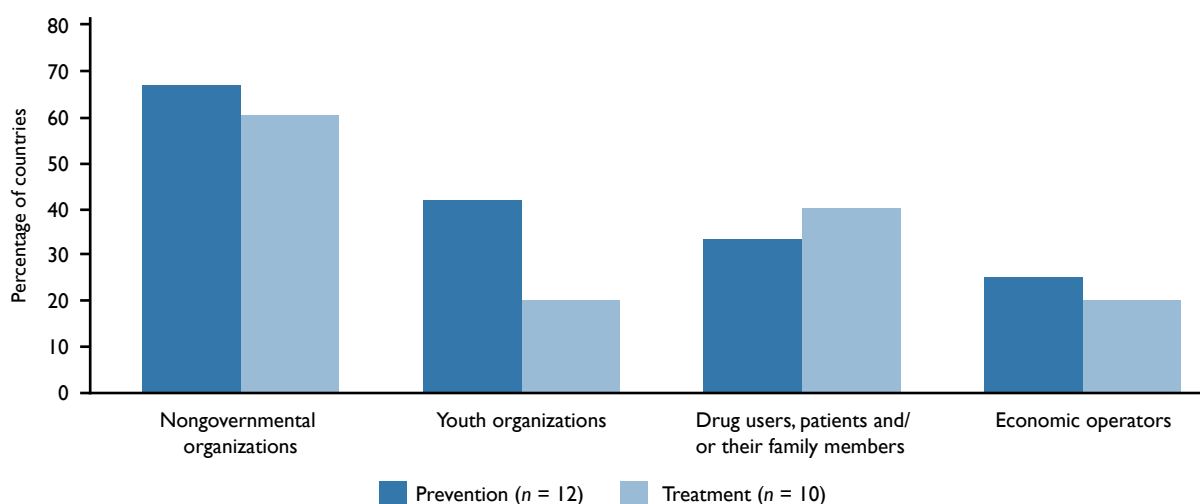
#### 4.1.3 Stakeholder involvement in policies, strategies and national programmes

### Background

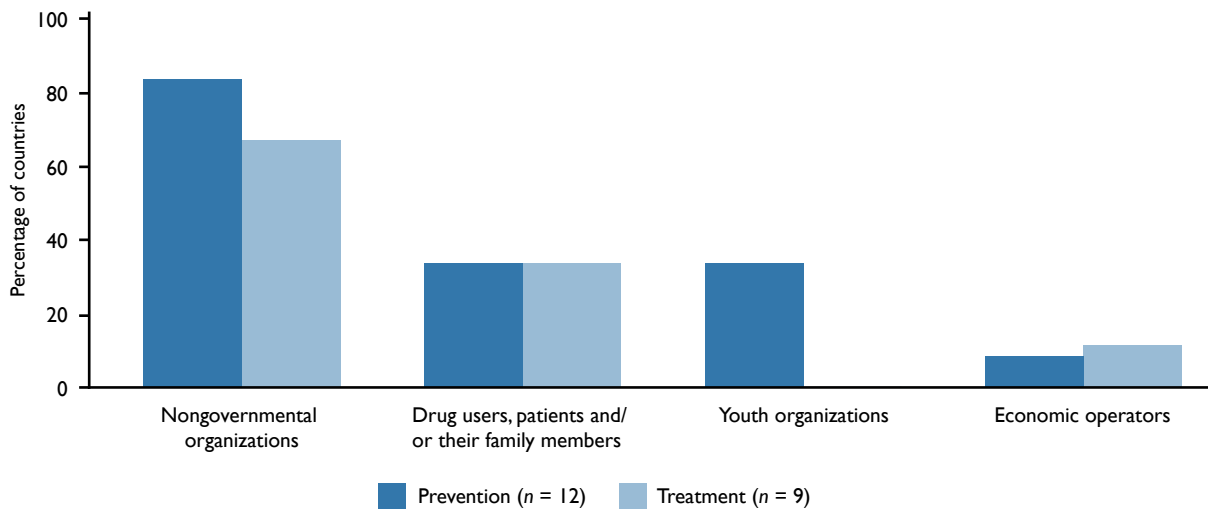
Nominated focal points were requested to indicate whether representatives of affected and targeted populations were regularly involved in the development and formulation of policies and strategies, as well as in the development and implementation of national programmes. Representatives of affected and targeted populations included representatives of youth organizations, of drug users, of patients and of family members of patients. They were also requested to indicate 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 alcohol<sup>15</sup>(Fig. 15 and 16).

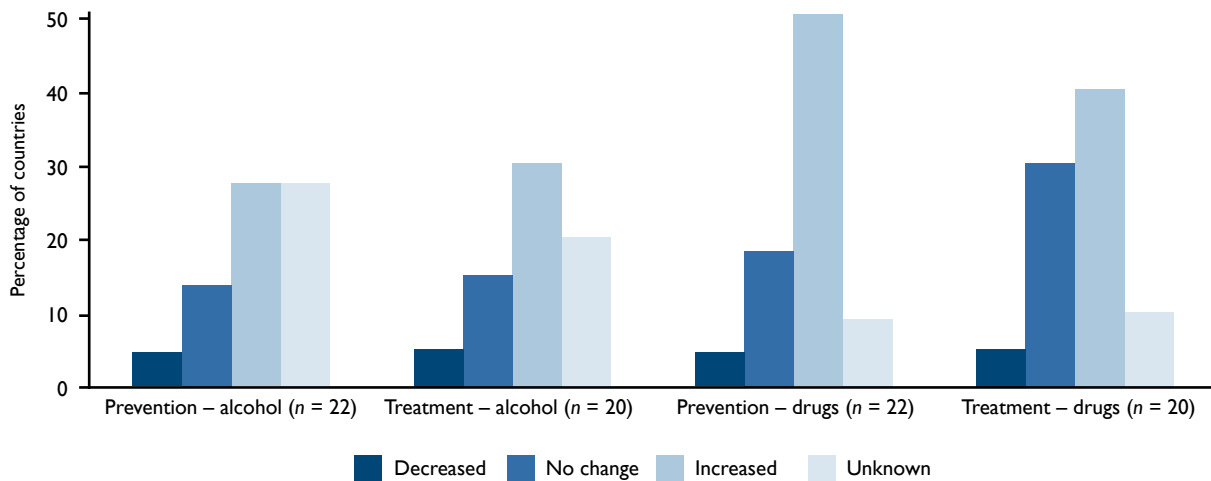
<sup>15</sup> Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization, 2010.

## 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.



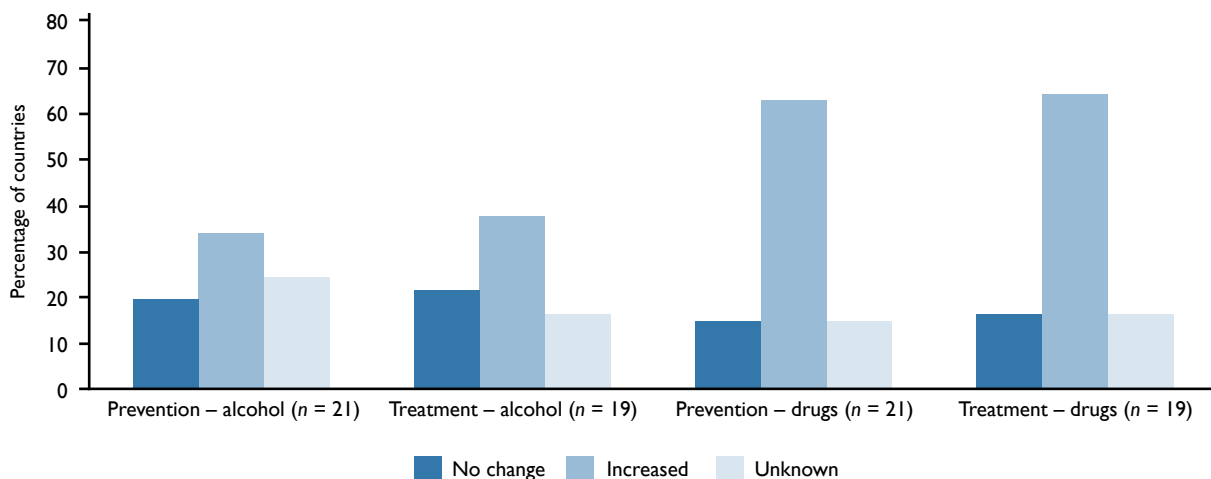
**Fig. 15.** Changes to the allocation of government resources in the last five years

- 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.

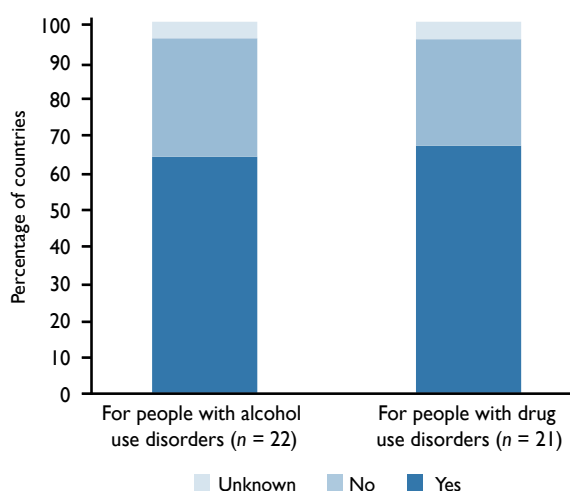
#### 4.1.5 Confidentiality of people in treatment

##### 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

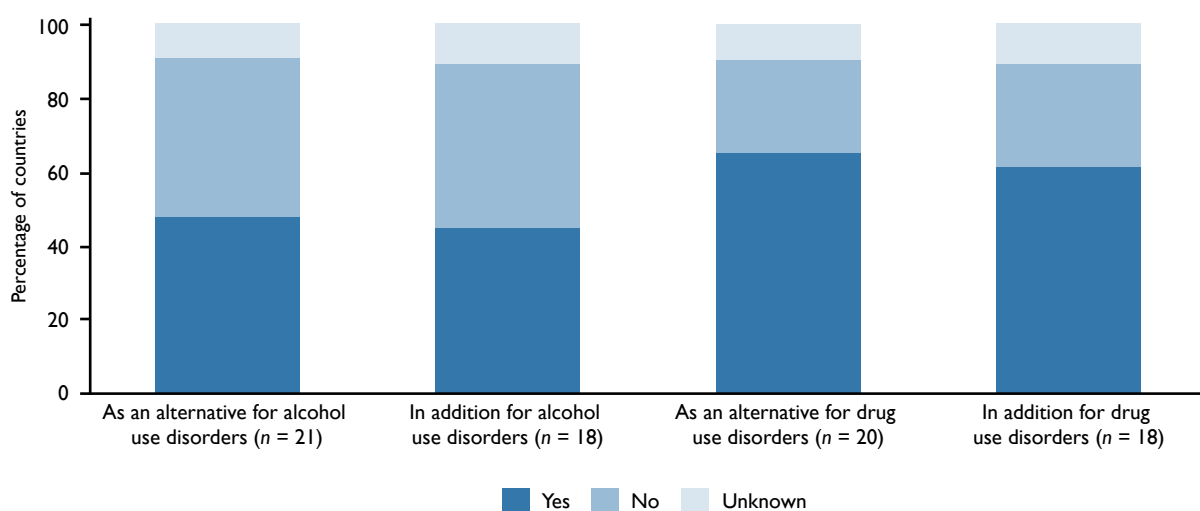
### Background

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).

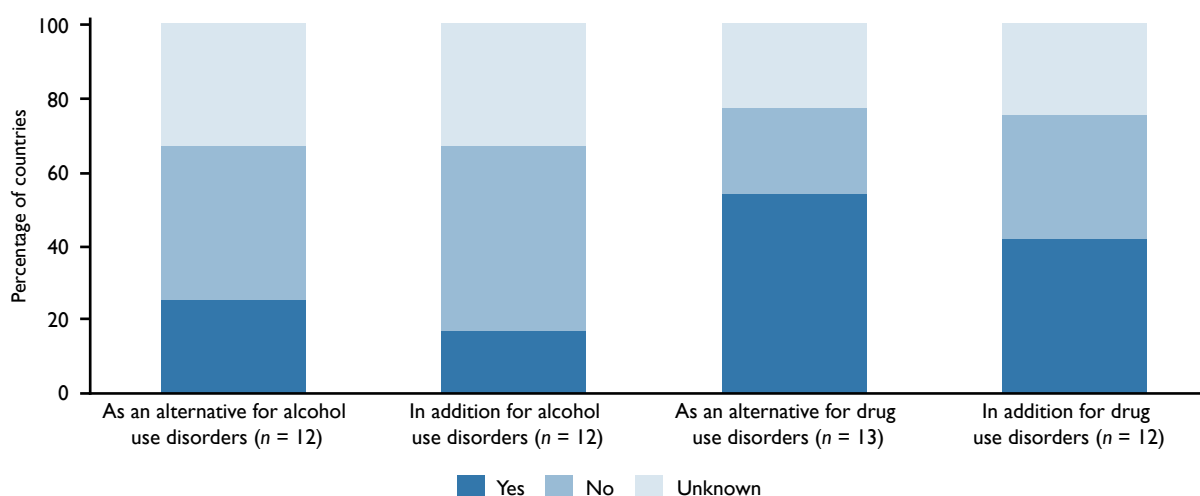
Countries of the Eastern Mediterranean Region that reported having such legislative or administrative provisions were then asked whether a policy of encouraging voluntary treatment as an alternative to or in addition to criminal sanctions exists at the national or subnational level (Fig. 19).

### 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.

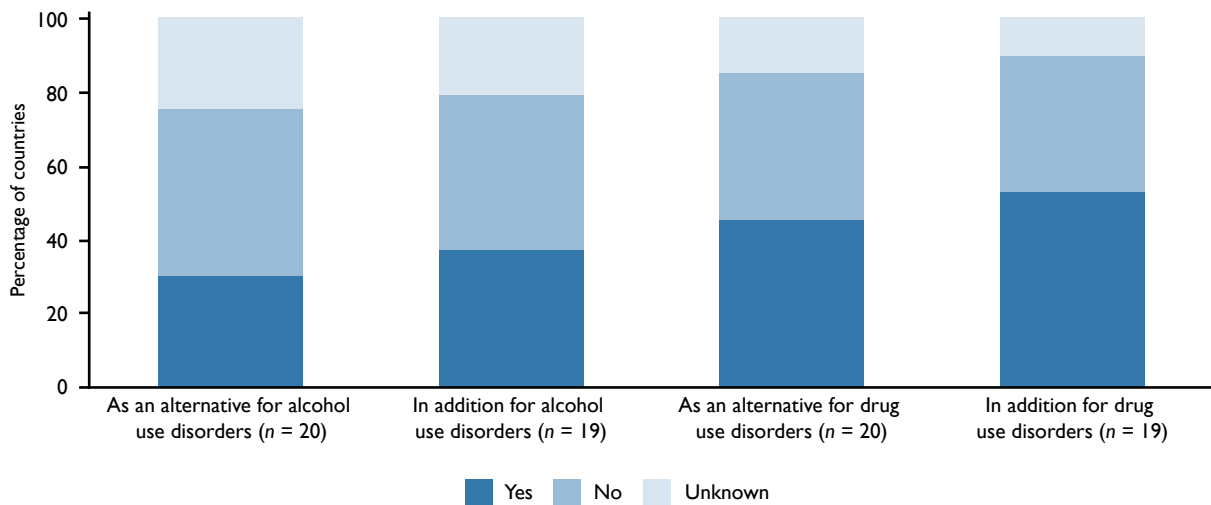
#### 4.2 Financing

##### 4.2.1 Budget line for prevention/treatment

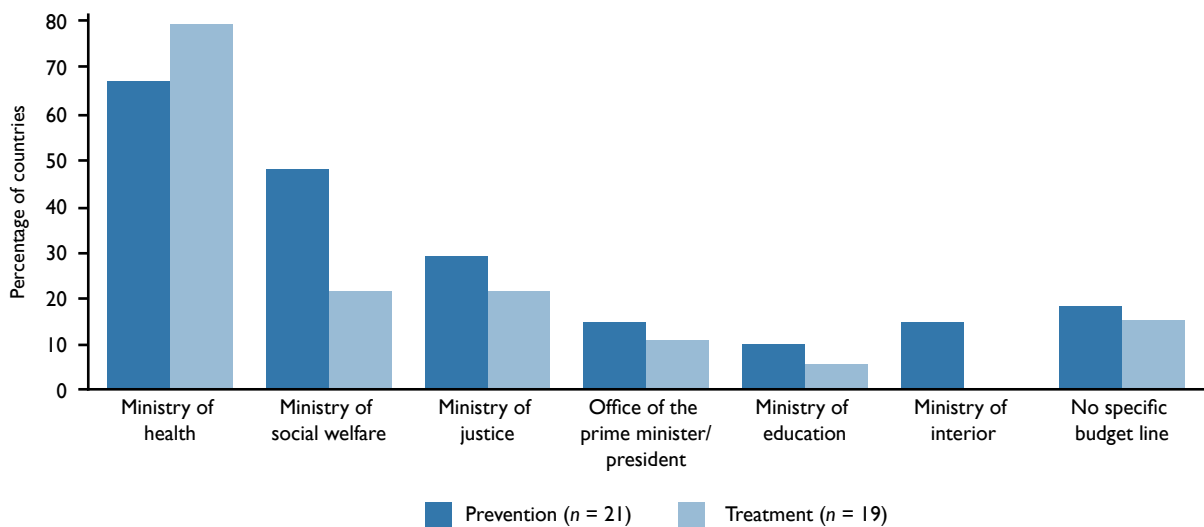
##### Background

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

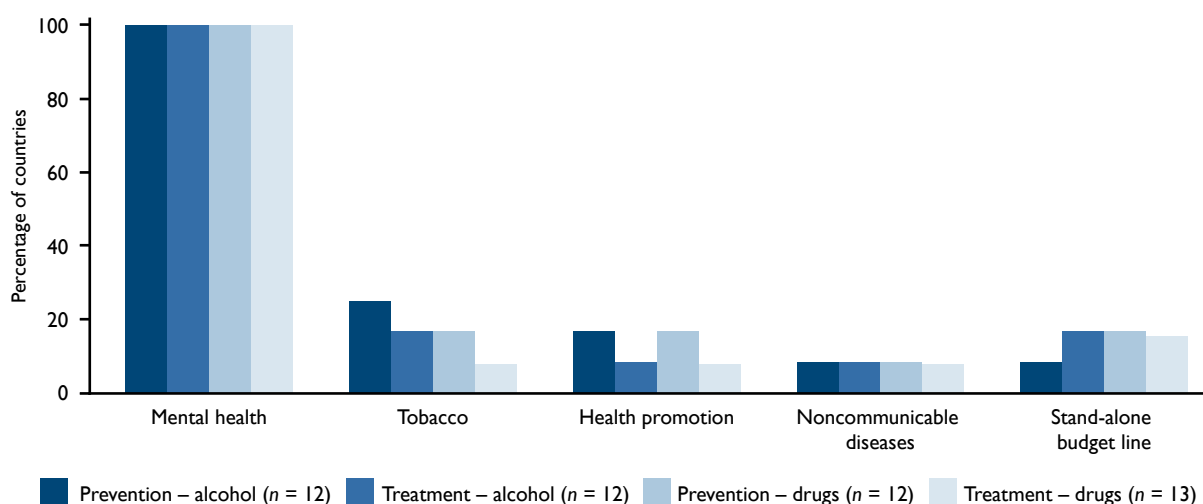


**Fig. 21.** Ministries with (a) specific budget line(s) for prevention/treatment of substance use disorders

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

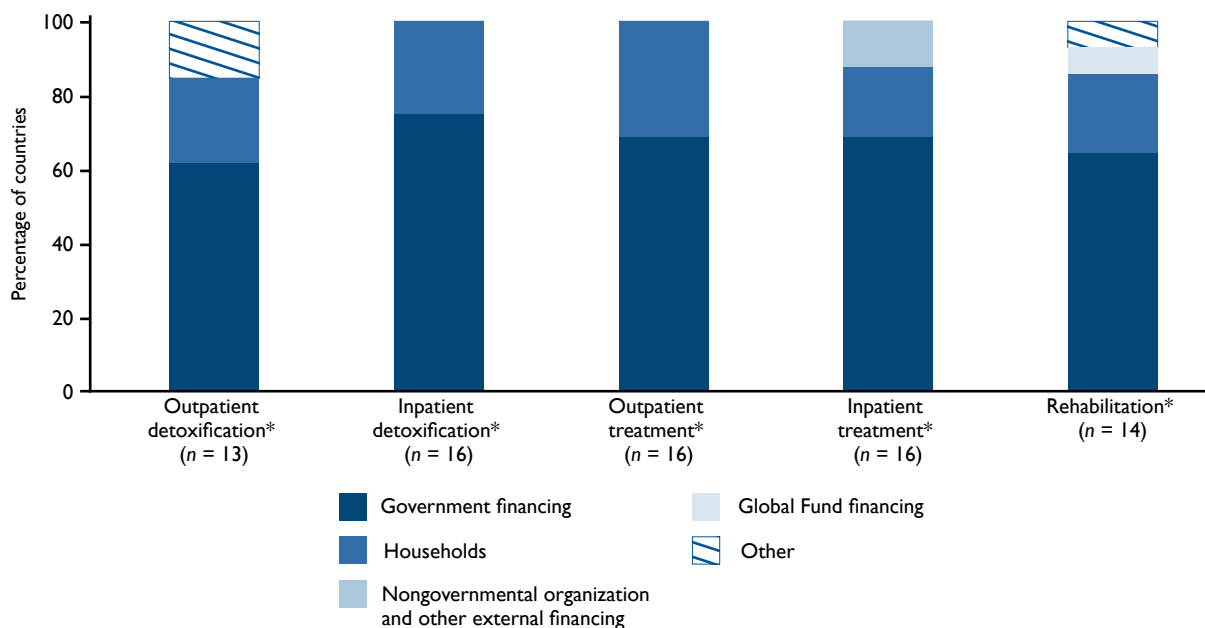
services for substance use disorders. For each treatment service, it was asked to select one of the following financing methods: government financing\*, employer financing\*, household financing\*, nongovernmental organization and other external financing\*, or Global Fund financing (Fig. 23 and 24).

## Findings

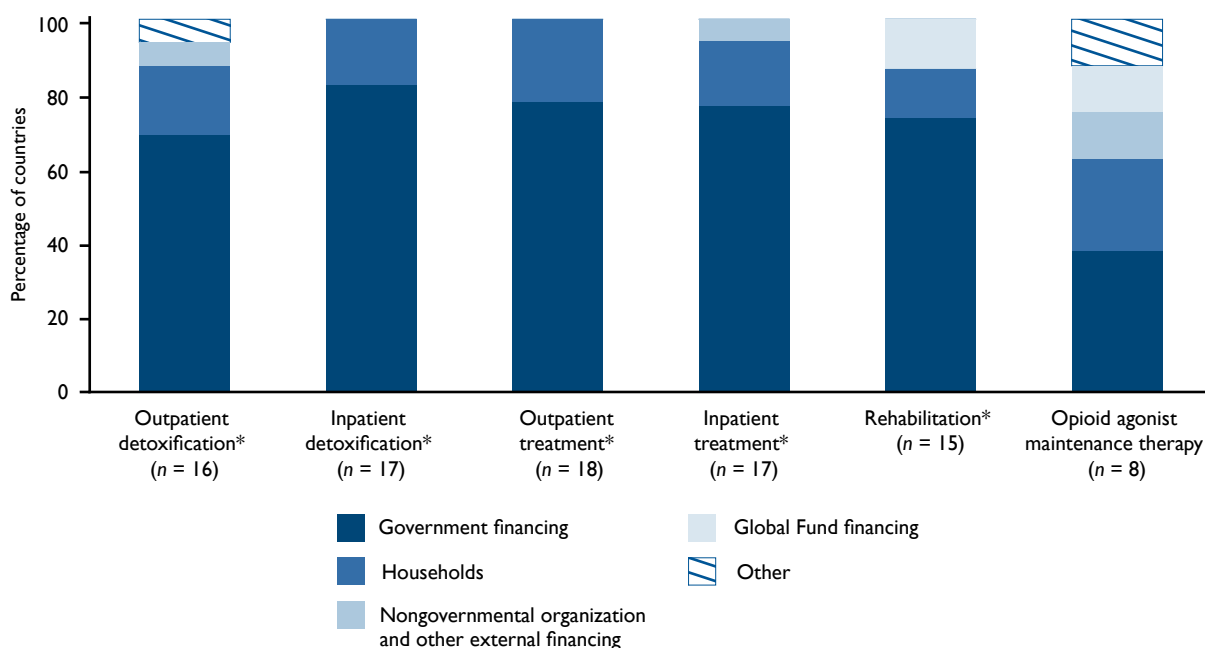
- The majority of the countries of the Eastern Mediterranean Region reported that government financing is the main financing methods for treatment services for alcohol and drug use disorders.
- Between 18% and 31% (depending on the treatment services) of countries reported that direct out-of-pocket payment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

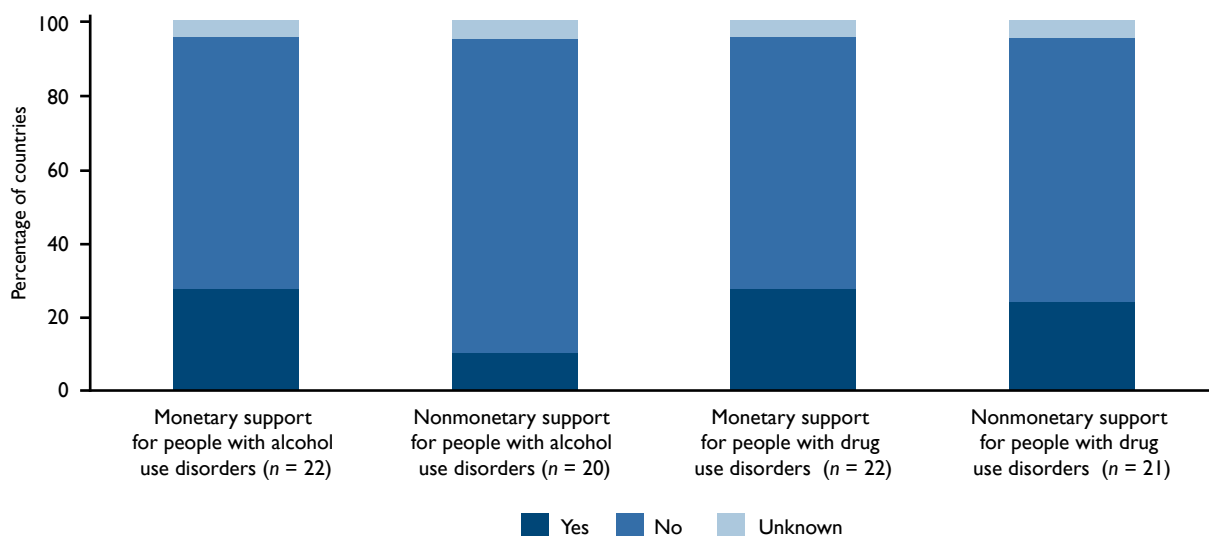
## 4.3 Service organization and delivery

### 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).

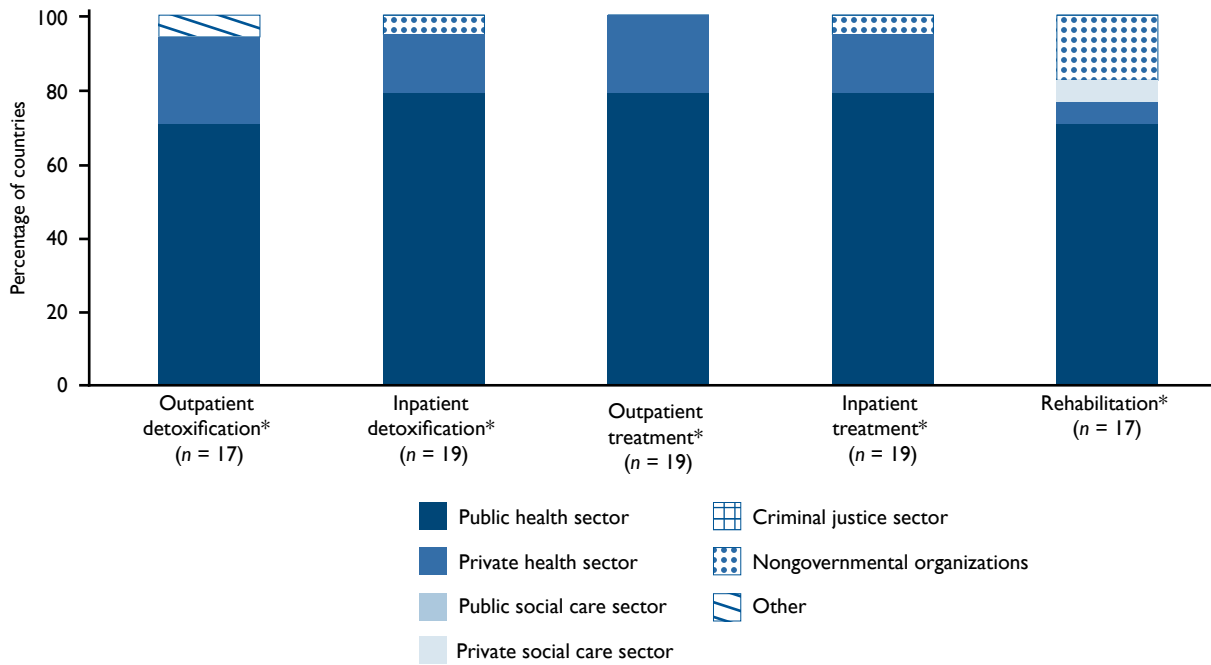


**Fig. 25.** Government benefits for people with substance use disorders

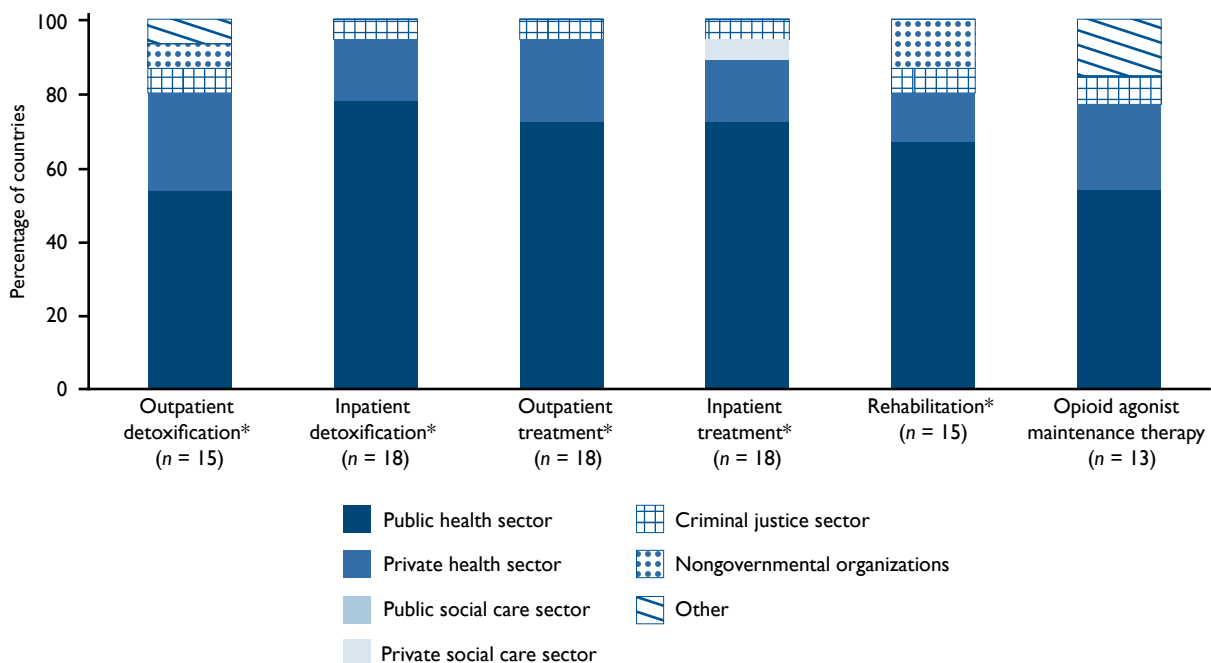
## Findings

- 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.

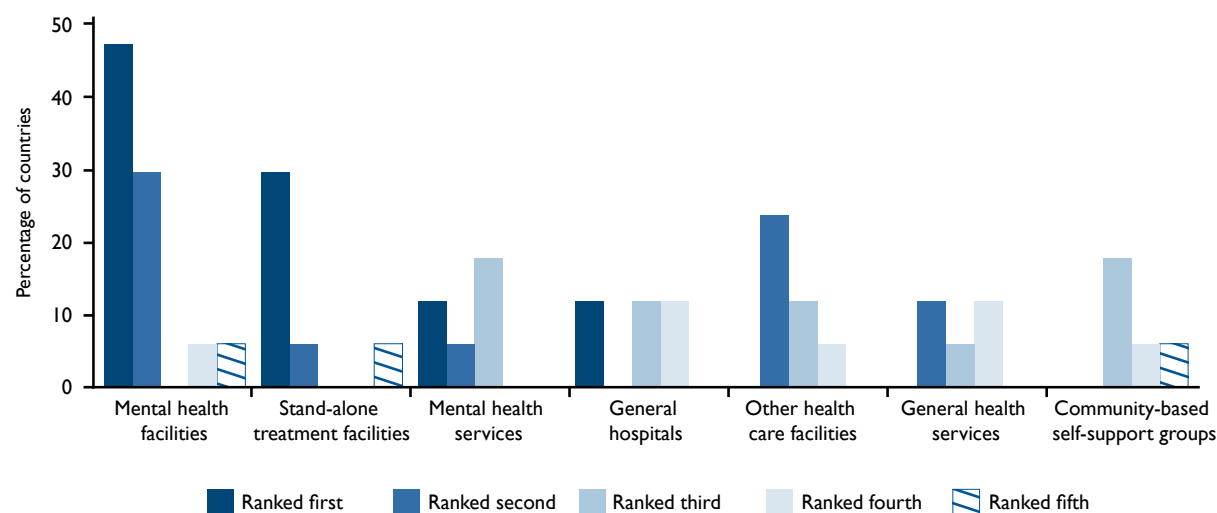
### 4.3.1.2 Main providers of treatment services

## 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



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

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\*<sup>16</sup> for substance use disorders in

<sup>16</sup> 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).

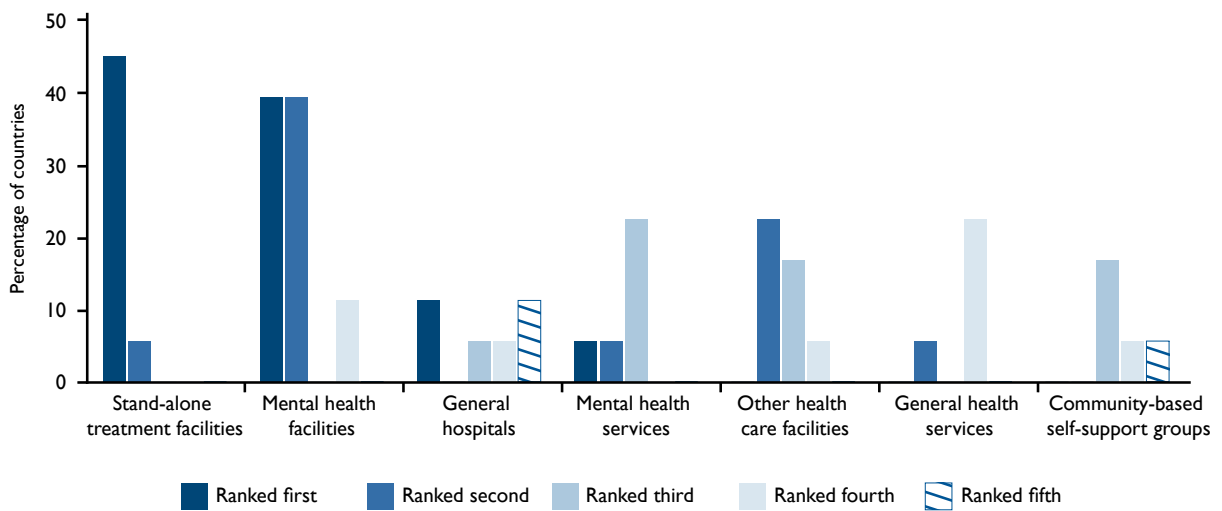
### Findings

- 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.

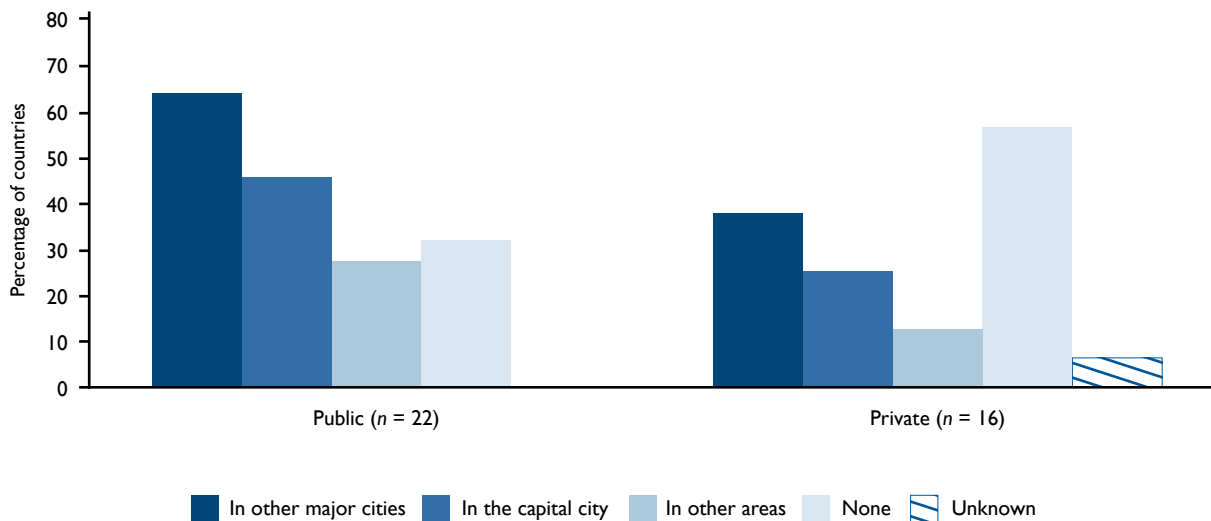
- 28% of the countries of the Region reported having publicly funded specialized treatment facilities for substance use disorders in areas of the country other than the capital city or other major cities.

### 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

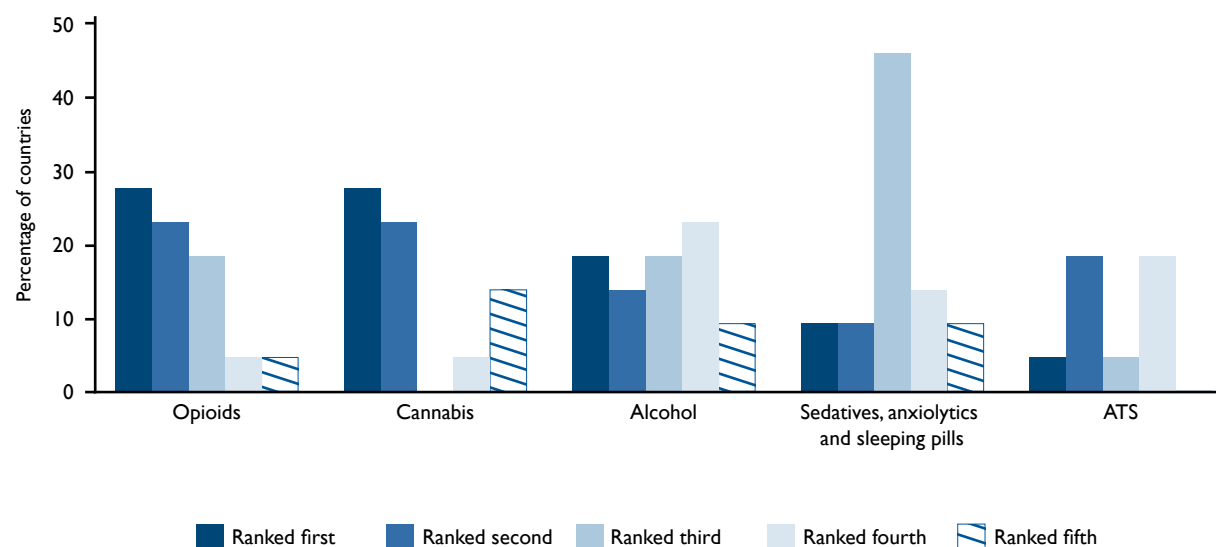
- 41% of the countries of the Eastern Mediterranean Region reported having national standards of treatment and care for public specialized treatment facilities.
- 54% of the countries of the Region reported having no national standards of treatment and care for public specialized treatment facilities.

### 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).



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

## 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



facilities and specialized health care facilities<sup>17</sup>, 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 services<sup>18</sup> (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 <sup>4</sup> (n = 10)	0.80
Private specialized health care facilities <sup>1</sup> (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

<sup>17</sup> 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

<sup>18</sup> 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 treatment<sup>19</sup> (Fig. 33).

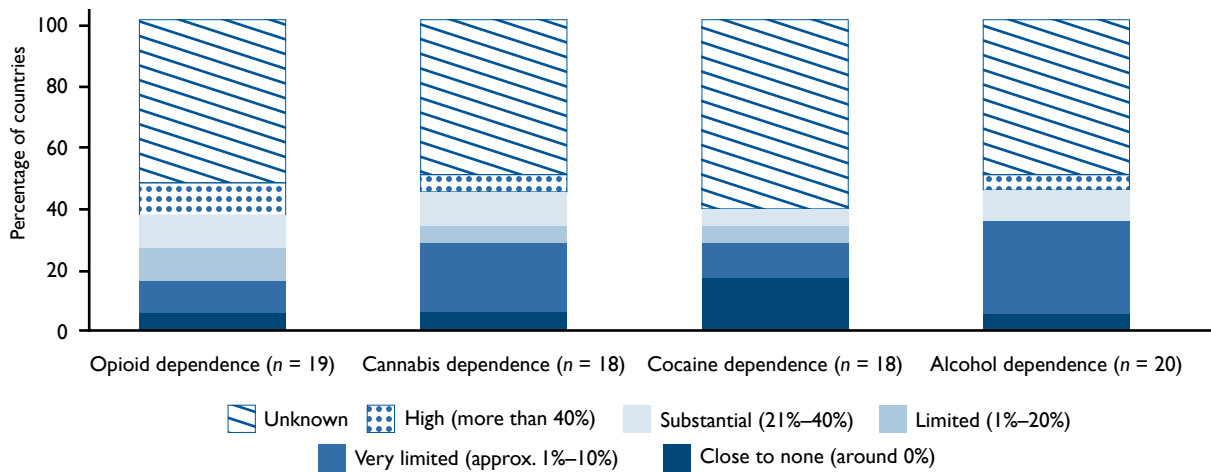


Fig. 32. Treatment coverage for substance dependence

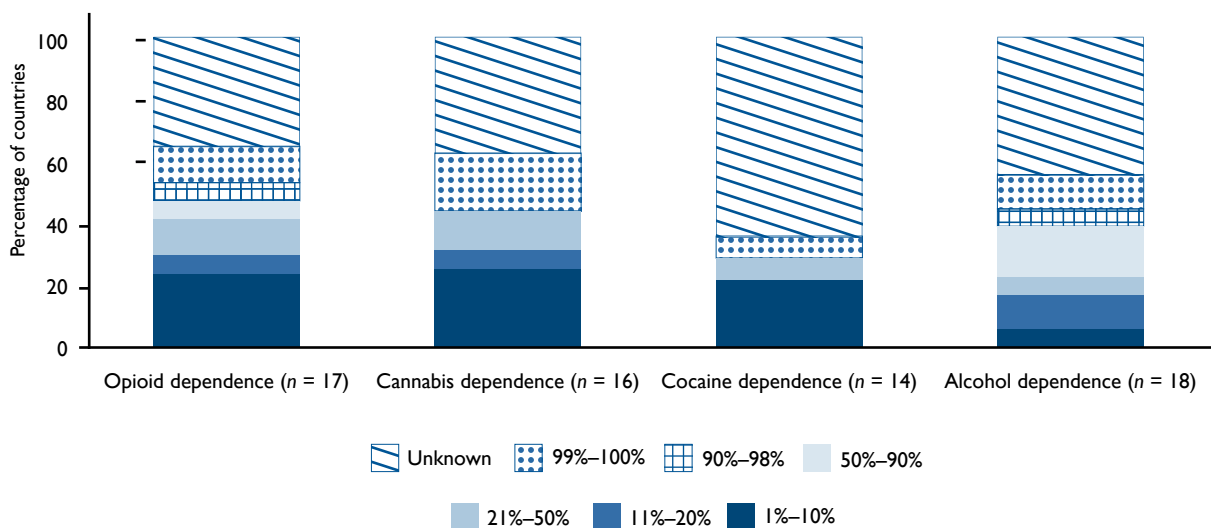


Fig. 33. Proportion of people who seek treatment and receive treatment

<sup>19</sup> 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

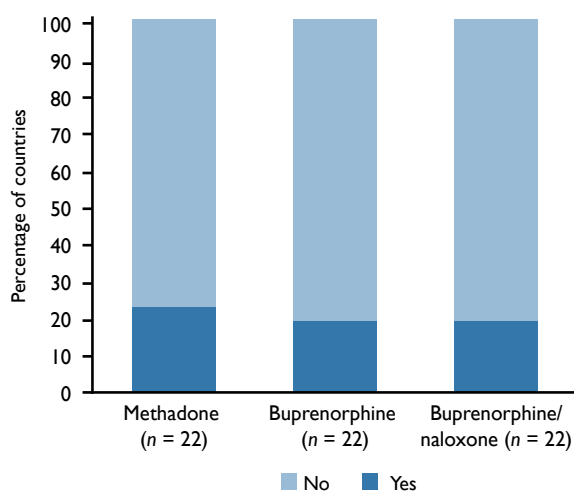
#### 4.3.3.1 Guidelines on pharmacological treatment

## 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).

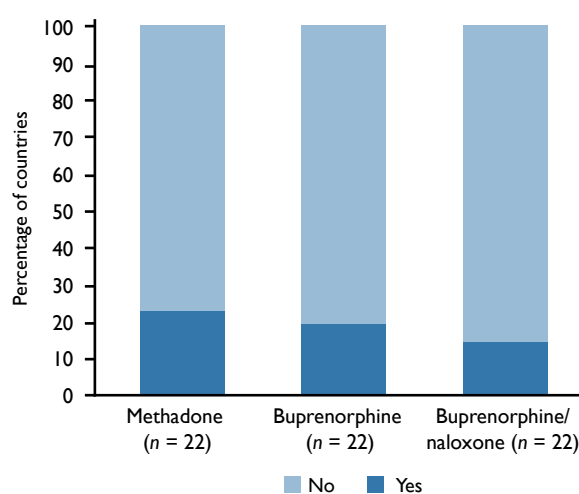
## Findings

- 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 supervised<sup>20</sup> (Fig. 36–38).



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

<sup>20</sup> 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.

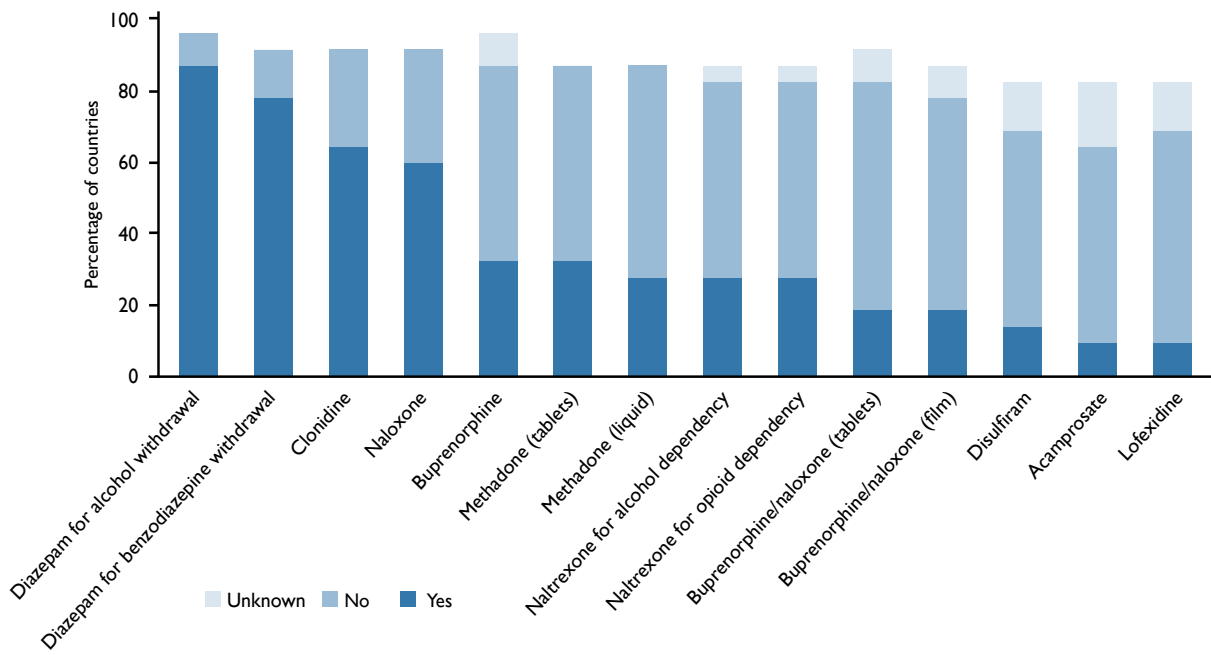


Fig. 36. Registration of medications (n = 22)

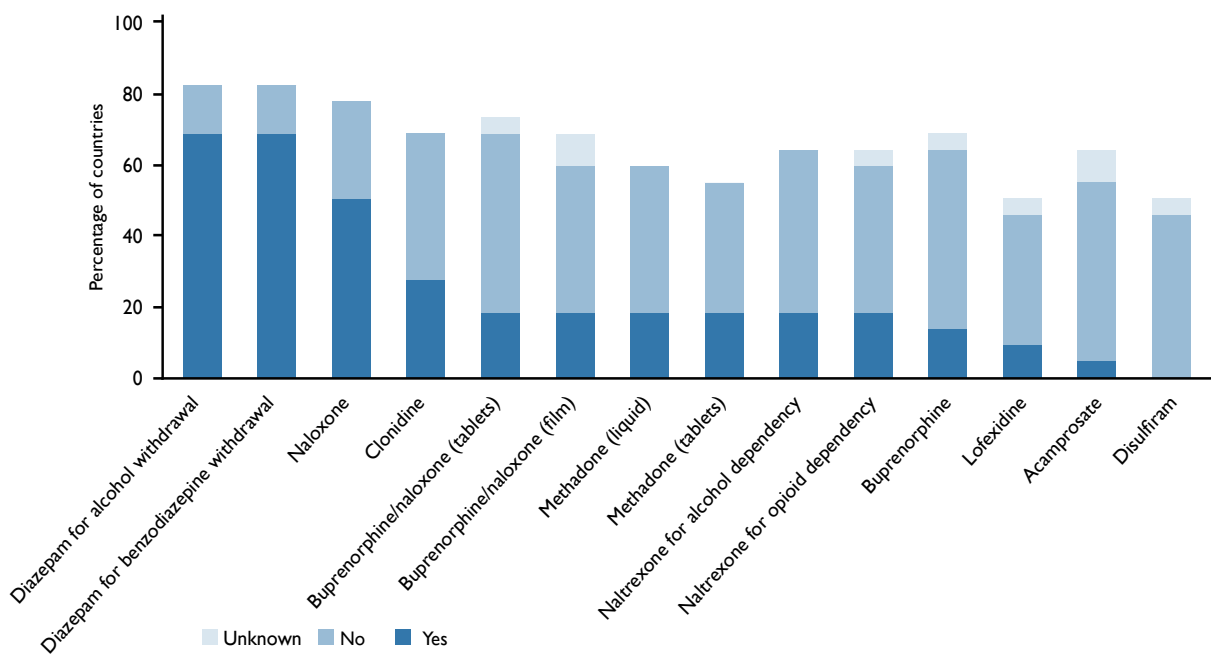
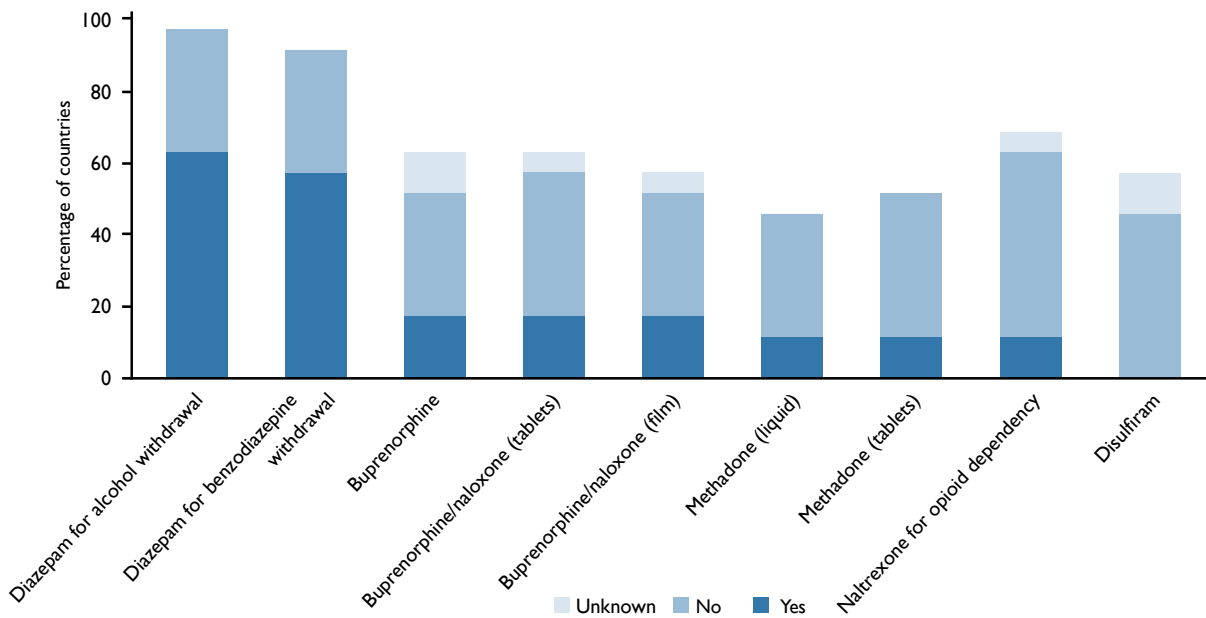


Fig. 37. Availability of medications in publicly funded treatment services (n = 22)



**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

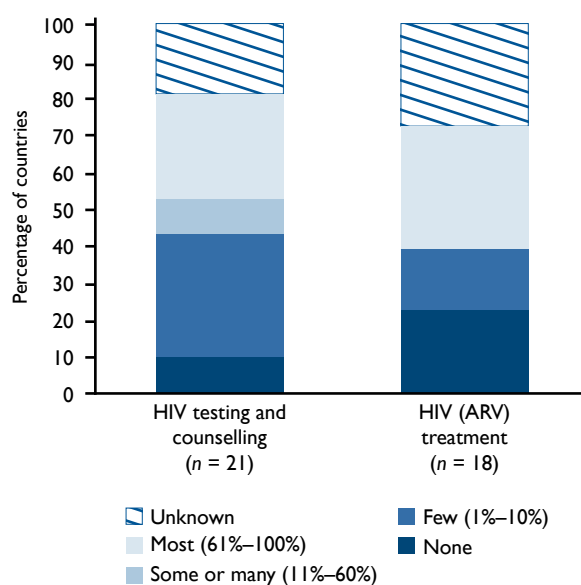
### 4.3.4.1 HIV and hepatitis C testing and treatment in specialized facilities and services for substance use disorders

## 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

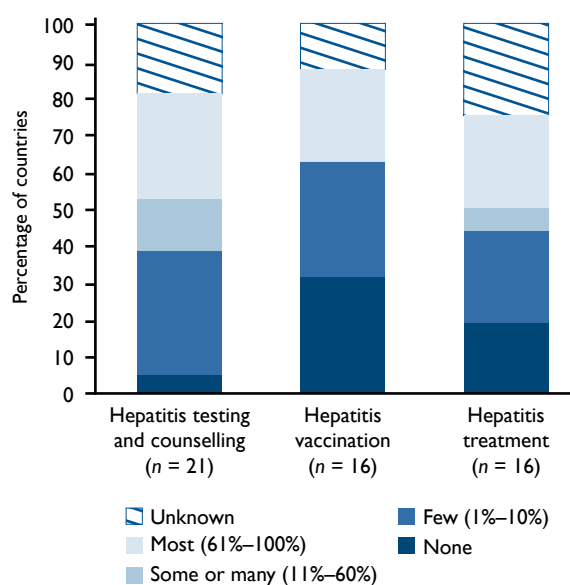
## Background

Nominated focal points were requested to report whether the following programmes are readily<sup>21</sup> 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.

<sup>21</sup> 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. 40.** Percentage of the total number of specialized facilities and services for substance use disorders that provide hepatitis testing, counselling, vaccination and treatment

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

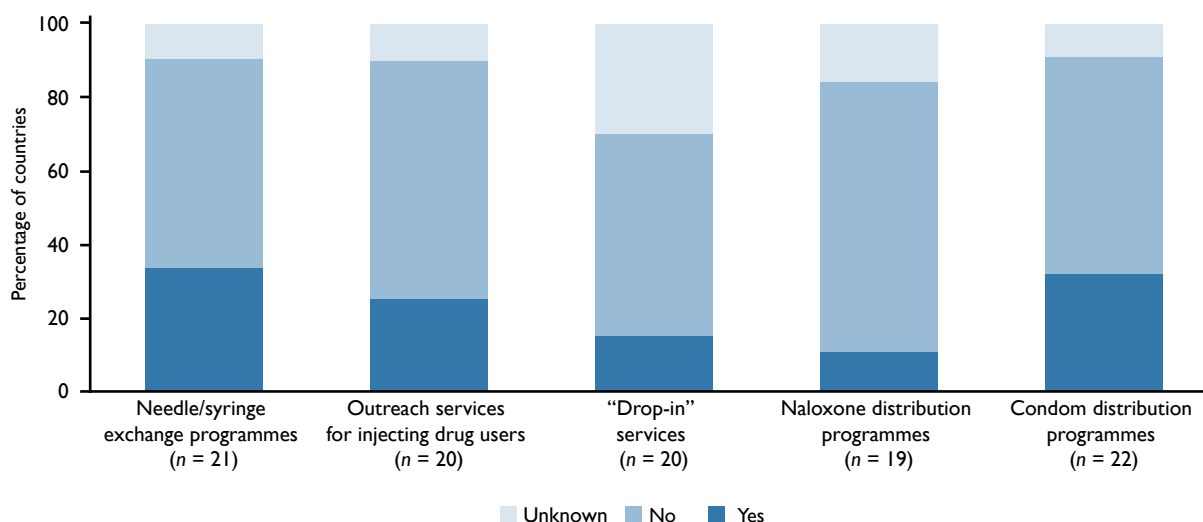
### 4.3.4.3 Special treatment programmes for women with substance use disorders

## Background

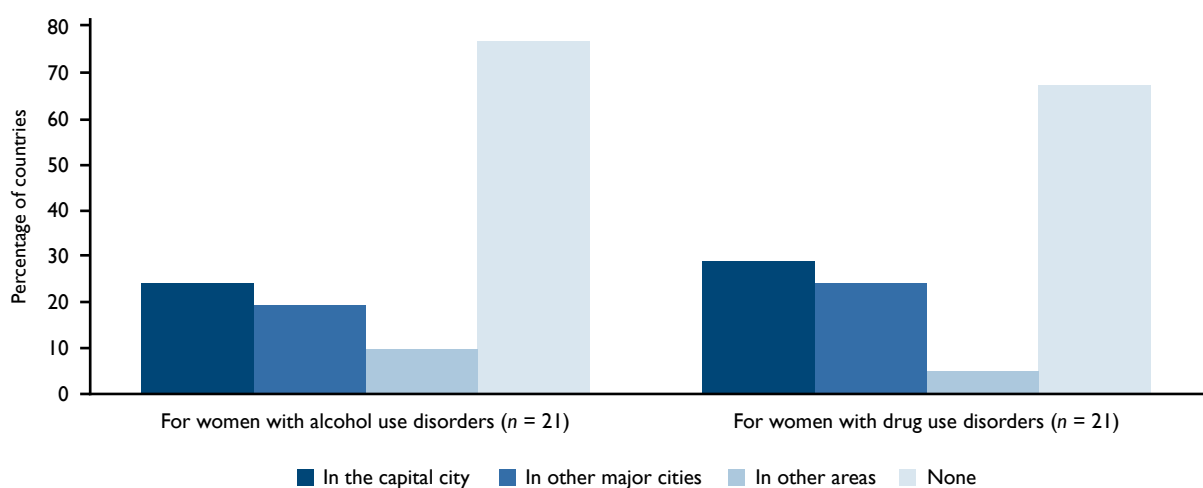
Respondents were asked about the existence of special treatment programmes for women with substance use disorders in different parts of the country (Fig. 42).

## 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.



**Fig. 41.** Availability of harm reduction programmes



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

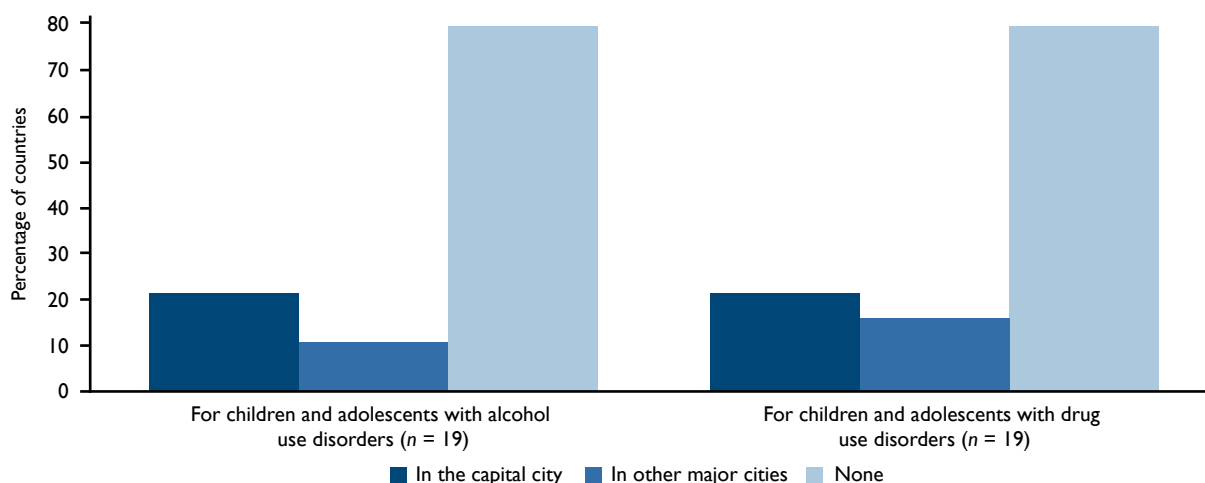
#### 4.3.4.4 Special treatment programmes for children and adolescents with substance use disorders

### 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

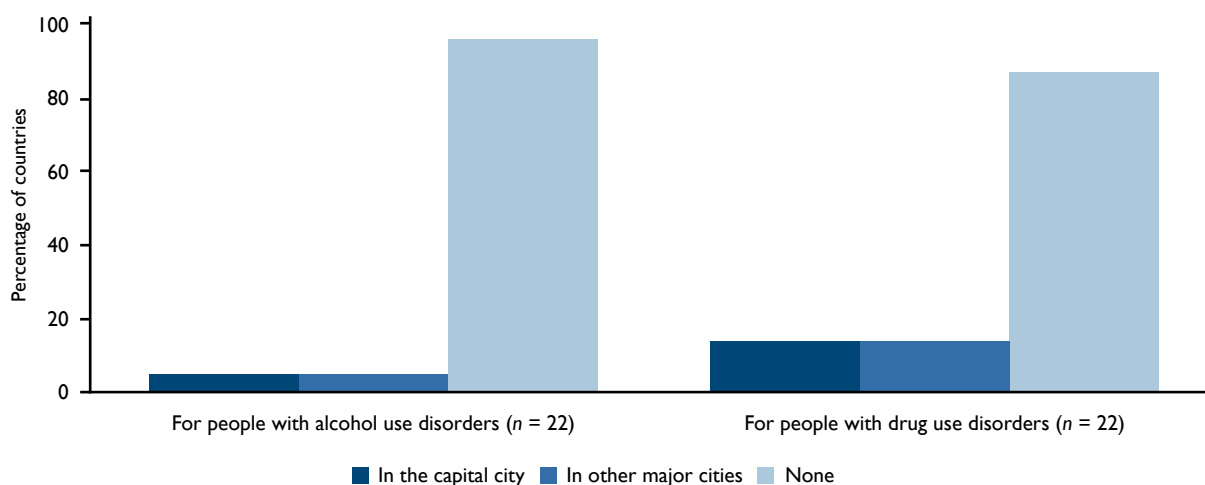
- No country of the Eastern Mediterranean Region reported having special treatment

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.

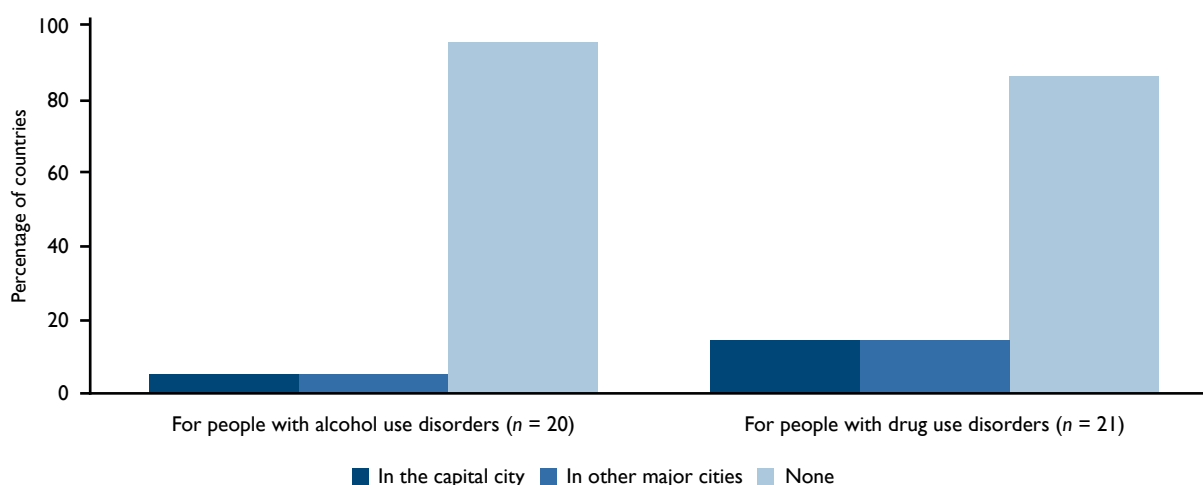
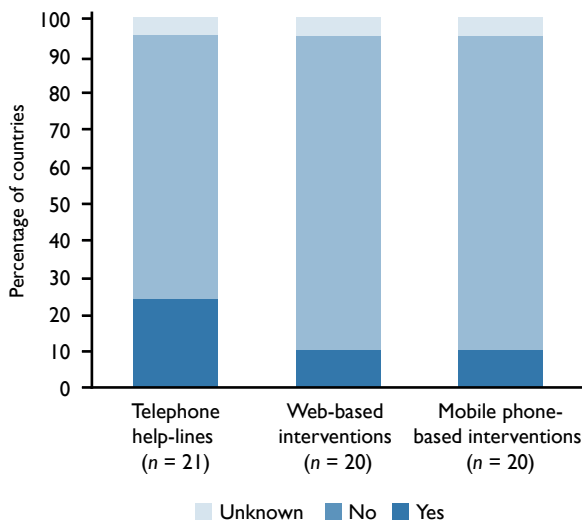
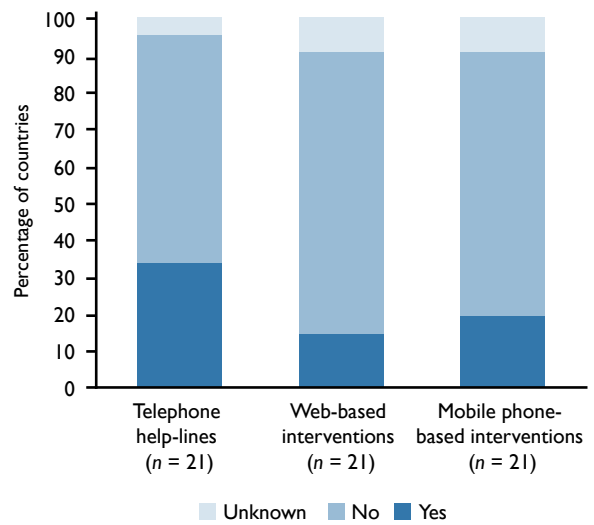


Fig. 45. Employment services for people with substance use disorders



**Fig. 46.** Open access interventions for alcohol use



**Fig. 47.** Open access interventions for drug use

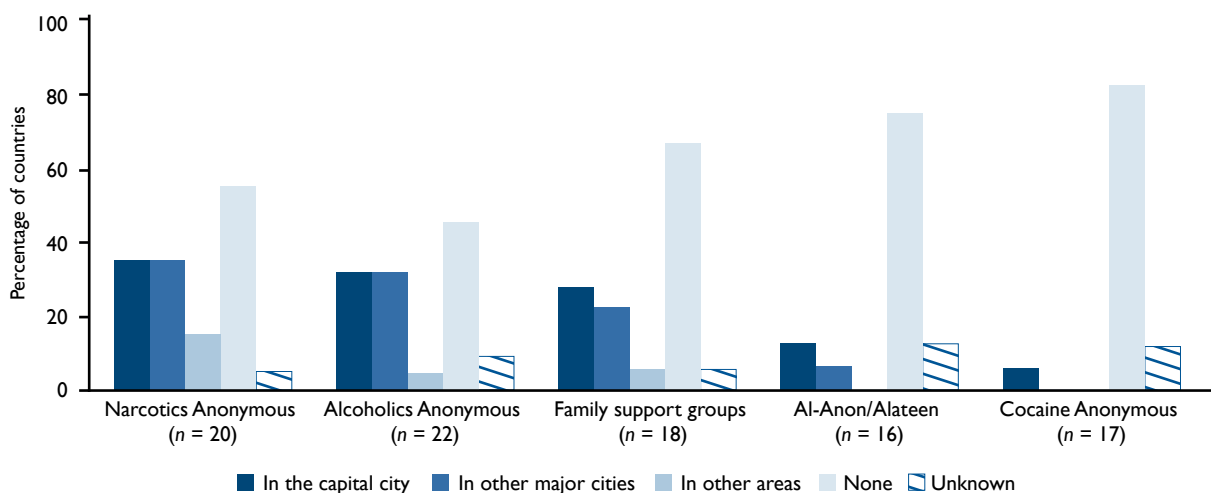
- 35% of the countries of the Region reported that Narcotics Anonymous is available in the capital city or other major cities in the country.
- 31% of the countries reported that Alcoholics Anonymous is available in the capital city or other major cities in the country.

### 4.3.5 Prevention

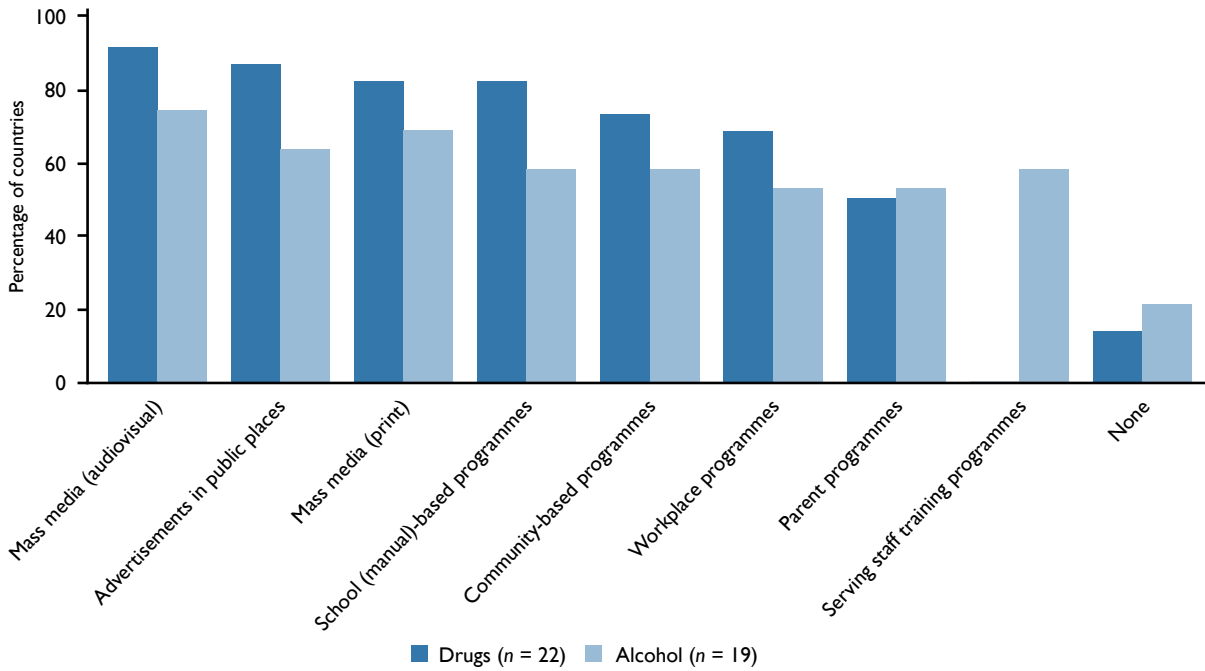
#### 4.3.5.1 Prevention programmes

#### Background

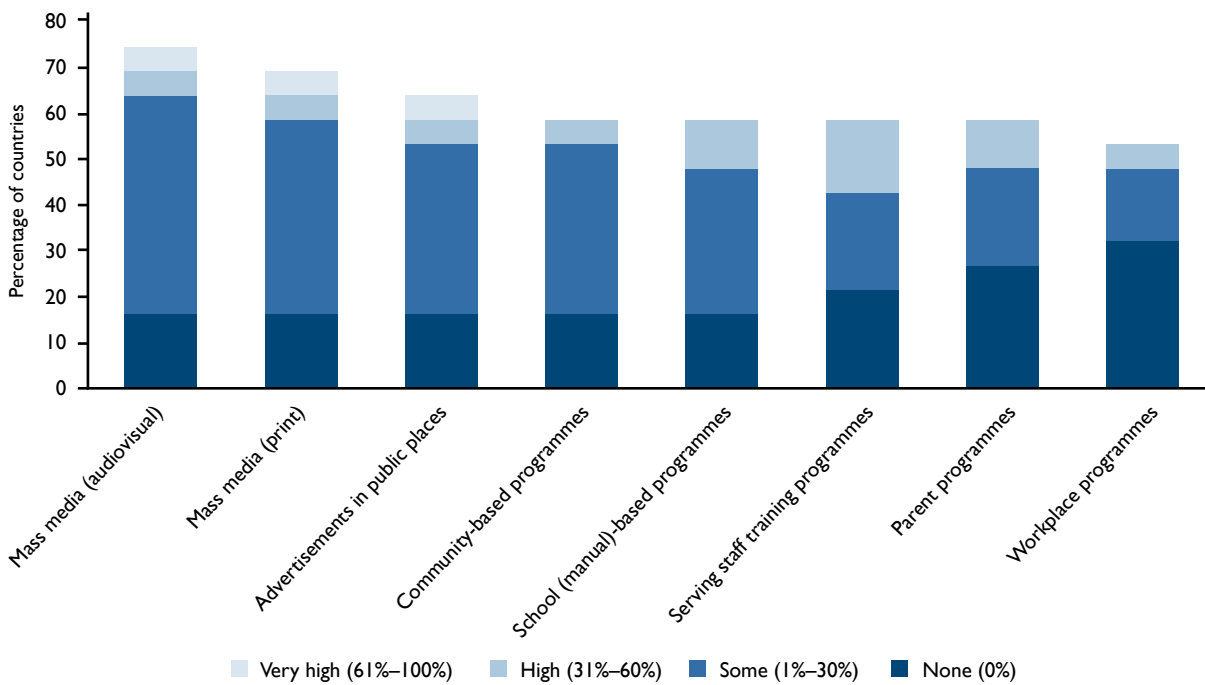
Respondents were required to indicate the existence of different tools/programmes for prevention of substance use and substance use disorders. They were also requested to indicate the estimated coverage of the target population for each tool/programme (Fig. 49–51).



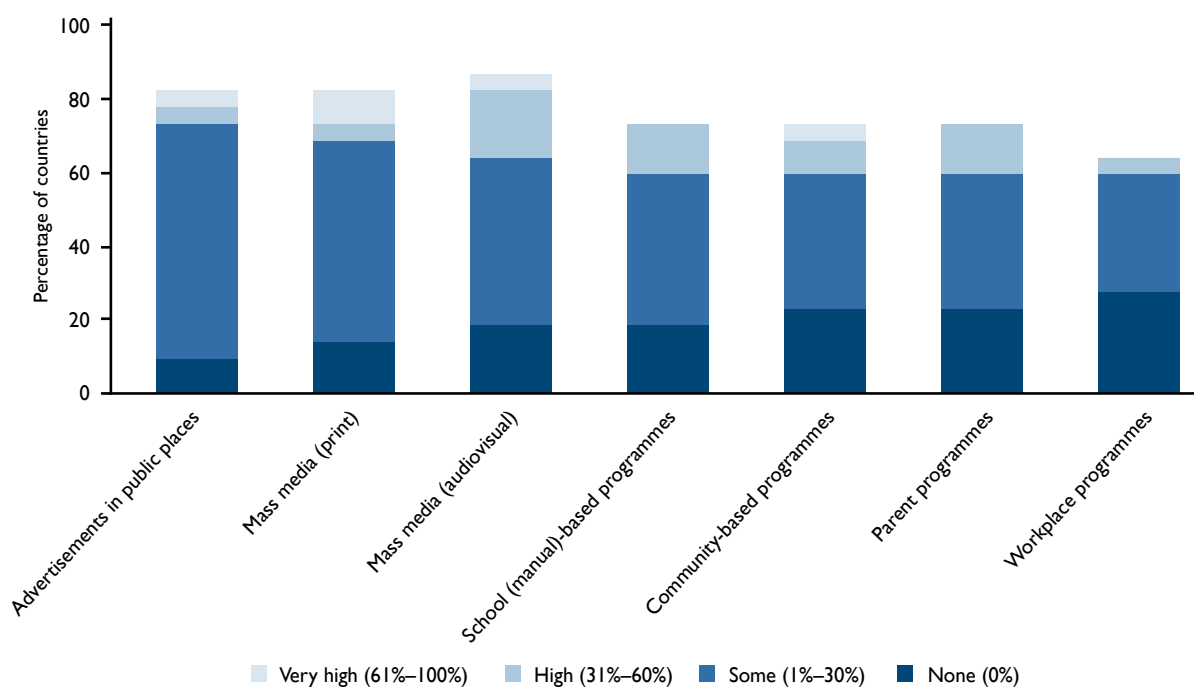
**Fig. 48.** Availability of mutual support/self-help groups



**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%).

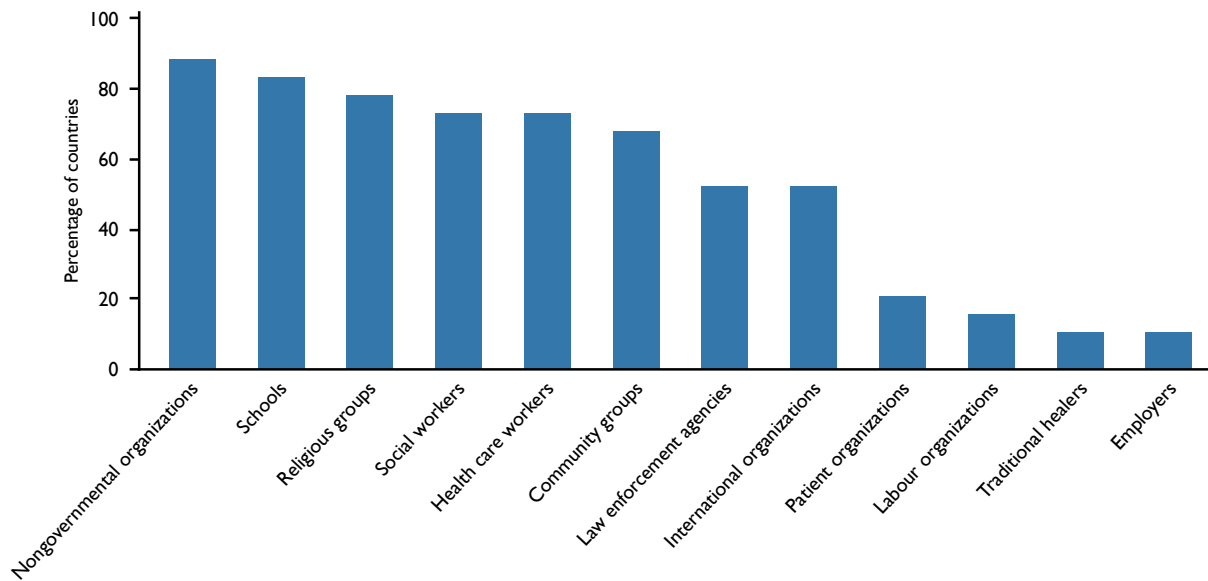
## Notes and comments

- 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

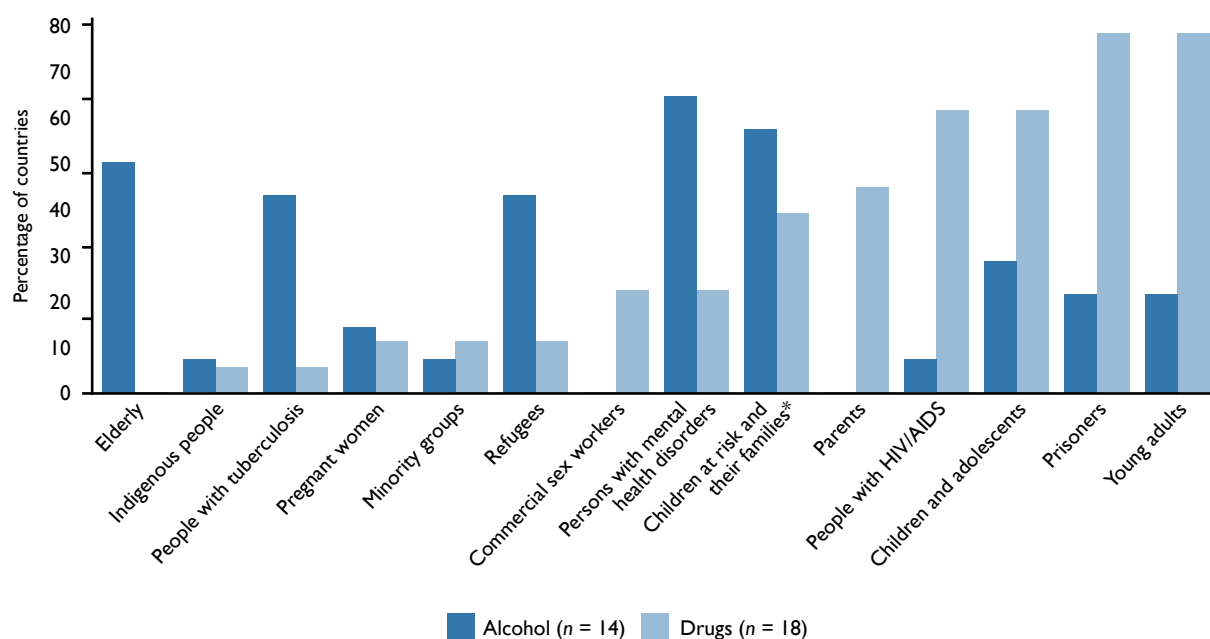
Respondents were asked whether primary health care services are expected to implement, according to national guidelines and standards of care, screening<sup>22</sup> and brief interventions for hazardous and harmful use of tobacco, alcohol, cannabis and prescription drugs.

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

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



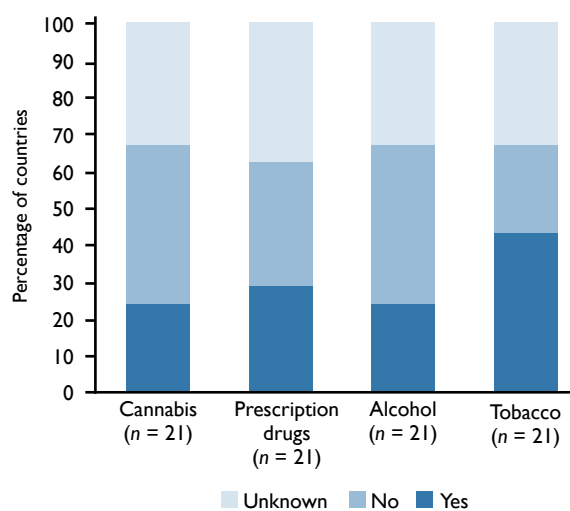
**Fig. 53.** Prevention programmes for target populations

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

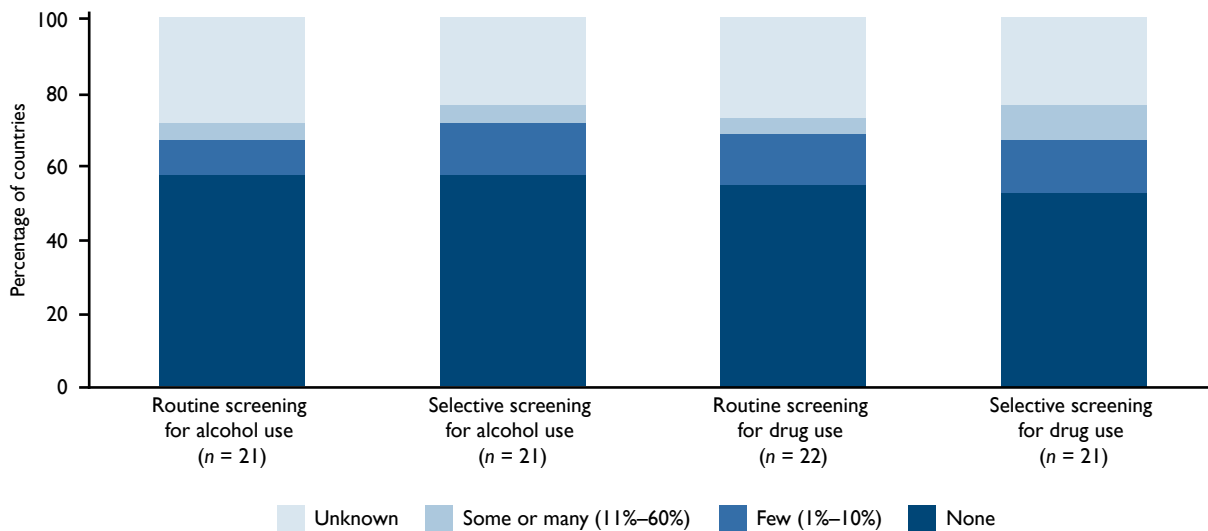
- The existence of recommendations for screening and brief interventions for tobacco, alcohol and cannabis use is reported to be unknown by 33% of the countries of the Region.
- More than half of the countries of the Region reported that the proportion of primary care services that have implemented screening 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 screen<sup>23</sup> 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.

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

## 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).

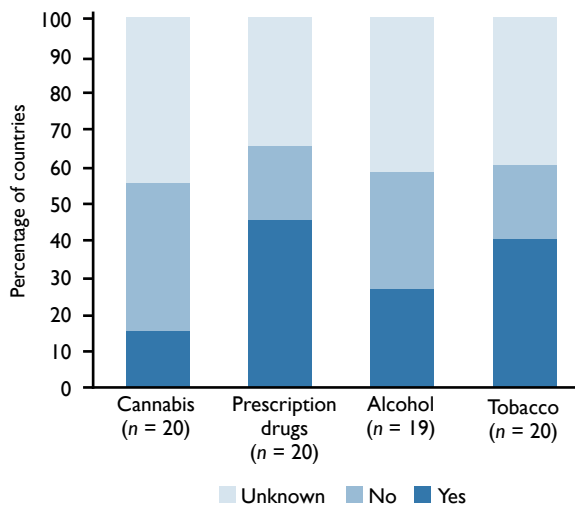
#### Findings

- 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.

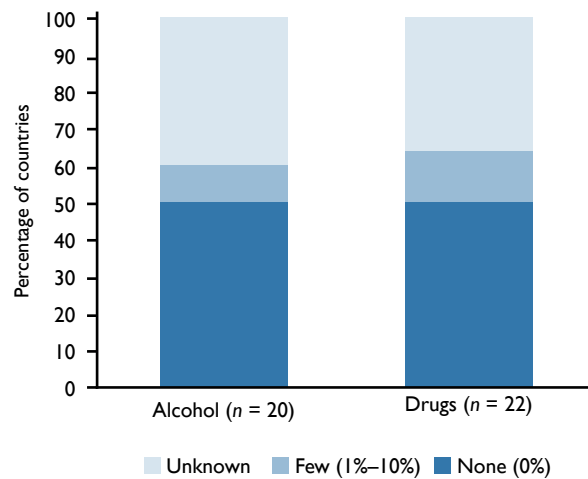
### 4.4.2 Level of educational attainment in prevention/treatment

#### 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).



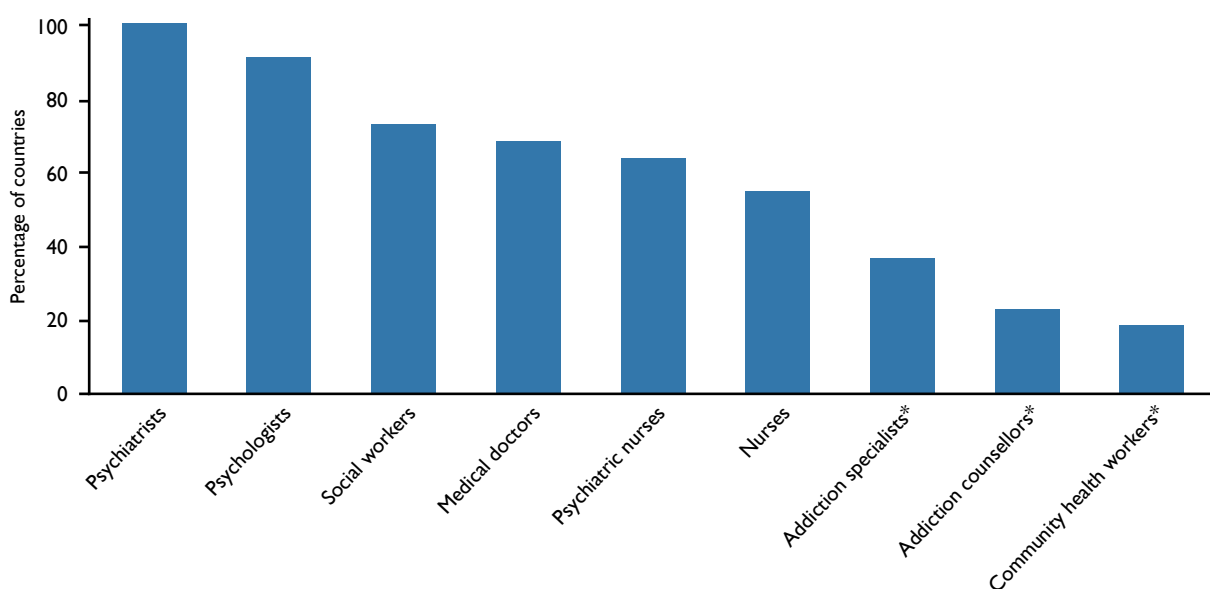
**Fig. 56.** National guidelines and standards of care recommendations for screening and brief interventions in antenatal services



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

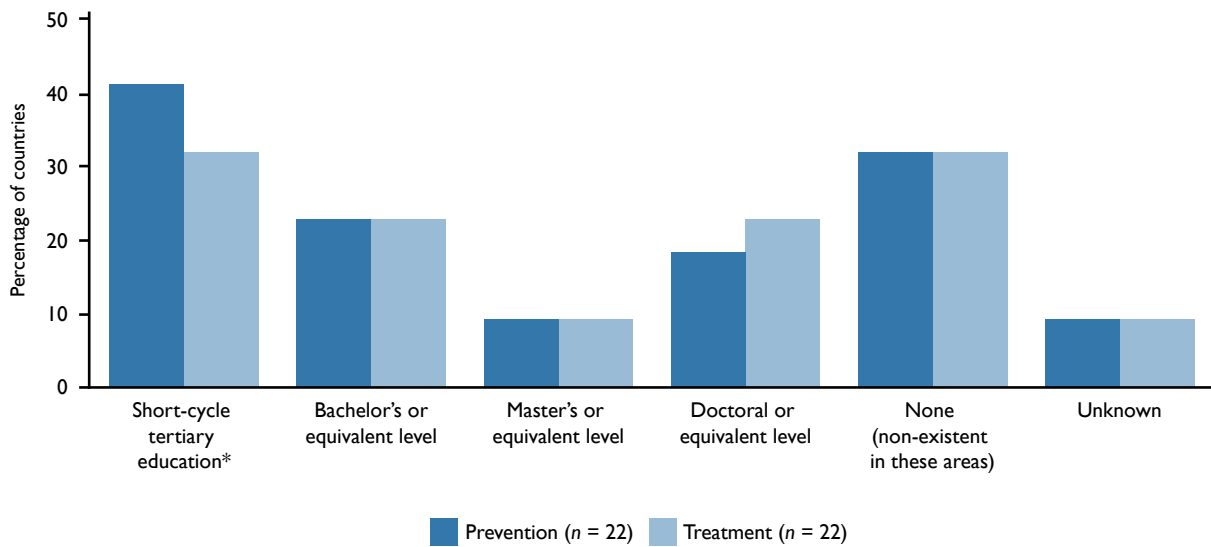
## Findings

- 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.

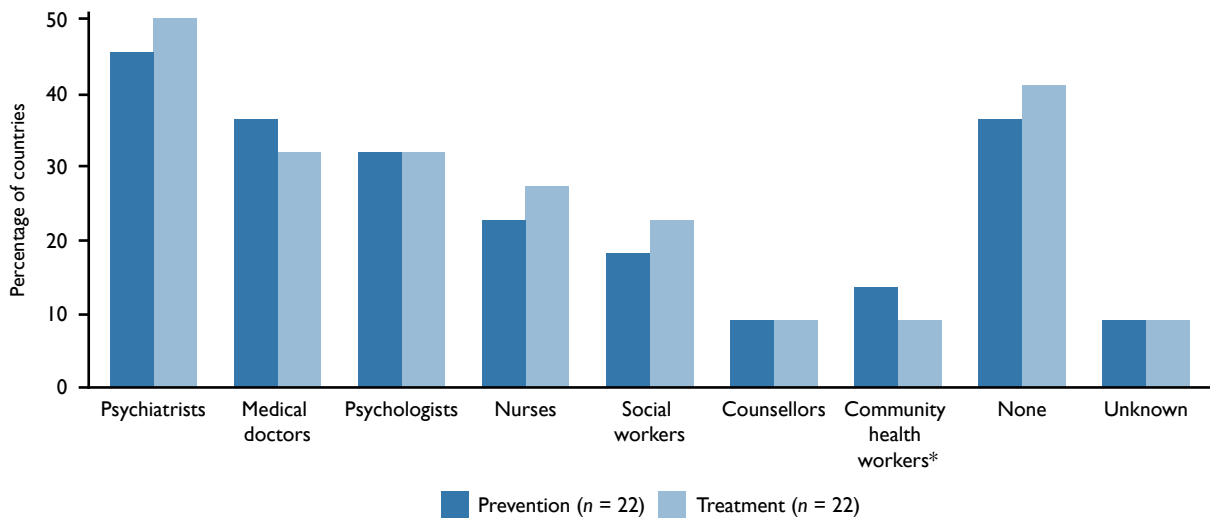
#### 4.4.4 Continuing professional development in prevention/treatment

##### Background

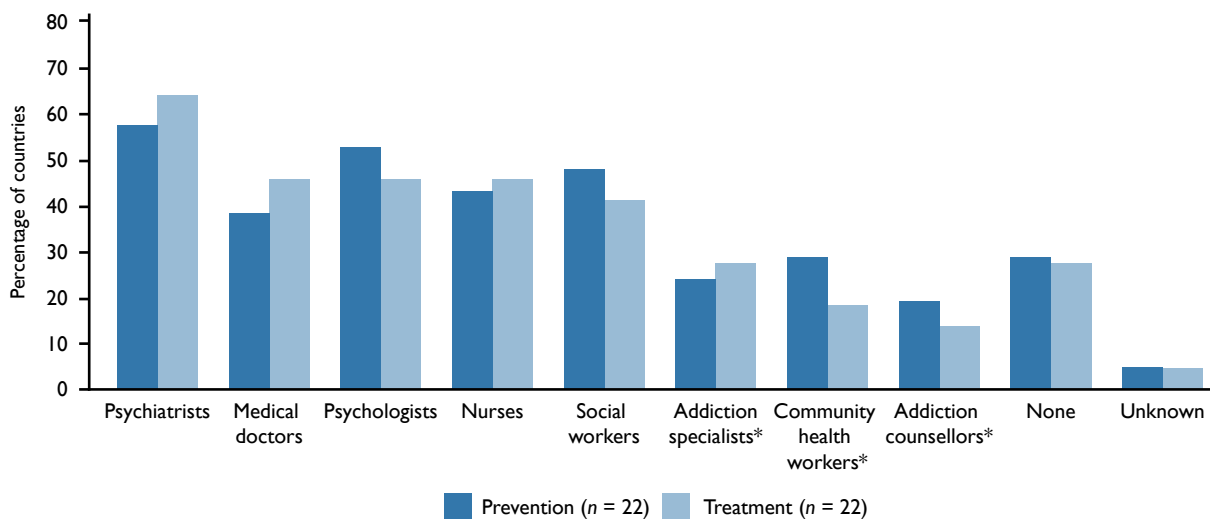
Respondents were requested to report on the availability of continuing professional development/education\* for professionals working in the areas of prevention and/or treatment of substance use disorders (Fig. 61).

##### 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

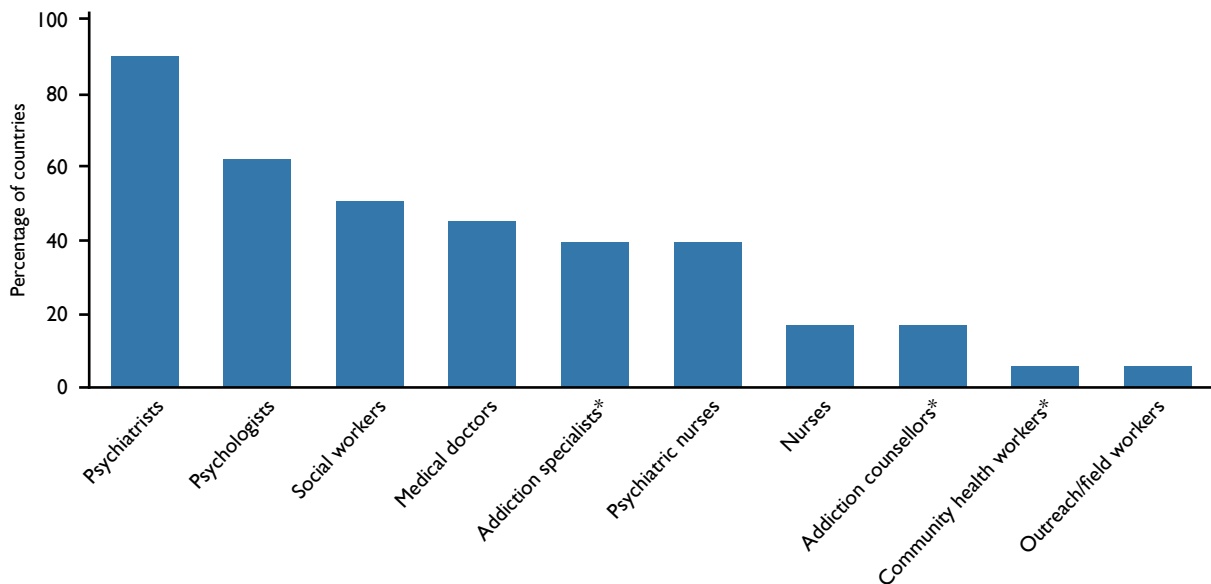
#### 4.4.6 National standards of care for professionals

##### 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 a national 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.

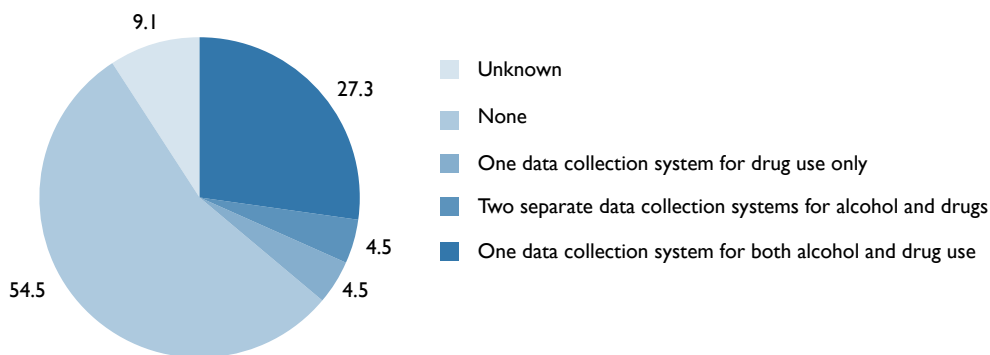


Fig. 63. National system of epidemiological data collection for substance use (n = 22)

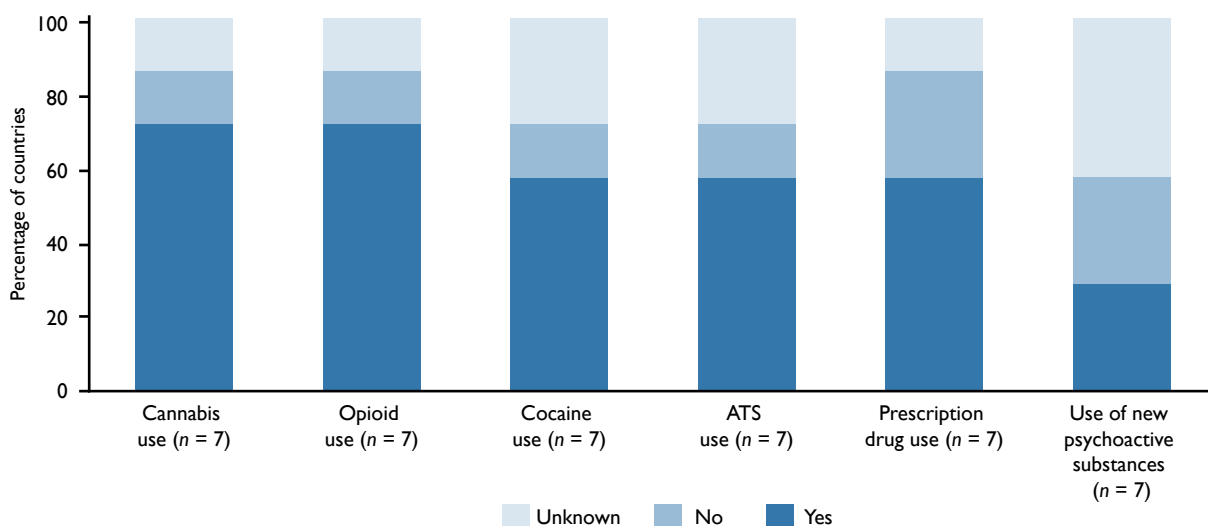
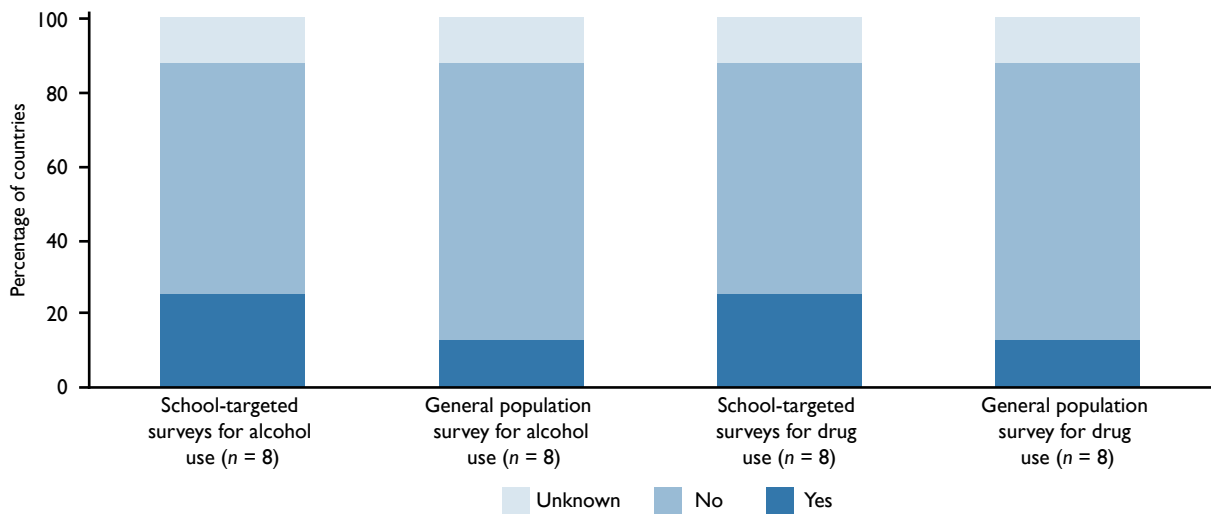
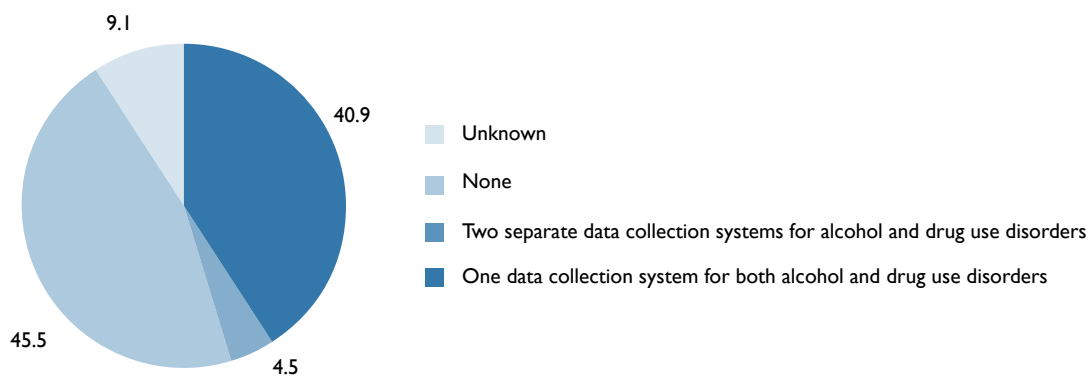


Fig. 64. Data collection for specific drug use



**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

- 38% of the countries of the Eastern 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

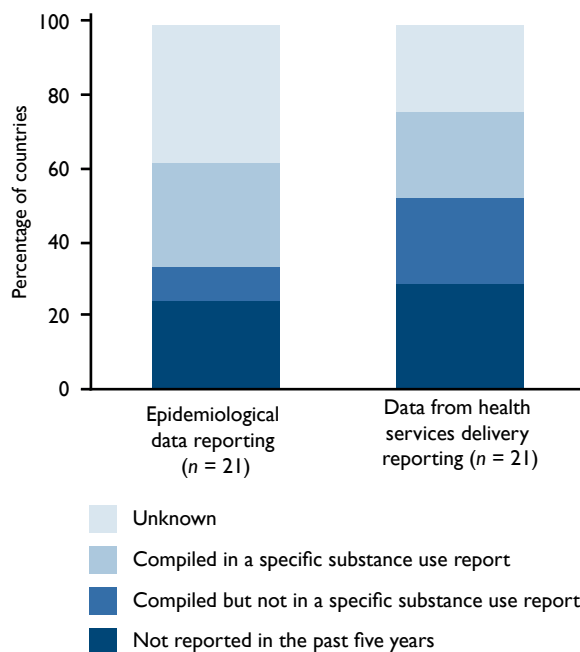
### Background

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.

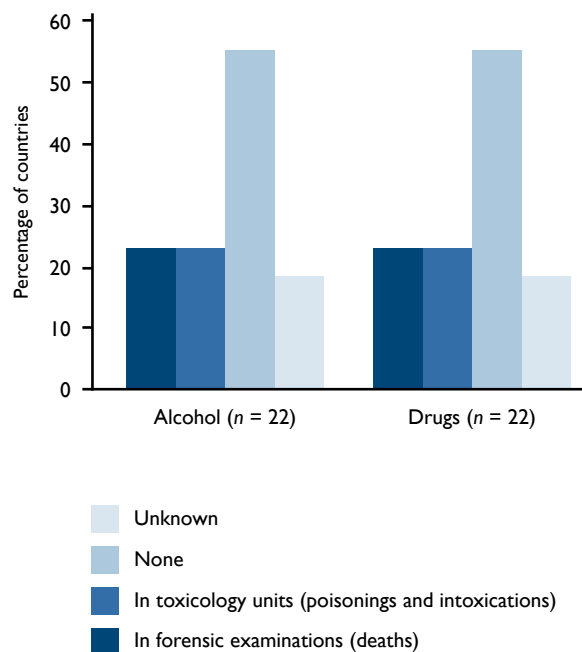


**Fig. 67.** Epidemiological and health services delivery data reporting

- 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. 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.

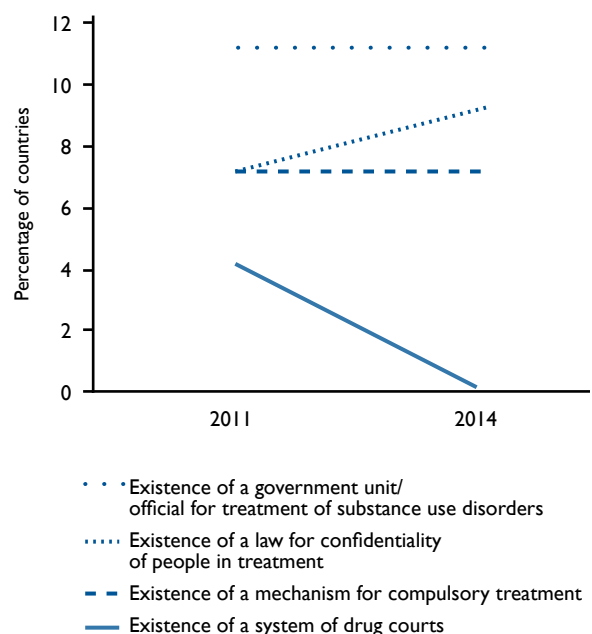
### 5.1.4 Drug courts

- 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.

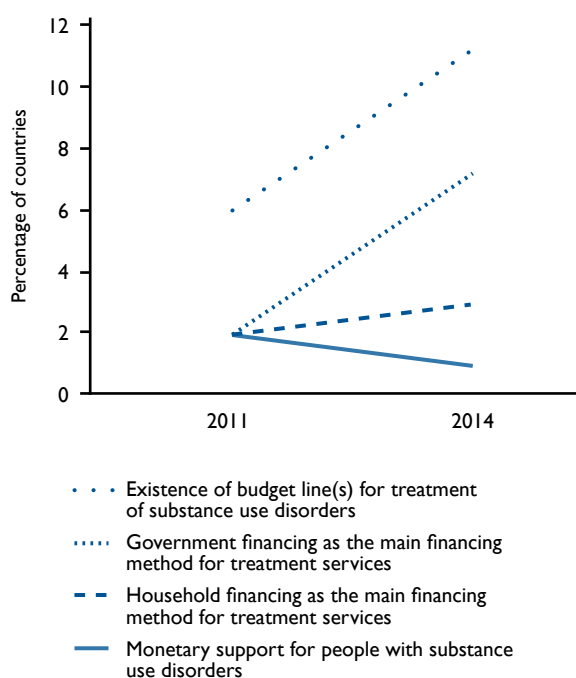
## 5.2 Financing (Fig. 70)

### 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



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



**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, outpatient 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

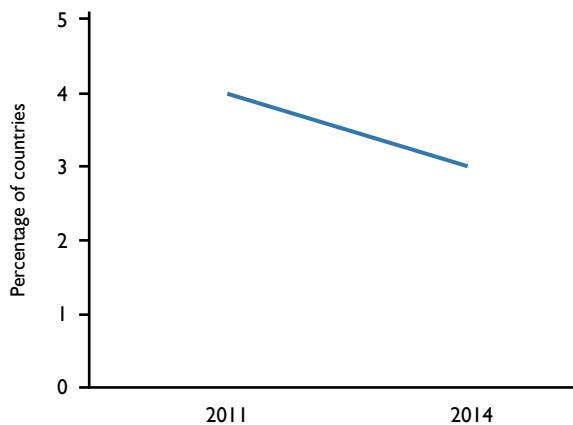
- Two countries reported having government benefits in the form of monetary support for people with substance use disorders in 2014, while one country reported that in 2011.
- For the other countries that responded in 2011 and 2014, no change has been reported.

## 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

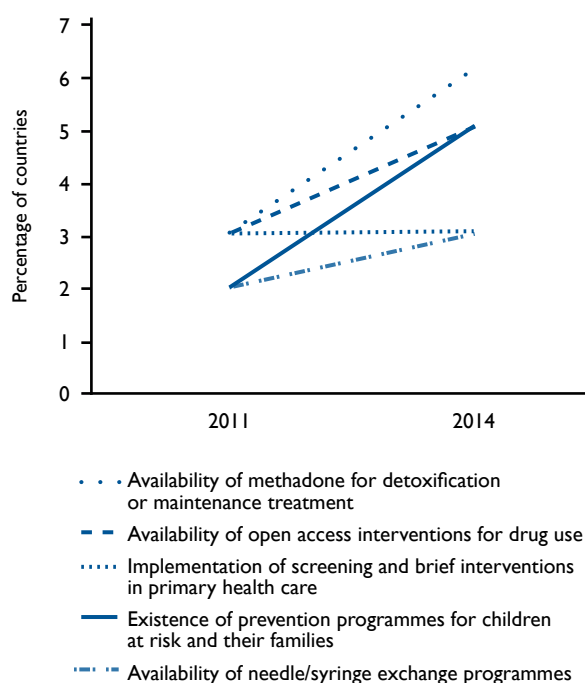
- Overall, a slight increase in the number of countries having Alcoholic Anonymous groups (six in 2011 and eight in 2014) and Cocaine Anonymous groups (zero in 2011 and one in 2014) is observed between 2011 and 2014.
- However, the number of countries reporting having Al-Anon/Alateen decreased from four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



**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.

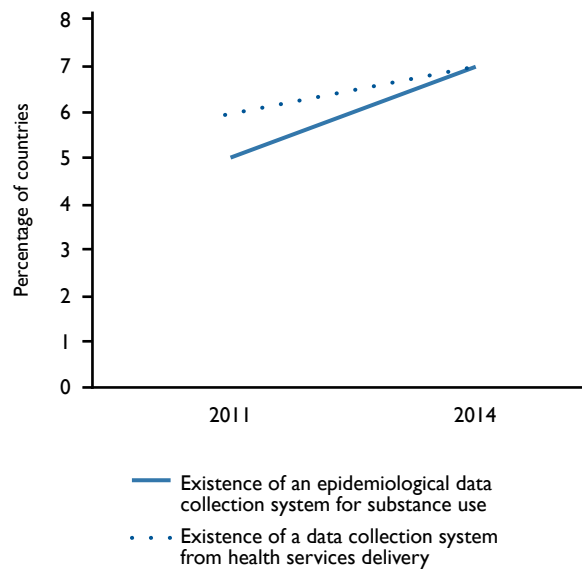
## 5.5 Information systems (Fig. 73)

### 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-of-pocket 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

detrification 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 detrification 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 longer-term 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 recovery-oriented interventions implemented on inpatient and/or outpatient 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 non-medical 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.





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**Country fact sheets:  
substance use disorders**

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## 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

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	28 100					
Population in urban areas (%), 2013	24					
Adult literacy rate (15–24 years) %	31					
Life expectancy at birth (years), 2012	60					
Income group (World Bank)	Low income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	Prevention		Treatment			
Principal ministry(ies)	Ministries of health and of counter narcotics		Ministries of health and of counter narcotics			
Unit/entity responsible for policies	Yes, for drugs only		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			
<b>Diversion schemes from criminal justice to health care system</b>						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			Yes		
Compulsory treatment	No			No		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	Outpatient detoxification	Inpatient detoxification	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
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	First		Second		Third	
Alcohol use disorders	–		–		–	
Drug use disorders	Stand-alone facilities for substance use disorders		Mental health facilities		General health care facilities	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	In the capital city		In other major cities		In other areas	
	Yes		Yes		Yes	
<b>Main substance reported at treatment entry</b>						
First	Opioids					
Second	Cannabis					
Third	Sedatives					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	Very limited (1%–10%)					
Cannabis dependence	Very limited (1%–10%)					
Cocaine dependence	Very limited (1%–10%)					
Alcohol dependence	Very limited (1%–10%)					

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

<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>	<b>In other areas</b>				
For women	No		Yes	No				
For children and adolescents	No		Yes	No				
<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>	<b>In other areas</b>				
Special housing services	No		No	No				
Employment services	No		No	No				
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>			<b>Drug use</b>				
Telephone help-lines	No			No				
Web-based interventions	No			No				
Mobile phone-based interventions	No			Yes				
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	Yes	No	–	Yes			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual)-based programmes	–			Some (1%–30%)				
Workplace programmes	–			Some (1%–30%)				
Parenting programmes	–			Some (1%–30%)				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	Yes	–	–	Yes	Yes	Yes	Yes	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	Unknown			–				
Drug use	Unknown			None				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists and medical doctors							
Treatment	For psychiatrists and medical doctors							
<b>National standards of care for professionals</b>								
Unknown								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>		<b>Reported</b>					
Epidemiological substance use data	No		Unknown					
Substance use indicators as a part of the health information system	Yes		Yes					
Monitoring of substance use related deaths	No		/					

# Bahrain

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2012	1 200					
Population in urban areas (%), 2013	100					
Adult literacy rate (15–24 years) %	94					
Life expectancy at birth (years), 2012	77					
Income group (World Bank)	High income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministries of health, interior and education		Ministries of health and interior			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering mental health		This unit is also responsible for policies covering mental health			
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	–			Yes		
Compulsory treatment	–			Yes		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing	Yes	Yes	Yes	Yes	Yes	Yes
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
Alcohol use disorders	Mental health facilities	General health care facilities	Community-based self-support groups			
Drug use disorders	Mental health facilities	General health care facilities	Community-based self-support groups			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	Yes	–	–			
<b>Main substance reported at treatment entry</b>						
First	Opioids					
Second	Amphetamine-type stimulant					
Third	Alcohol					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	More than 40%					
Cannabis dependence	–					
Cocaine dependence	Unknown					
Alcohol dependence	Substantial (21%–40%)					

<b>Access to treatment for substance dependence</b>			
Opioid dependence		Unknown	
Cannabis dependence		Unknown	
Cocaine dependence		Unknown	
Alcohol dependence		Unknown	
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment		Yes	
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	/
Lofexidine (tablets) for opioid withdrawal	No	No	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	No	Yes	Yes
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
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%	
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	Yes	–	–	–			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	–				Some (1%–30%)			
Workplace programmes	–				Some (1%–30%)			
Parenting programmes	–				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	Yes	–	–	–	Yes	–	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	Unknown				Unknown			
Drug use	Unknown				Unknown			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists, other medical doctors, psychiatric nurses, psychologists, social workers and addiction counsellors								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	No				Unknown			
Substance use indicators as a part of the health information system	No				Unknown			
Monitoring of substance use related deaths	Unknown				/			



# Djibouti

DEMOGRAPHIC INFORMATION						
Total population (000), 2013					860	
Population in urban areas (%), 2009					84	
Adult literacy rate (15–24 years) %					–	
Life expectancy at birth (years), 2012					61	
Income group (World Bank)					Lower middle income	
LEADERSHIP AND GOVERNANCE						
	Prevention			Treatment		
Principal ministry(ies)	Ministry of health and office of the prime minister/president			Ministry of health		
Unit/entity responsible for policies	Yes			–		
	This unit is also responsible for policies covering tobacco			–		
Diversion schemes from criminal justice to health care system						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			–		
Compulsory treatment	Unknown			–		
Drug courts	Few jurisdictions					
FINANCING						
Main financing method for treatment services for substance use 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 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			Cannabis			
Second			Alcohol			
Third			Opioids			
Treatment coverage for substance dependence						
Opioid dependence			–			
Cannabis dependence			–			
Cocaine dependence			–			
Alcohol dependence			Unknown			

<b>Access to treatment for substance dependence</b>			
Opioid dependence			–
Cannabis dependence			–
Cocaine dependence			–
Alcohol dependence			Unknown
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment			Yes
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
Buprenorphine (sublingual tablets) for opioid dependence	Unknown	Unknown	–
Buprenorphine/naloxone (tablets) for opioid dependence	Unknown	Unknown	–
Buprenorphine/naloxone (films) for opioid dependence	–	–	–
Naltrexone (tablets) for opioid dependence	–	–	–
Methadone (liquid) for opioid dependence	–	–	–
Methadone (tablets) for opioid dependence	–	–	–
Clonidine (tablets) for opioid withdrawal	–	–	/
Lofexidine (tablets) for opioid withdrawal	–	–	/
Naloxone (for injection) for opioid overdose	–	–	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	Unknown	–	/
Diazepam (tablets) for alcohol withdrawal	–	–	–
Disulfiram (tablets) for alcohol dependence	–	–	–
Naltrexone (tablets) for alcohol dependence	–	–	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	–	–	–
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling			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			Yes
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	–	–	–

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	–		–		–			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	–				–			
Web-based interventions	–				–			
Mobile phone-based interventions	–				–			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	–	–	–	–			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	–				None			
Workplace programmes	–				–			
Parenting programmes	–				–			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	–	–	–	–	–	–	–	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	Unknown				None			
Drug use	Unknown				Few (1%–10%)			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For community health workers							
Treatment	None							
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists and other medical doctors								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	No				Unknown			
Substance use indicators as a part of the health information system	Yes				Unknown			
Monitoring of substance use related deaths	No				/			

# Egypt

<b>DEMOGRAPHIC INFORMATION</b>						
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 income			
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>			<b>Treatment</b>		
Principal ministry(ies)	Ministries of health and social welfare			Ministry of health		
Unit/entity responsible for policies	Yes			Yes		
	This unit is also responsible for policies covering mental health			This unit is also responsible for policies covering mental health		
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	No			No		
Compulsory treatment	–			Yes		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing	Yes	Yes	Yes	Yes	Yes	
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>		<b>Second</b>		<b>Third</b>	
Alcohol use disorders	Mental health facilities		Stand-alone facilities for substance use disorders		General hospitals	
Drug use disorders	Mental health facilities		Stand-alone facilities for substance use disorders		General hospitals	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>	
	Yes		Yes		Yes	
<b>Main substance reported at treatment entry</b>						
First			Prescription opioids			
Second			Opioids			
Third			Sedatives			
<b>Treatment coverage for substance dependence</b>						
Opioid dependence			Limited (11%–20%)			
Cannabis dependence			Limited (11%–20%)			
Cocaine dependence			None			
Alcohol dependence			Very limited (1%–10%)			

<b>Access to treatment for substance dependence</b>			
Opioid dependence	Unknown		
Cannabis dependence	Unknown		
Cocaine dependence	Unknown		
Alcohol dependence	Unknown		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	No		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	/
Lofexidine (tablets) for opioid withdrawal	No	–	/
Naloxone (for injection) for opioid overdose	No	–	/
<b>For alcohol dependence/withdrawal</b>			
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	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	11%–30%		
HIV (ARV) treatment	–		
Hepatitis testing and counselling	11%–30%		
Hepatitis vaccination	–		
Hepatitis treatment	–		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	Yes		
Outreach services for injecting drug users	Yes		
Drop-in services	Unknown		
Naloxone distribution programmes	Yes		
Condom distribution programmes	Yes		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	Yes	Yes	–
For children and adolescents	Yes	Yes	–
<b>Social services for people with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
Special housing services	No	No	No
Employment services	No	No	No

<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>			<b>Drug use</b>				
Telephone help-lines	Yes			Yes				
Web-based interventions	No			No				
Mobile phone-based interventions	No			No				
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	Unknown	Yes	Unknown	Unknown	Yes			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual)-based programmes	–			–				
Workplace programmes	–			–				
Parenting programmes	–			–				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	–	–	–	–	–	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	None			None				
Drug use	None			None				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For medical doctors							
Treatment	For psychiatrists, psychologists, social workers and nurses							
<b>National standards of care for professionals</b>								
–								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>			<b>Reported</b>				
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	Unknown			/				

## Iran (Islamic Republic of)

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	76 942					
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 middle income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	Prevention			Treatment		
Principal ministry(ies)	Ministries of health, education, social welfare and drug control headquarters			Ministry of health and drug control headquarters		
Unit/entity responsible for policies	Yes This unit is also responsible for policies covering mental health			Yes This unit is also responsible for policies covering mental health		
<b>Diversion schemes from criminal justice to health care system</b>						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Government financing						
Employer financing						
Households	Yes	Yes	Yes	Yes	Yes	Yes
Nongovernmental organization and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	First	Second	Third			
Alcohol use disorders	Mental health services	General health care services	General hospitals			
Drug use disorders	Stand-alone facilities for substance use disorders	General health care facilities	Mental health services			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	In the capital city	In other major cities	In other areas			
	Yes	Yes	Yes			
<b>Main substance reported at treatment entry</b>						
First	Opioids					
Second	ATS					
Third	Prescription opioids					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	More than 40%					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					

<b>Access to treatment for substance dependence</b>			
Opioid dependence	21%–50%		
Cannabis dependence	Unknown		
Cocaine dependence	Unknown		
Alcohol dependence	Unknown		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	Yes		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	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	–	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	Yes	No	No
Naltrexone (tablets) for alcohol dependence	Yes	Yes	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	1%–10%		
HIV (ARV) treatment	None		
Hepatitis testing and counselling	1%–10%		
Hepatitis vaccination	None		
Hepatitis treatment	None		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	Yes		
Outreach services for injecting drug users	Yes		
Drop-in services	Yes		
Naloxone distribution programmes	No		
Condom distribution programmes	Yes		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	Yes	Yes	No
For children and adolescents	No	No	No



<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	Yes		Yes		No			
Employment services	Yes		Yes		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				Yes			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	Yes	Yes	Yes	Yes			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	None				Some (1%–30%)			
Workplace programmes	Some (1%–30%)				Some (1%–30%)			
Parenting programmes	Some (1%–30%)				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	Yes
Drug use	Yes	–	–	–	–	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				None			
Drug use	None				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists, medical doctors and psychologists							
Treatment	For psychiatrists, medical doctors and psychologists							
<b>National standards of care for professionals</b>								
For psychiatrists, other medical doctors, psychologists and outreach/field workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	Yes				Yes			
Substance use indicators as a part of the health information system	No				No			
Monitoring of substance use related deaths	Yes				/			

## Iraq

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013				35 095		
Population in urban areas (%), 2013				69		
Adult literacy rate (15–24 years) %				21		
Life expectancy at birth (years), 2012				70		
Income group (World Bank)				Upper middle income		
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>			<b>Treatment</b>		
Principal ministry(ies)	Ministries of health, interior, education, justice and social welfare,			Ministry of health		
Unit/entity responsible for policies	Yes			Yes		
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	No			No		
Compulsory treatment	No			No		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing	Yes	Yes	Yes	Yes	Yes	
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
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			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	Yes	Yes	–			
<b>Main substance reported at treatment entry</b>						
First			Other			
Second			Alcohol			
Third			Sedatives			
<b>Treatment coverage for substance dependence</b>						
Opioid dependence			Unknown			
Cannabis dependence			Unknown			
Cocaine dependence			Unknown			
Alcohol dependence			Unknown			

<b>Access to treatment for substance dependence</b>			
Opioid dependence			–
Cannabis dependence			–
Cocaine dependence			–
Alcohol dependence			50%–90%
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment			No
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
Buprenorphine (sublingual tablets) for opioid dependence	Yes	–	–
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	–
Buprenorphine/naloxone (films) for opioid dependence	No	No	–
Naltrexone (tablets) for opioid dependence	Yes	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	Yes	No	/
Naloxone (for injection) for opioid overdose	Yes	No	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	Yes	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	No	No	–
Naltrexone (tablets) for alcohol dependence	Yes	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
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%	
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>			<b>Drug use</b>				
Telephone help-lines	No			No				
Web-based interventions	No			No				
Mobile phone-based interventions	No			No				
<b>Mutual support/self-help groups</b>								
	<b>Alcoholic Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual)-based programmes	Some (1%–30%)			Some (1%–30%)				
Workplace programmes	None			None				
Parenting programmes	Some (1%–30%)			None				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	Yes	–	–	–	Yes	Yes	Yes
Drug use	Yes	Yes	–	–	–	Yes	Yes	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	Some (11%–30%)			Unknown				
Drug use	Some (11%–30%)			Unknown				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists, medical doctors, psychologists, social workers and nurses							
Treatment	For psychiatrists, medical doctors, psychologists, social workers and nurses							
<b>National standards of care for professionals</b>								
None								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>			<b>Reported</b>				
Epidemiological substance use data	No			Yes				
Substance use indicators as a part of the health information system	Yes			Yes				
Monitoring of substance use related deaths	Yes			/				

# Jordan

DEMOGRAPHIC INFORMATION						
Total population (000), 2013	6 530					
Population in urban areas (%), 2013	83					
Adult literacy rate (15–24 years) %	93					
Life expectancy at birth (years), 2012	74					
Income group (World Bank)	Upper middle income					
LEADERSHIP AND GOVERNANCE						
	Prevention			Treatment		
Principal ministry(ies)	Ministries of health and interior			Ministries of health and interior		
Unit/entity responsible for policies	No			No		
Diversion schemes from criminal justice to health care system						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	None					
FINANCING						
Main financing method for treatment services for substance use 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 DELIVERY						
Service provision and coverage						
Main providers of treatment services						
	First	Second	Third			
Alcohol use disorders	Stand-alone facilities for substance use disorders	Mental health facilities	Community-based self-support groups			
Drug use disorders	Stand-alone facilities for substance use disorders	Mental health facilities	Community-based self-support groups			
Availability of specialized treatment facilities for substance use disorders						
	In the capital city	In other major cities	In other areas			
	Yes	–	–			
Main substance reported at treatment entry						
First	Alcohol					
Second	Opioids					
Third	Sedatives					
Treatment coverage for substance dependence						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					

<b>Access to treatment for substance dependence</b>			
Opioid dependence	50%–90%		
Cannabis dependence	1%–10%		
Cocaine dependence	Unknown		
Alcohol dependence	50%–90%		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	Yes		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	–	–	/
Lofexidine (tablets) for opioid withdrawal	–	–	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	–	–	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	–
Disulfiram (tablets) for alcohol dependence	–	–	–
Naltrexone (tablets) for alcohol dependence	–	–	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	–
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
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%		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	No		
Outreach services for injecting drug users	No		
Drop-in services	No		
Naloxone distribution programmes	No		
Condom distribution programmes	No		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	Yes	–	–
For children and adolescents	Yes	–	–

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	Some (1%–30%)				Some (1%–30%)			
Workplace programmes	None				None			
Parenting programmes	Some (1%–30%)				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	–	Yes	–	Yes	Yes	–	Yes
Drug use	Yes	–	Yes	–	Yes	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	Few (1%–10%)				None			
Drug use	Few (1%–10%)				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					Unknown			
Treatment					Unknown			
<b>National standards of care for professionals</b>								
For psychiatrists, psychiatric nurses, psychologists and social workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	No				Unknown			
Substance use indicators as a part of the health information system	Yes				Unknown			
Monitoring of substance use related deaths	Unknown				/			

## Kuwait

<b>DEMOGRAPHIC INFORMATION</b>						
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					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering health promotion		This unit is also responsible for policies covering mental health and criminal justice			
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	Most jurisdictions					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing	Yes	Yes	Yes	Yes	Yes	
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
Alcohol use disorders	Mental health facilities	Therapeutic communities	Community-based self-support groups			
Drug use disorders	Mental health facilities	Therapeutic communities	Community-based self-support groups			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	Yes	Yes	Yes			
<b>Main substance reported at treatment entry</b>						
First	Opioids					
Second	ATS					
Third	Sedatives					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					



<b>Access to treatment for substance dependence</b>			
Opioid dependence	99%–100%		
Cannabis dependence	99%–100%		
Cocaine dependence	99%–100%		
Alcohol dependence	99%–100%		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	Yes		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
Buprenorphine (sublingual tablets) for opioid dependence	No	No	–
Buprenorphine/naloxone (tablets) for opioid dependence	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	/
Lofexidine (tablets) for opioid withdrawal	No	–	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
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	No	–	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
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%		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	No		
Outreach services for injecting drug users	Yes		
Drop-in services	No		
Naloxone distribution programmes	No		
Condom distribution programmes	No		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	Yes	Yes	Yes
For children and adolescents	No	No	No

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>			<b>Drug use</b>				
Telephone help-lines	Yes			Yes				
Web-based interventions	Yes			Yes				
Mobile phone-based interventions	Yes			Yes				
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	Yes	No	Yes	Yes			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual)-based programmes	High (31%–60%)			High (31%–60%)				
Workplace programmes	–			–				
Parenting programmes	High (31%–60%)			High (31%–60%)				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	–	–	–	Yes	Yes	–	Yes
Drug use	Yes	–	–	–	Yes	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	None			None				
Drug use	None			None				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					Unknown			
Treatment					Unknown			
<b>National standards of care for professionals</b>								
For psychiatrists, psychiatric nurses, psychologists and social workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>			<b>Reported</b>				
Epidemiological substance use data	Yes			Yes				
Substance use indicators as a part of the health information system	Yes			Yes				
Monitoring of substance use related deaths	No			/				

# Lebanon

<b>DEMOGRAPHIC INFORMATION</b>						
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	
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>			<b>Treatment</b>		
Principal ministry(ies)	Ministries of health, interior and social welfare			Ministry of health		
Unit/entity responsible for policies	No			Yes for drugs only		
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	No			No		
Compulsory treatment	No			No		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing	Yes		Yes			
Employer financing						
Households		Yes	Yes		Yes	
Nongovernmental organizations and other external financing				Yes		
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>		<b>Second</b>		<b>Third</b>	
Alcohol use disorders	Mental health facilities		General health care facilities		General health care services	
Drug use disorders	Standalone facilities for SUDs		Mental health facilities		General health care facilities	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>	
	Yes		No		No	
<b>Main substance reported at treatment entry</b>						
First			Sedatives			
Second			Cannabis			
Third			Opioids			
<b>Treatment coverage for substance dependence</b>						
Opioid dependence			Unknown			
Cannabis dependence			Unknown			
Cocaine dependence			Unknown			
Alcohol dependence			Unknown			

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

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>			<b>Drug use</b>				
Telephone help-lines	No			No				
Web-based interventions	No			No				
Mobile phone-based interventions	No			No				
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual)-based programmes	Some (1%–30%)			Some (1%–30%)				
Workplace programmes	None			None				
Parenting programmes	None			None				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	Yes	–	–	–	–	–	Yes
Drug use	–	Yes	–	–	–	–	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	None			Few (1%–10%)				
Drug use	None			Few (1%–10%)				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists and psychologists							
Treatment	For psychiatrists							
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists, psychiatric nurses, psychologists and social workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>			<b>Reported</b>				
Epidemiological substance use data	No			Unknown				
Substance use indicators as a part of the health information system	No			Unknown				
Monitoring of substance use related deaths	No			/				

## Libya

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	6 028					
Population in urban areas (%), 2013	86					
Adult literacy rate (15–24 years) %	90					
Life expectancy at birth (years), 2012	75					
Income group (World Bank)	Upper middle income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering mental health		This unit is also responsible for policies covering mental health			
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing		Yes	Yes	Yes		
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
Alcohol use disorders	Mental health facilities	–	–			
Drug use disorders	Mental health facilities	–	–			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	–	Yes	–			
<b>Main substance reported at treatment entry</b>						
First	Opioids					
Second	Cannabis					
Third	Sedatives					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	None					
Cannabis dependence	None					
Cocaine dependence	–					
Alcohol dependence	None					

<b>Access to treatment for substance dependence</b>			
Opioid dependence			–
Cannabis dependence			–
Cocaine dependence			–
Alcohol dependence			–
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment			No
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/ overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	/
Lofexidine (tablets) for opioid withdrawal	No	No	/
Naloxone (for injection) for opioid overdose	No	No	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	No
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling		61%–100%	
HIV (ARV) treatment		61%–100%	
Hepatitis testing and counselling		61%–100%	
Hepatitis vaccination		–	
Hepatitis treatment		–	
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual) based programmes	–				–			
Work place programmes	–				–			
Parenting programmes	–				–			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	–	–	–	–	Yes	–	–	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	–				Unknown			
Drug use	None				Unknown			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
–								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
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				/			



# Morocco

DEMOGRAPHIC INFORMATION						
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 income			
LEADERSHIP AND GOVERNANCE						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering mental health, noncommunicable diseases, tobacco and health promotion		This unit is also responsible for policies covering mental health, noncommunicable diseases, tobacco and health promotion			
Diversion schemes from criminal justice to health care system						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	None					
FINANCING						
Main financing method for treatment services for substance use disorders						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing		Yes				Yes
Employer financing						
Households			Yes	Yes		
Nongovernmental organizations and other external financing						
Global Fund financing					Yes	
SERVICE ORGANIZATION AND DELIVERY						
Service provision and coverage						
Main providers of treatment services						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
Alcohol use disorders	Standalone facilities for substance use disorders	Mental health facilities	Mental health services			
Drug use disorders	Stand-alone facilities for substance use disorders	Mental health facilities	Mental health services			
Availability of specialized treatment facilities for substance use disorders						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	Yes	Yes	Yes			
Main substance reported at treatment entry						
First			Cannabis			
Second			Sedatives			
Third			Alcohol			
Treatment coverage for substance dependence						
Opioid dependence			Limited (11%–20%)			
Cannabis dependence			Very limited (1%–10%)			
Cocaine dependence			Limited (11%–20%)			
Alcohol dependence			Very limited (1%–10%)			

<b>Access to treatment for substance dependence</b>			
Opioid dependence	11%–20%		
Cannabis dependence	1%–10%		
Cocaine dependence	1%–10%		
Alcohol dependence	1%–10%		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	Yes		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/ overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	/
Lofexidine (tablets) for opioid withdrawal	Unknown	Unknown	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	Unknown	Unknown	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	No
Disulfiram (tablets) for alcohol dependence	Unknown	Unknown	Unknown
Naltrexone (tablets) for alcohol dependence	Yes	Yes	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	1%–10%		
HIV (ARV) treatment	61%–100%		
Hepatitis testing and counselling	1%–10%		
Hepatitis vaccination	None		
Hepatitis treatment	11%–30%		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	Yes		
Outreach services for injecting drug users	Yes		
Drop-in services	Yes		
Naloxone distribution programmes	–		
Condom distribution programmes	Yes		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual) based programmes	Some (1%–30%)				Some (1%–30%)			
Work place programmes	Some (1%–30%)				Some (1%–30%)			
Parenting programmes	–				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	Yes	–	–	–	Yes	–	–
Drug use	Yes	–	Yes	–	Yes	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				None			
Drug use	None				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists, medical doctors and nurses							
Treatment	For psychiatrists, medical doctors and nurses							
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists and other medical doctors								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	Yes				Yes			
Substance use indicators as a part of the health information system	Yes				Yes			
Monitoring of substance use related deaths	No				/			

## Oman

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	3 855					
Population in urban areas (%), 2010	75					
Adult literacy rate (15–24 years) %	88					
Life expectancy at birth (years), 2012	76					
Income group (World Bank)	High income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	Prevention		Treatment			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Yes		Yes			
<b>Diversion schemes from criminal justice to health care system</b>						
	As an alternative to criminal sanctions		In addition to criminal sanctions			
Voluntary treatment	Yes		No			
Compulsory treatment	Yes		Yes			
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Government financing		Yes	Yes	Yes	Yes	
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	First	Second	Third			
Alcohol use disorders	Mental health facilities	Mental health services	–			
Drug use disorders	Mental health facilities	Mental health services	–			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	In the capital city	In other major cities	In other areas			
	Yes	–	–			
<b>Main substance reported at treatment entry</b>						
First	Cannabis					
Second	Opioids					
Third	Sedatives					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	–					
Cannabis dependence	–					
Cocaine dependence	–					
Alcohol dependence	More than 40%					
<b>Access to treatment for substance dependence</b>						
Opioid dependence	99%–100%					
Cannabis dependence	99%–100%					
Cocaine dependence	Unknown					
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 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	–	/
Lofexidine (tablets) for opioid withdrawal	No	–	/
Naloxone (for injection) for opioid overdose	No	–	/
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	No	–	/
For benzodiazepine withdrawal			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	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	1%–10%		
HIV (ARV) treatment	1%–10%		
Hepatitis testing and counselling	1%–10%		
Hepatitis vaccination	None		
Hepatitis treatment	1%–10%		
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 adolescents with substance use disorders			
	In the capital city	In other major cities	In other areas
For women	Yes	–	–
For children and adolescents	–	–	–
Social services for people with substance use disorders			
	In the capital city	In other major cities	In other areas
Special housing services	No	No	No
Employment services	No	No	No

<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	Yes				Yes			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	Yes	–	–	–			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	None				High (31%–60%)			
Workplace programmes	None				Some (1%–30%)			
Parenting programmes	None				High (31%–60%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	–	–	–	Yes	–	–	Yes
Drug use	Yes	–	–	–	Yes	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				None			
Drug use	None				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					Unknown			
Treatment					Unknown			
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists, other medical doctors, nurses, psychologists and social workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	Yes				Yes			
Substance use indicators as a part of the health information system	Yes				Yes			
Monitoring of substance use related deaths	Unknown				/			

# Pakistan

DEMOGRAPHIC INFORMATION						
Total population (000), 2013			184 350			
Population in urban areas (%), 2013			38			
Adult literacy rate (15–24 years) %			58			
Life expectancy at birth (years), 2012			65			
Income group (World Bank)			Lower middle income			
LEADERSHIP AND GOVERNANCE						
	Prevention			Treatment		
Principal ministry(ies)	Ministries of health and of narcotics control board			Ministries of health and of narcotics control board		
Unit/entity responsible for policies	Yes			Yes		
Diversion schemes from criminal justice to health care system						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	None					
FINANCING						
Main financing method for treatment services for substance use disorders						
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	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 ORGANIZATION AND DELIVERY						
Service provision and coverage						
Main providers of treatment services						
	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 treatment facilities for substance use disorders						
	In the capital city		In other major cities		In other areas	
	Yes		Yes		–	
Main substance reported at treatment entry						
First			Cannabis			
Second			Opioids			
Third			Sedatives			
Treatment coverage for substance 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%)			

<b>Access to treatment for substance dependence</b>			
Opioid dependence		1%–10%	
Cannabis dependence		1%–10%	
Cocaine dependence		1%–10%	
Alcohol dependence		11%–20%	
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment		No	
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
Buprenorphine (sublingual tablets) for opioid dependence	Yes	–	–
Buprenorphine/naloxone (tablets) for opioid dependence	No	No	–
Buprenorphine/naloxone (films) for opioid dependence	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	/
Lofexidine (tablets) for opioid withdrawal	Unknown	No	/
Naloxone (for injection) for opioid overdose	No	No	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	Unknown	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	No
Disulfiram (tablets) for alcohol dependence	Unknown	No	No
Naltrexone (tablets) for alcohol dependence	No	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
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%	
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes		Yes	
Outreach services for injecting drug users		No	
Drop-in services		No	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No
<b>Social services for people with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
Special housing services	No	No	No
Employment services	No	No	No



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

## Qatar

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	2 003					
Population in urban areas (%), 2013	100					
Adult literacy rate (15–24 years) %	98					
Life expectancy at birth (years), 2012	79					
Income group (World Bank)	High income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	Prevention			Treatment		
Principal ministry(ies)	Ministries of health, education, interior and social welfare			Ministries of health and social welfare		
Unit/entity responsible for policies	Yes This unit is also responsible for policies covering mental health, tobacco, noncommunicable disease and health promotion			Yes This unit is also responsible for policies covering mental health, tobacco, noncommunicable disease and health promotion		
<b>Diversion schemes from criminal justice to health care system</b>						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Unknown			Unknown		
Compulsory treatment	Unknown			Unknown		
Drug courts	Unknown					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Government financing	Yes	Yes	Yes	Yes	Yes	Yes
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	First		Second		Third	
Alcohol use disorders	Stand-alone facilities for substance use disorders		Mental health facilities		General health care facilities	
Drug use disorders	Stand-alone facilities for substance use disorders		Mental health facilities		–	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	In the capital city		In other major cities		In other areas	
	Yes		–		–	
<b>Main substance reported at treatment entry</b>						
First	Alcohol					
Second	Cannabis					
Third	Opioids					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					

<b>Access to treatment for substance dependence</b>			
Opioid dependence		90%–98%	
Cannabis dependence		99%–100%	
Cocaine dependence		Unknown	
Alcohol dependence		90%–98%	
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment		Yes	
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	–	/
Lofexidine (tablets) for opioid withdrawal	Yes	Yes	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	Yes	Yes	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	–
Disulfiram (tablets) for alcohol dependence	Unknown	–	Unknown
Naltrexone (tablets) for alcohol dependence	Unknown	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	–
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling		Unknown	
HIV (ARV) treatment		Unknown	
Hepatitis testing and counselling		Unknown	
Hepatitis vaccination		Unknown	
Hepatitis treatment		Unknown	
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes		No	
Outreach services for injecting drug users		No	
Drop-in services		Unknown	
Naloxone distribution programmes		No	
Condom distribution programmes		No	
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	Yes	–	–

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				–			
Web-based interventions	Unknown				Unknown			
Mobile phone-based interventions	Unknown				Unknown			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Unknown	Unknown	Unknown	Unknown	Unknown			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	Some (1%–30%)				Some (1%–30%)			
Workplace programmes	Some (1%–30%)				Some (1%–30%)			
Parenting programmes	Some (1%–30%)				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	–	–	–	Yes	Yes	Yes	Yes
Drug use	Yes	–	–	–	Yes	Yes	Yes	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	Unknown				Unknown			
Drug use	Unknown				Unknown			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
For psychiatrists								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	Unknown				Unknown			
Substance use indicators as a part of the health information system	Unknown				No			
Monitoring of substance use related deaths	Yes				/			

# Saudi Arabia

DEMOGRAPHIC INFORMATION						
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	76					
Income group (World Bank)	High income					
LEADERSHIP AND GOVERNANCE						
	Prevention		Treatment			
Principal ministry(ies)	Ministries of health and interior		Ministries of health and interior			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering mental health and health promotion		This unit is also responsible for policies covering mental health and health promotion			
Diversion schemes from criminal justice to health care system						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			Yes		
Compulsory treatment	Yes			Yes		
Drug courts	None					
FINANCING						
Main financing method for treatment services for substance use 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 DELIVERY						
Service provision and coverage						
Main providers of treatment services						
	First		Second		Third	
Alcohol use disorders	Stand-alone facilities for substance use disorders		Mental health facilities		–	
Drug use disorders	Stand-alone facilities for substance use disorders		Mental health facilities		–	
Availability of specialized treatment facilities 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	Cannabis					
Second	ATS					
Third	Alcohol					
Treatment coverage for substance dependence						
Opioid dependence	Substantial (21%–40%)					
Cannabis dependence	Substantial (21%–40%)					
Cocaine dependence	Substantial (21%–40%)					
Alcohol dependence	Substantial (21%–40%)					

<b>Access to treatment for substance dependence</b>			
Opioid dependence	Unknown		
Cannabis dependence	Unknown		
Cocaine dependence	Unknown		
Alcohol dependence	Unknown		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	Yes		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	–	/
Lofexidine (tablets) for opioid withdrawal	No	–	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	–	–	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	Yes	–	–
Naltrexone (tablets) for alcohol dependence	Yes	Yes	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	–	–	–
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	Unknown		
HIV (ARV) treatment	Unknown		
Hepatitis testing and counselling	Unknown		
Hepatitis vaccination	Unknown		
Hepatitis treatment	Unknown		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	No		
Outreach services for injecting drug users	No		
Drop-in services	Yes		
Naloxone distribution programmes	No		
Condom distribution programmes	No		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	Yes	Yes	–
For children and adolescents	Yes	Yes	–

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	Yes		Yes		–			
Employment services	Yes		Yes		–			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>			<b>Drug use</b>				
Telephone help-lines	Yes			Yes				
Web-based interventions	Yes			Yes				
Mobile phone-based interventions	Yes			Yes				
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	–	–	–	Yes			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual)-based programmes	High (31%–60%)			–				
Workplace programmes	High (31%–60%)			High (31%–60%)				
Parenting programmes	High (31%–60%)			High (31%–60%)				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	–	–	–	–	–	Yes	–
Drug use	Yes	–	–	–	–	–	Yes	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	None			Unknown				
Drug use	None			Unknown				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention				None				
Treatment				None				
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists, other medical doctors, psychiatric nurses, psychologists, social workers, and community health workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>			<b>Reported</b>				
Epidemiological substance use data	Yes			Unknown				
Substance use indicators as a part of the health information system	Yes			Yes				
Monitoring of substance use related deaths	Yes			/				

## Somalia

<b>DEMOGRAPHIC INFORMATION</b>						
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					
<b>LEADERSHIP AND GOVERNANCE</b>						
	Prevention			Treatment		
Principal ministry(ies)	–			Ministries of health, interior and justice		
Unit/entity responsible for policies	No			–		
<b>Diversion schemes from criminal justice to health care system</b>						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	No			–		
Compulsory treatment	No			–		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	Outpatient detoxification	Inpatient detoxification	Outpatient treatment	Inpatient treatment	Rehabilitation	OAMT
Government financing						
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	First		Second		Third	
Alcohol use disorders	–		–		–	
Drug use disorders	–		–		–	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	In the capital city		In other major cities		In other areas	
	No		No		No	
<b>Main substance reported at treatment entry</b>						
First	Alcohol					
Second	Opioids					
Third	Cocaine					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	–					
Cannabis dependence	–					
Cocaine dependence	–					
Alcohol dependence	–					
<b>Access to treatment for substance dependence</b>						
Opioid dependence	–					
Cannabis dependence	–					
Cocaine dependence	–					
Alcohol dependence	–					



<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	No		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	No	No	/
Lofexidine (tablets) for opioid withdrawal	No	No	/
Naloxone (for injection) for opioid overdose	No	No	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	No	No	No
Disulfiram (tablets) for alcohol dependence	No	No	No
Naltrexone (tablets) for alcohol dependence	No	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	No	No	No
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	1%–10%		
HIV (ARV) treatment	1%–10%		
Hepatitis testing and counselling	1%–10%		
Hepatitis vaccination	1%–10%		
Hepatitis treatment	–		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	No		
Outreach services for injecting drug users	No		
Drop-in services	No		
Naloxone distribution programmes	No		
Condom distribution programmes	No		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No
<b>Social services for people with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
Special housing services	No	No	No
Employment services	No	No	No

<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	None				None			
Workplace programmes	None				None			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	–	–	–	–	–	–	–	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				None			
Drug use	None				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
–								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
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				/			

# Sudan

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	36 163					
Population in urban areas (%), 2012	30					
Adult literacy rate (15–24 years) %	50					
Life expectancy at birth (years), 2012	63					
Income group (World Bank)	Lower middle income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministry of interior		Ministry of interior			
Unit/entity responsible for policies	Yes, for drugs only		Yes			
	This unit is also responsible for policies covering health promotion, noncommunicable diseases, tobacco and mental health		This unit is also responsible for policies covering mental health			
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	No			No		
Compulsory treatment	No			No		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing						
Employers financing						
Households	Yes	Yes	Yes	Yes	Yes	Yes
Nongovernmental and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>		<b>Second</b>		<b>Third</b>	
Alcohol use disorders	General hospitals		–		–	
Drug use disorders	General hospitals		–		–	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>	
	No		No		No	
<b>Main substance reported at treatment entry</b>						
First	Alcohol					
Second	Cannabis					
Third	Opioids					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					

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

<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual)-based programmes	None				None			
Workplace programmes	None				None			
Parenting programmes	None				None			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	–	–	–	–	–	–	–	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				None			
Drug use	None				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
For psychiatrists, psychologists and social workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
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	Yes				/			

## Syrian Arab Republic

<b>DEMOGRAPHIC INFORMATION</b>						
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 income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering mental health		This unit is also responsible for policies covering mental health			
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	Yes			Yes		
Compulsory treatment	No			No		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing		Yes		Yes		
Employers financing						
Households	Yes		Yes			
Nongovernmental and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>		<b>Third</b>		
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		
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>	
	Yes		–		–	
<b>Main substance reported at treatment entry</b>						
First	Opioids					
Second	Prescription opioids					
Third	Alcohol					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					

<b>Access to treatment for substance dependence</b>			
Opioid dependence	21%–50%		
Cannabis dependence	21%–50%		
Cocaine dependence	21%–50%		
Alcohol dependence	21%–50%		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	No		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	/
Lofexidine (tablets) for opioid withdrawal	No	No	/
Naloxone (for injection) for opioid overdose	Yes	Yes	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	–	No
Disulfiram (tablets) for alcohol dependence	No	No	–
Naltrexone (tablets) for alcohol dependence	No	No	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	No
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	31%–60%		
HIV (ARV) treatment	–		
Hepatitis testing and counselling	31%–60%		
Hepatitis vaccination	–		
Hepatitis treatment	–		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	No		
Outreach services for injecting drug users	No		
Drop-in services	No		
Naloxone distribution programmes	No		
Condom distribution programmes	No		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No
<b>Social services for people with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
Special housing services	No	No	No
Employment services	No	No	No

<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual) based-programmes	–				–			
Workplace programmes	–				–			
Parenting programmes	–				–			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	Yes	–	–	–
Drug use	–	–	–	–	Yes	–	–	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	Few (1%–10%)				Few (1%–10%)			
Drug use	Few (1%–10%)				Few (1%–10%)			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
	–							
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	No				Yes			
Substance use indicators as a part of the health information system	Yes				Yes			
Monitoring of substance use related deaths	No				/			



# Tunisia

DEMOGRAPHIC INFORMATION						
Total population (000), 2012	10 886					
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 GOVERNANCE						
	Prevention		Treatment			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Yes		Yes			
	This unit is also responsible for policies covering mental health and tobacco		This unit is also responsible for policies covering mental health and tobacco			
Diversion schemes from criminal justice to health care system						
	As an alternative to criminal sanctions			In addition to criminal sanctions		
Voluntary treatment	Yes			Yes		
Compulsory treatment	No			No		
Drug courts	None					
FINANCING						
Main financing method for treatment services for substance use 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 DELIVERY						
Service provision and coverage						
Main providers of treatment services						
	First	Second	Third			
Alcohol use disorders	Mental health services	General health care services	–			
Drug use disorders	Mental health services	General health care services	Nongovernmental organizations			
Availability of specialized treatment facilities 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	Cannabis					
Second	Volatile inhalants					
Third	Sedatives					
Treatment coverage for substance dependence						
Opioid dependence	Unknown					
Cannabis dependence	Very limited (1%–10%)					
Cocaine dependence	None					
Alcohol dependence	Very limited (1%–10%)					

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

<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	No		No		No			
Employment services	No		No		No			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>AI-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual) based-programmes	None				High (31%–60%)			
Workplace programmes	None				Some (1%–30%)			
Parenting programmes	None				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	Yes	–	Yes	–	Yes	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				Unknown			
Drug use	Few (1%–10%)				Unknown			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists, medical doctors and psychologists							
Treatment	For psychiatrists, medical doctors and psychologists							
<b>National standards of care for professionals</b>								
For psychiatrists, addiction medicine specialists and psychologists								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	Yes				No			
Substance use indicators as a part of the health information system	No				Yes			
Monitoring of substance use related deaths	No				/			

## United Arab Emirates

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2012	9 206					
Population in urban areas (%), 2013	–					
Adult literacy rate (15–24 years) %	94					
Life expectancy at birth (years), 2012	76					
Income group (World Bank)	High income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>			<b>Treatment</b>		
Principal ministry(ies)	Ministries of health, education, interior and the national rehabilitation centre			Ministries of health, interior, justice and the national rehabilitation centre		
Unit/entity responsible for policies	Yes This unit is also responsible for policies covering mental health, tobacco, noncommunicable diseases, health promotion and criminal justice			Yes This unit is also responsible for policies covering mental health, tobacco, noncommunicable diseases, health promotion and criminal justice		
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	Yes			–		
Compulsory treatment	Yes			Unknown		
Drug courts	Some jurisdictions					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing	Yes	Yes	Yes	Yes	Yes	
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
Alcohol use disorders	Stand-alone facilities for substance use disorders	Mental health facilities	General health care facilities			
Drug use disorders	Stand-alone facilities for substance use disorders	Mental health facilities	General health care facilities			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	Yes	Yes	Yes			
<b>Main substance reported at treatment entry</b>						
First	Prescription opioids					
Second	Alcohol					
Third	Sedatives					

<b>Treatment coverage for substance dependence</b>			
Opioid dependence	Substantial (21%–40%)		
Cannabis dependence	–		
Cocaine dependence	None		
Alcohol dependence	Very limited (1%–10%)		
<b>Access to treatment for substance dependence</b>			
Opioid dependence	1%–10%		
Cannabis dependence	1%–10%		
Cocaine dependence	–		
Alcohol dependence	11%–20%		
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	No		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	/
Lofexidine (tablets) for opioid withdrawal	–	–	/
Naloxone (for injection) for opioid overdose	No	–	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	Yes
Disulfiram (tablets) for alcohol dependence	–	–	–
Naltrexone (tablets) for alcohol dependence	No	–	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	Yes
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	1%–10%		
HIV (ARV) treatment	–		
Hepatitis testing and counselling	1%–10%		
Hepatitis vaccination	1%–10%		
Hepatitis treatment	1%–10%		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	No		
Outreach services for injecting drug users	No		
Drop-in services	Unknown		
Naloxone distribution programmes	No		
Condom distribution programmes	No		

<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
For women	–		–		–			
For children and adolescents	–		–		–			
<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>			
Special housing services	Yes		Yes		No			
Employment services	Yes		Yes		–			
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	Yes				Yes			
Web-based interventions	–				Unknown			
Mobile phone based interventions	–				Unknown			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	Yes	Yes	–	–	–			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual) based-programmes	Some (1%–30%)				Some (1%–30%)			
Workplace programmes	–				–			
Parenting programmes	None				Some (1%–30%)			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	Yes	–	–	–	Yes	Yes	Yes	Yes
Drug use	Yes	–	–	–	Yes	Yes	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	None				–			
Drug use	None				None			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention					None			
Treatment					None			
<b>National standards of care for professionals</b>								
For psychiatrists								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	No				–			
Substance use indicators as a part of the health information system	No				No			
Monitoring of substance use related deaths	–				/			

## West Bank and Gaza Strip

<b>DEMOGRAPHIC INFORMATION</b>						
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			
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>			<b>Treatment</b>		
Principal ministry(ies)	Ministries of health and interior			Ministry of health		
Unit/entity responsible for policies	Yes, for drugs only			Yes, for drugs only		
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	No			No		
Compulsory treatment	No			No		
Drug courts	None					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing						
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>	<b>Second</b>	<b>Third</b>			
Alcohol use disorders	–	–	–			
Drug use disorders	–	–	–			
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>			
	No	No	No			
<b>Main substance reported at treatment entry</b>						
First			–			
Second			–			
Third			–			
<b>Treatment coverage for substance dependence</b>						
Opioid dependence			–			
Cannabis dependence			–			
Cocaine dependence			–			
Alcohol dependence			–			

<b>Access to treatment for substance dependence</b>			
Opioid dependence			–
Cannabis dependence			–
Cocaine dependence			–
Alcohol dependence			–
<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment			No
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
Buprenorphine (sublingual tablets) for opioid dependence	Yes	–	–
Buprenorphine/naloxone (tablets) for opioid dependence	–	–	–
Buprenorphine/naloxone (films) for opioid dependence	–	–	–
Naltrexone (tablets) for opioid dependence	Yes	–	–
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	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	–	–	/
Diazepam (tablets) for alcohol withdrawal	Yes	Yes	–
Disulfiram (tablets) for alcohol dependence	Yes	–	–
Naltrexone (tablets) for alcohol dependence	Yes	–	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	Yes	Yes	–
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling			–
HIV (ARV) treatment			Unknown
Hepatitis testing and counselling			Unknown
Hepatitis vaccination			–
Hepatitis treatment			Unknown
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes			Yes
Outreach services for injecting drug users			–
Drop-in services			–
Naloxone distribution programmes			–
Condom distribution programmes			Yes
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No



<b>Social services for people with substance use disorders</b>								
	<b>In the capital city</b>			<b>In other major cities</b>		<b>In other areas</b>		
Special housing services	No			No		No		
Employment services	No			No		No		
<b>Open access interventions for substance use problems</b>								
	<b>Alcohol use</b>				<b>Drug use</b>			
Telephone help-lines	No				No			
Web-based interventions	No				No			
Mobile phone-based interventions	No				No			
<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>				<b>Coverage for drug use</b>			
School (manual) based-programmes	None				None			
Workplace programmes	None				None			
Parenting programmes	None				None			
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	Yes	–	–	–	Yes
Drug use	Yes	–	–	Yes	–	–	–	Yes
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>				<b>In antenatal services</b>			
Alcohol use	Unknown				Unknown			
Drug use	Unknown				Unknown			
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists, psychologists, social workers and nurses							
Treatment	For psychiatrists, psychologists, social workers and nurses							
<b>National standards of care for professionals</b>								
For psychiatrists, nurses, psychologists and social workers								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>				<b>Reported</b>			
Epidemiological substance use data	No				Unknown			
Substance use indicators as a part of the health information system	No				Unknown			
Monitoring of substance use related deaths	No				/			

# Yemen

<b>DEMOGRAPHIC INFORMATION</b>						
Total population (000), 2013	25 235					
Population in urban areas (%), 2013	29					
Adult literacy rate (15–24 years) %	34					
Life expectancy at birth (years), 2012	64					
Income group (World Bank)	Lower middle income					
<b>LEADERSHIP AND GOVERNANCE</b>						
	<b>Prevention</b>		<b>Treatment</b>			
Principal ministry(ies)	Ministry of health		Ministry of health			
Unit/entity responsible for policies	Unknown		Unknown			
<b>Diversion schemes from criminal justice to health care system</b>						
	<b>As an alternative to criminal sanctions</b>			<b>In addition to criminal sanctions</b>		
Voluntary treatment	Unknown			Unknown		
Compulsory treatment	Unknown			Unknown		
Drug courts	Unknown					
<b>FINANCING</b>						
<b>Main financing method for treatment services for substance use disorders</b>						
	<b>Outpatient detoxification</b>	<b>Inpatient detoxification</b>	<b>Outpatient treatment</b>	<b>Inpatient treatment</b>	<b>Rehabilitation</b>	<b>OAMT</b>
Government financing						
Employer financing						
Households						
Nongovernmental organizations and other external financing						
Global Fund financing						
<b>SERVICE ORGANIZATION AND DELIVERY</b>						
<b>Service provision and coverage</b>						
<b>Main providers of treatment services</b>						
	<b>First</b>		<b>Second</b>		<b>Third</b>	
Alcohol use disorders	–		–		–	
Drug use disorders	–		–		–	
<b>Availability of specialized treatment facilities for substance use disorders</b>						
	<b>In the capital city</b>		<b>In other major cities</b>		<b>In other areas</b>	
	No		No		No	
<b>Main substance reported at treatment entry</b>						
First	–					
Second	–					
Third	–					
<b>Treatment coverage for substance dependence</b>						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					
<b>Access to treatment for substance dependence</b>						
Opioid dependence	Unknown					
Cannabis dependence	Unknown					
Cocaine dependence	Unknown					
Alcohol dependence	Unknown					

<b>Pharmacological treatment</b>			
Guidelines on pharmacological treatment	No		
<b>Registration and availability of medications</b>			
<b>For opioid dependence/withdrawal/overdose</b>	<b>Registration</b>	<b>Availability</b>	<b>Daily supervised dosing available for outpatients</b>
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	–	/
Lofexidine (tablets) for opioid withdrawal	–	–	/
Naloxone (for injection) for opioid overdose	–	–	/
<b>For alcohol dependence/withdrawal</b>			
Acamprosate (tablets) for alcohol dependence	No	No	/
Diazepam (tablets) for alcohol withdrawal	No	–	No
Disulfiram (tablets) for alcohol dependence	–	–	No
Naltrexone (tablets) for alcohol dependence	–	–	/
<b>For benzodiazepine withdrawal</b>			
Diazepam (tablets) for benzodiazepine withdrawal	No	–	No
<b>Special programmes and services</b>			
<b>HIV and hepatitis testing, counselling and treatment availability (percentage of total in specialized facilities and services for substance use disorders)</b>			
HIV testing and counselling	Unknown		
HIV (ARV) treatment	Unknown		
Hepatitis testing and counselling	Unknown		
Hepatitis vaccination	–		
Hepatitis treatment	–		
<b>Harm reduction programmes</b>			
Needle/syringe exchange programmes	Unknown		
Outreach services for injecting drug users	Unknown		
Drop-in services	Unknown		
Naloxone distribution programmes	Unknown		
Condom distribution programmes	Unknown		
<b>Special treatment programmes for women, children and adolescents with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
For women	No	No	No
For children and adolescents	No	No	No
<b>Social services for people with substance use disorders</b>			
	<b>In the capital city</b>	<b>In other major cities</b>	<b>In other areas</b>
Special housing services	No	No	No
Employment services	No	No	No
<b>Open access interventions for substance use problems</b>			
	<b>Alcohol use</b>	<b>Drug use</b>	
Telephone help-lines	No	No	
Web-based interventions	No	No	
Mobile phone based interventions	No	No	

<b>Mutual support/self-help groups</b>								
	<b>Alcoholics Anonymous</b>	<b>Narcotics Anonymous</b>	<b>Cocaine Anonymous</b>	<b>Al-Anon/Alateen</b>	<b>Family support groups</b>			
	No	No	No	No	No			
<b>Prevention activities</b>								
<b>Prevention programmes</b>								
	<b>Coverage for alcohol use</b>			<b>Coverage for drug use</b>				
School (manual) based-programmes	None			None				
Workplace programmes	None			None				
Parenting programmes	None			None				
<b>Prevention programmes for specific populations</b>								
	<b>Prisoners</b>	<b>Pregnant women</b>	<b>Commercial sex workers</b>	<b>Refugees</b>	<b>People with HIV/AIDS</b>	<b>Children and adolescents</b>	<b>Persons with mental health disorders</b>	<b>Young adults</b>
Alcohol use	–	–	–	–	–	–	–	–
Drug use	–	–	–	–	–	–	–	–
<b>Screening and brief interventions for substance use</b>								
	<b>In primary health care services</b>			<b>In antenatal services</b>				
Alcohol use	Unknown			Unknown				
Drug use	Unknown			Unknown				
<b>WORKFORCE</b>								
<b>Availability of postgraduate training programmes</b>								
Prevention	For psychiatrists, medical doctors, psychologists, social workers, nurses, counsellors and community health workers							
Treatment	For psychiatrists, medical doctors, psychologists, social workers, nurses, counsellors and community health workers							
<b>National standards of care for professionals</b>								
For psychiatrists								
<b>INFORMATION SYSTEMS</b>								
	<b>Collected</b>			<b>Reported</b>				
Epidemiological substance use data	Unknown			No				
Substance use indicators as a part of the health information system	Unknown			No				
Monitoring of substance use related deaths	No			/				



*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.*