



Regional flagship initiative 3: Accelerating public health action on substance use

Executive summary

Substance use has a massive impact on the well-being of individuals, communities, economies and societies. While action to tackle substance use has often focused on attempts to restrict supply, including through punitive law enforcement, research suggests that such measures are costly and have little or no positive effect in the long term. By contrast, addressing substance use as a public health issue offers proven benefits both in preventing use and in reducing the harms that arise from it. But despite some progress in recent years, the public health response to substance use in the WHO Eastern Mediterranean Region is insufficient: just one person in 13 with a substance use disorder receives the treatment they need.

This flagship initiative proposed by WHO's Regional Director aims to turn the situation around through collaboration with other United Nations agencies and partners to step up public health action on substance use across the Region. Strategic Region-wide action will be complemented by high value-added interventions and support tailored to each country's context, focusing on the most impactful evidence-based interventions.

Goals and objectives

The overall goal of this initiative is to strengthen the public health response to substance use in the Eastern Mediterranean Region leading to substantial reductions in the morbidity and mortality associated with substance use disorders.

Specific objectives include:

- preventing the initiation of substance use among non-users, especially at-risk population groups;
- increasing the availability of, and expanding access to, harm reduction, treatment and rehabilitation for people with substance use disorders;
- strengthening monitoring, surveillance and evidence generation on substance use.

Background

Global context

Substance use represents a major public health challenge, impacting the security, safety and development of societies. Addressing it requires a coordinated, multidimensional and multidisciplinary approach. Substance use disorders are linked to various health issues, including mental health conditions, hepatitis, tuberculosis and cardiovascular diseases. Research also highlights the connection between drug use and criminal activity, with social costs – due to crime, health issues and lost productivity – reaching 2% of GDP in some countries (1).

According to the 2024 World Drug Report, approximately 292 million people (5.6% of those aged 15 to 64) used drugs in 2022, with cannabis being the most prevalent (2). Globally, 64 million individuals suffer from drug use disorders, and injecting drug use remains a significant driver of HIV and viral hepatitis epidemics. Despite this, only 1 in 11 individuals with drug use disorders received treatment in 2022, with disparities in the availability and coverage of essential medications (3).

The burden of substance use in the Eastern Mediterranean Region

In the Eastern Mediterranean Region, 6.7% of the population aged 15–64 years has used drugs compared with 5.6% globally (2). Opioids are the most commonly used substances overall, but this varies widely among countries (4). There were an estimated 3.4 million people with drug use disorders in the Region in 2019 (4). The prevalence of HIV among people who use drugs in the Region is 18.2%, compared with 12.4% globally, while hepatitis C (HCV) prevalence is 51.4% versus 48.9% globally (5). Drug use disorders contribute significantly to disability-adjusted life years (DALYs); age-standardized rates for DALYs from drug use disorders have risen by 20.1% since 1990, surpassing the global increase of 19.0%, with the United Arab Emirates, Libya and the Islamic Republic of Iran recording the highest rates (5).

Emergencies and humanitarian settings

The Sphere Handbook and IASC Guidelines offer recommendations for addressing substance use in humanitarian emergencies (6, 7). The core principles of substance use prevention and treatment remain consistent with public health standards, but unique challenges in emergencies include instability, system disruptions, displacement and fluctuating leadership (8). Accurate epidemiological estimates of substance misuse in conflict-affected areas are often unreliable, and better data are needed (9).

Incarcerated populations

According to estimates, people with drug use disorders represent a high proportion of the prison population in many countries (10, 11). Numerous studies have shown that drug use, including injecting drug use, is prevalent in prisons where sharing needles and syringes is common, increasing the risk of HIV infection through contaminated equipment (10).

The current health response to substance use in the Eastern Mediterranean Region

WHO Member States in the Region have recognized that addressing substance use is essential to achieving the health-related Sustainable Development Goals (SDGs) and other global commitments (12). At its 66th session in 2019, the WHO Regional Committee for the Eastern Mediterranean endorsed a regional framework to strengthen the public health response to substance use (13). However, the most recent analysis reveals that while there has been some progress in implementing the framework in many countries of the Region, serious gaps and challenges remain (14). Most strikingly, the treatment gap in the Region exceeds the global average, with just 1 person in 13 with a substance use disorder receiving the treatment they need compared with 1 in 11 globally (3).

Addressing substance use as a public health issue

Policy responses to substance use in many countries globally have often focused on attempting to reduce the supply of substances through law enforcement and other measures. While targeting supply, such as through crop eradication and precursor chemical control, can disrupt the drug market temporarily, implementation costs can be high, there is little evidence to suggest it works in the long term, and it can lead to unintended consequences, including violence and resource diversion.

There is growing recognition that substance use disorders are complex health conditions with psychosocial, environmental and biological determinants, necessitating multidisciplinary, public health-oriented responses. Approaching them primarily as issues of public safety and criminal justice can lead to stigma and discrimination.

By contrast, strategies that aim to reduce demand and minimize the adverse public health and social consequences of drug use have proven both effective and cost-effective. Investing in the prevention of substance use and the treatment of substance use disorders produces significant returns, including savings for the health and criminal justice systems and wider benefits to society. It has been estimated that each dollar spent on the effective treatment of substance use disorders brings a return to societies of between US\$4 and US\$12. Services aimed at reducing harm are also cost-effective; for example, each dollar spent on a needle-syringe programme is worth up to US\$5.50 in averted health care costs. Incarceration appears expensive and ineffective by comparison (15, 16).

WHO's role in addressing the public health impacts of substance use is long-standing. As one of the four treaty bodies to the International Drug Control Conventions, alongside the Commission on Narcotic Drugs (CND), the International Narcotics Control Board (INCB) and United Nations Office on Drugs and Crime (UNODC), WHO is tasked with conducting medical and scientific assessments of the substances for control under these conventions. Since 2009, WHO and UNODC have operated the Joint Programme on Drug Dependence Treatment and Care, aimed at developing integrated, evidence-based approaches to drug policies, particularly in low- and middle-income countries (17).

Link with GPW 14 and the regional strategic operational plan

This flagship initiative supports WHO's regional strategic operational plan and aligns with the strong focus in the Organization's Fourteenth General Programme of Work (GPW 14) on promoting health, protecting populations, including vulnerable groups, and providing effective health services.

Approach

This flagship initiative will encourage, support and scale up the implementation of proven evidence-based interventions to address the public health impacts of substance use, including:

- promotion and prevention interventions;
- health system interventions; and
- policy and regulatory interventions (18).

As well as work at country level, the initiative will involve transnational and regional collaboration. WHO will seek to leverage its role as the directing and coordinating authority for health within the United Nations system and utilize its convening power to bring together other United Nations agencies, public sector entities, civil society, professional associations and academia, to unify efforts and maximize resources for greater impact.

Promotion and prevention interventions

Effective prevention starts early and involves multiple sectors. It can play a key role in protecting children and young people from substance use, while also fostering an environment where seeking treatment for problematic drug use is not stigmatized. The second updated edition of the UNODC and WHO International Standards on Drug Use Prevention summarizes the currently available scientific evidence on interventions and policies that have been found to be effective in preventing drug use and other related risky behaviours (19). Effective interventions and policies have been identified that target various different settings (such as families, schools, communities, workplaces and the health sector) and levels of risk (universal, selective and indicated).

By contrast, there is no evidence to support the effectiveness of mass media campaigns, social marketing and drug testing in schools. Evidence has highlighted that the use of mass media alone, particularly in the presence of pro-drug music, drug-using role models and exposure of images of drug use, may produce iatrogenic effects.

Health system interventions

Coordination among sectors such as health, social welfare, criminal justice and law enforcement, along with a balanced approach between specialized services and primary care, is key to creating an integrated and comprehensive treatment system. This system should offer a range of modalities and levels of service provision. Integrated care across various health and welfare services, including outreach and clinical settings, outpatient and residential facilities, and treatment and rehabilitation centres, will enable recovery-oriented services to be delivered across the continuum of care.

To maintain quality across the drug treatment network, it is essential to develop a clinical governance system with clear standards of clinical accountability as well as monitoring and evaluation mechanisms. Information systems should be established to guide the development of treatment systems, and government and training institutions must ensure the availability of competent staff by integrating modules on substance use prevention and care into pre-service training, in-service training and continuing medical education programmes for health care professionals.

Low-intensity, effective interventions in community or non-specialized settings, such as screening and brief interventions, can prevent the development of severe drug use disorders and can be delivered by non-specialist trained staff at lower cost. Similarly, most individuals with drug use disorders can be effectively treated in outpatient or community settings, which are less intensive and more cost-effective compared to inpatient or long-term residential settings.

Harm reduction refers to policies or programmes aimed at reducing the harms associated with substance use without necessarily addressing the underlying use. There is strong evidence to support some harm reduction interventions; for example, needle and syringe programmes, peer support and therapeutic communities have been shown to be cost-effective while widespread distribution of emergency naloxone for resuscitation may reduce overall drug-related mortality. However, there is relatively limited supporting evidence for other interventions such as medically supervised injecting centres.

The WHO/UNODC *International standards for the treatment of drug use disorders* (2020) outline's the requirements for any treatment modality or intervention to be considered safe and effective. Individuals with substance use disorders deserve the same ethical and science-based standards of care as apply in the treatment of other chronic diseases. Biopsychosocial treatment strategies that recognize drug dependence as a multifactorial health disorder, treatable through medical and psychosocial approaches, can help reduce drug-related harms. This, in turn, improves the health, well-being and recovery of affected individuals, while also reducing drug-related crime and enhancing public safety and community outcomes, such as reduced homelessness, social welfare needs and unemployment (20).

According to the WHO-UNODC international standards, effective treatment systems for drug use disorders should be designed and planned using available data. However, a lack of data should not delay the implementation and delivery of drug dependence treatment and care services.

Policy and regulatory interventions

A policy is an official statement issued by a government, health authority, or other responsible entity that outlines the overall direction for health development. Policies on substance use may be stand-alone or integrated into broader health, mental health, or disability policies. To achieve its objectives, a policy must be supported by action plans, legislation and regulatory provisions.

The international drug control conventions explicitly permit measures such as treatment and education as alternatives to conviction or punishment. Providing evidence-based treatment and care services to drug-using offenders instead of incarcerating them has been shown to significantly increase recovery rates and reduce recidivism. Based on the best available evidence, the most effective policy and regulatory interventions include depenalization and decriminalization, dedicated drug courts, diversion to mandated education or treatment, and court-mandated abstinence. Provision of treatment within the criminal justice system is moderately effective overall, with opioid substitution therapy (OST) being particularly effective within this setting. In addition, some interventions can help to address the use of psychotropic medicines, the prescribing behaviour of doctors and over-the-counter sales.

Table 1 lists those interventions across the three domains of the flagship with the strongest evidence for support, while Annex 1 outlines a strategy and plan for tackling the key issue of stigma and discrimination.

Table 1. Key evidence-based interventions to address substance use as a public health issue

Promotion and prevention interventions	Health systems interventions	Policy and regulatory interventions
<ul style="list-style-type: none"> • Prenatal and infancy visitation (selective and indicated) • Family-based prevention (strengthening parenting skills) (universal and selective) • School-based prevention (environment and classroom management) (universal) • Individual-level prevention (personal and social skills education) (universal and selective) • Peer-support mutual help groups and organizations • Community-based multicomponent initiatives (universal and selective) • Needle and syringe programmes, HIV/HCV counselling and treatment programmes 	<ul style="list-style-type: none"> • Strengthening health systems to address drug use disorders, including better financing and resource allocation structures • Screening and brief interventions in general medical settings, including primary health care • Take-home naloxone programmes for potential witnesses of opioid overdose (first responders, family members, etc.) • Pharmacological treatment of substance use disorders, including opioid agonists (methadone, buprenorphine) and antagonists (naltrexone) • Psychosocial interventions (cognitive behaviour therapy, motivational enhancement, contingency management, family therapy, therapeutic communities) • Rehabilitation and recovery management 	<ul style="list-style-type: none"> • Changing the level of criminal penalties for minor offences related to drug use • Promoting alternatives to incarceration and punishment; providing access to education and treatment • Establishing a system of drug courts • Providing treatment for people in contact with the criminal justice system • Regulating prescribing practices for psychoactive and dependence-producing medications • Developing guidelines, workforce and a supervision system for clinicians prescribing psychoactive and dependence-producing medications • Ensuring proper functioning of the prescription monitoring system

Implementation tailored to different country contexts

Implementation of the initiative will include support tailored to different country contexts:

- Resource-rich countries such as the countries of the Gulf Cooperation Council (GCC) will receive technical guidance and support to strengthen systems.
- Countries with significant relevant technical and human resources (e.g. Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Morocco, Palestine and Tunisia) will receive targeted support.
- Some countries will be supported to address specific challenges, for example khat use in Djibouti, Somalia and Yemen.
- Countries with weak systems and limited resources will receive extensive support.

Emergencies and humanitarian settings

In emergencies, the core principles of substance use prevention and treatment remain unchanged (9). The Sphere Handbook and IASC Guidelines emphasize the need for effective stigma reduction, increased provider capacity and the integration of substance misuse services into existing systems (8).

Incarcerated populations

Health services for incarcerated individuals should match community standards. Evidence-based treatment for drug use disorders should be available in the criminal justice system, with continuity of care ensured post-release to prevent relapse and reoffending.

Main partners

Building on WHO's convening mandate, and respecting the mandates of various United Nations agencies, this flagship initiative aims to build and strengthen partnerships with the following entities:

- UNODC: to achieve shared commitments toward addressing the public health impacts of substance use.
- UNESCO: to coordinate implementation of cross-cutting programmes within the education sector, including prevention and promotion programmes in school settings.
- UNICEF: to ensure the integration of substance use services for women, children and adolescents in existing programmes.
- International Organization for Migration (IOM), Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations Development Programme (UNDP), UNHCR (the UN Refugee Agency) and The Global Fund to Fight AIDS, Tuberculosis and Malaria: for collaboration on various issues related to substance use and its impact.
- Civil society organizations: WHO will partner with organizations such as the World Psychiatric Association, International Society of Addiction medicine (ISAM) and Middle East and North Africa Harm Reduction Association (MENAHRRA), as well as other professional associations, to coordinate country-level activities. This includes advocacy, promoting literacy, countering stigma and empowering people with lived experience, as well as implementing evidence-based prevention activities and harm reduction services.
- WHO collaborating centres and academic institutions: to facilitate evidence generation, research and learning based on the activities undertaken and outcomes achieved during real-time implementation in countries.

Existing WHO structures such as the Islamic Advisory Group, Regional Health Alliance, Youth Council and various working groups focused on child, adolescent and women's health, as well as initiatives such as Healthy Cities and Health-Promoting Schools, will be utilized to help deliver interventions targeting specific groups and settings.

WHO's contribution

Within the WHO Regional Office, a core technical team needs to be capacitated and supported by the relevant departments across the three levels of the Organization as outlined below.

WHO country offices will:

- appoint staff to support implementation
- engage with strategic partners to advance policy dialogue, advocacy and human rights
- provide technical support to governments and partners to plan and implement activities
- manage finances for implementation
- document, monitor and evaluate activities.

WHO's Regional Office team will:

- support key strategic dialogues with government representatives
- assist in assessing priority needs
- provide technical support and oversight for country-level work
- facilitate country-to-country learning.

WHO headquarters will:

- provide technical inputs upon request from the Regional Office and country offices
- support the development of relevant normative guidance, technical packages and information products.

Theory of change

The theory of change for the initiative outlines how diverse inputs can be transformed into a significant measurable impact on health in the Region (see Fig. 1).

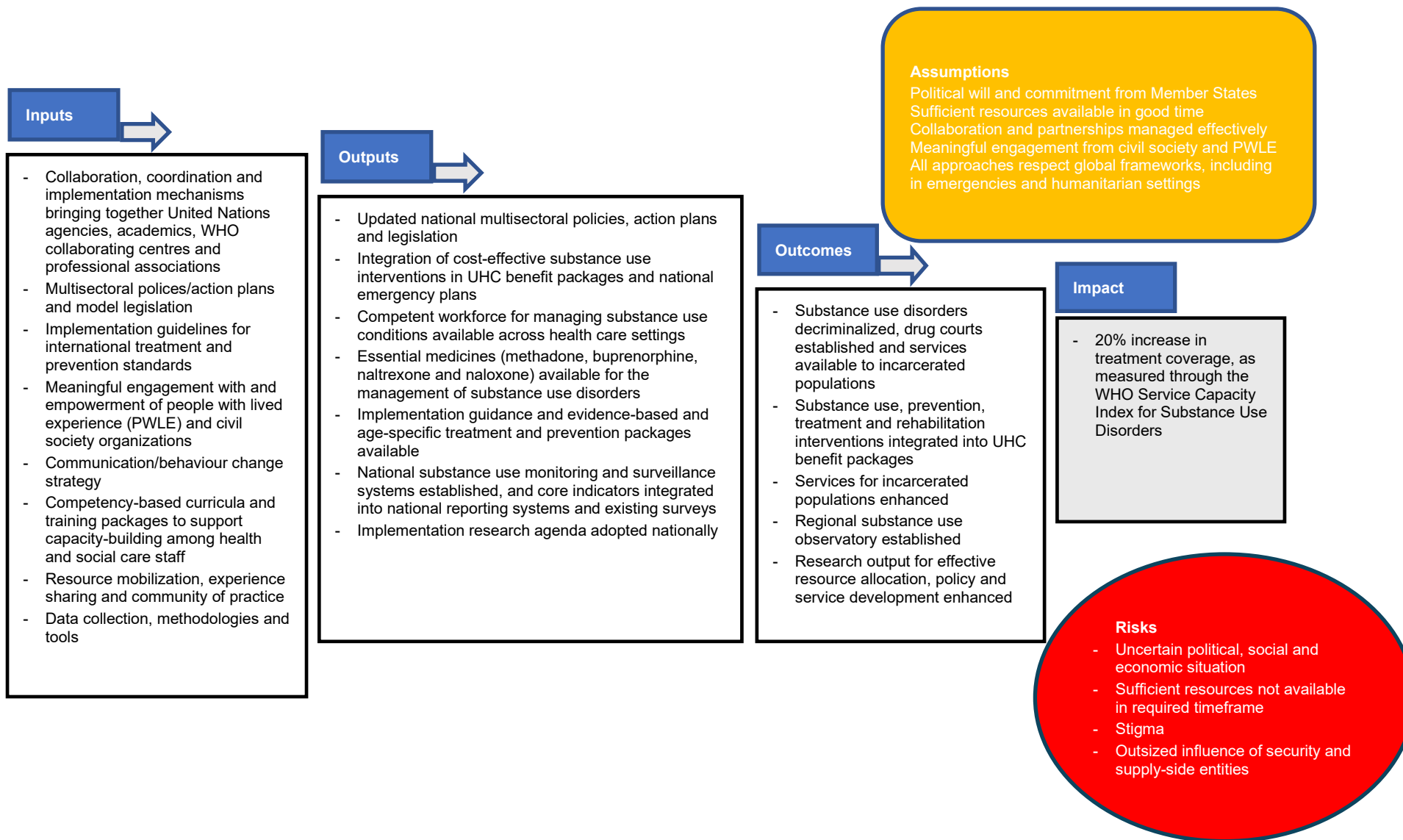


Fig. 1. Theory of change

Implementation plan, expected outcomes and results

Table 2 sets out a detailed implementation plan for the initiative including expected outcomes and results.

Key activities at the regional level include:

- Enhancing collaboration with other United Nations agencies through the Regional Health Alliance.
- Facilitating policy dialogues with stakeholders from public, private and civil society sectors to develop or update evidence-informed national policies and associated legislation.
- Establishing a regional technical advisory group on substance use and mental health.
- Establishing a network of regional centres of excellence and WHO collaborating centres.
- Developing a network of civil society organizations, including professional associations, to support implementation of the initiative.
- Strengthening organizational capacity to coordinate planning, communication and implementation within WHO and among other stakeholders.
- Developing and expanding a roster of consultants to conduct regular country missions and assessments.
- Supporting development of curricula and establishing certified training programmes in addiction medicine to strengthen the specialist workforce.
- Advocating for enhanced resource allocation (both financial and human).
- Organizing training workshops and seminars to align country-level implementation plans and build the capacities of national focal points working on substance use within ministries of health.
- Establishing a research agenda and identifying priority areas at regional and country levels.

This will be complemented by country-level activities including (among others):

- Conducting policy dialogues with stakeholders from public, private and civil society sectors to develop or update evidence-informed national policies and associated legislation.
- Incorporating substance use interventions into national basic benefit packages for universal health coverage (UHC).
- Conducting regular quarterly, biannual and annual review meetings (virtual and face-to-face) to monitor the progress of planned activities.
- Strengthening countries' monitoring and evaluation capacities to ensure the development and integration of data collection tools within national surveillance systems.

Table 2. Implementation plan, expected outcomes and results

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
Regional	Plan policy dialogues to align policy/action plans and laws with international best practices and conventions	<ul style="list-style-type: none"> Develop guidance on developing balanced, multisectoral national policies and action plans Develop guidance/model legislation to support countries in developing/modifying national legislation Develop checklists to review policies/action plans and legislation, aligned to international best practice and conventions Develop orientation and training packages for personnel across the criminal justice system 	<ul style="list-style-type: none"> Updated national policies/action plans and legislation Increased availability of treatment alternatives to conviction and incarceration for people with substance use disorders 	X	X	X	X	X	<ul style="list-style-type: none"> Increased service coverage Services for substance use conditions available to incarcerated populations Drug courts established in countries Substance use prevention, treatment, harm reduction and recovery interventions incorporated in UHC benefit packages
	Support the implementation of International Standards on Drug Use Prevention	<ul style="list-style-type: none"> Develop guidance and packages to support implementation of evidence-based preventive interventions at national level 	<ul style="list-style-type: none"> Implementation guidance and individual prevention packages available 	X	X	X	X	X	
	Support the implementation of International Standards for the Treatment of Drug Use Disorders	<ul style="list-style-type: none"> Develop guidance on implementation of international treatment standards at national level 	<ul style="list-style-type: none"> Implementation guidance on treatment standards available 	X	X	X			
	Develop competency-based curricula and training packages to: <ul style="list-style-type: none"> establish specialization in addiction medicine strengthen substance use component in undergraduate curricula strengthen substance use component in service training 	<ul style="list-style-type: none"> Provide technical guidance for the development of competency-based curricula, teaching and training packages for addiction medicine specialization, pre-service and in-service training Lead dialogues with national and regional certification/accreditation bodies (medical and nursing) to establish addiction medicine specialist qualifications, strengthen the substance use management component in undergraduate curricula and develop competency-based in-service training packages Identify regional centres of excellence and strengthen the network of WHO collaborating centres to implement training and teaching programmes 	<ul style="list-style-type: none"> Addiction medicine certification programmes for nurses and doctors established Credit hours for substance use conditions in undergraduate curricula increased Competencies of health staff in nonspecialist settings to manage substance use conditions enhanced 	X	X	X	X	X	
	Identify a core set of indicators to monitor trends, prevalence, burden and service capacity	<ul style="list-style-type: none"> Develop data collection methodologies and tools 	<ul style="list-style-type: none"> High-quality information on trends, patterns, prevalence and service capacity available to inform policy and service development – setting up a regional substance use observatory 	X	X	X			

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
	Mobilize resources for substance use programmes	<ul style="list-style-type: none"> Support in identifying funding opportunities and assist with grant applications 	<ul style="list-style-type: none"> Funding and resources secured for substance use prevention and treatment programmes 	X	X	X	X	X	
	Strengthen WHO's capacity to provide technical support and backstopping	<ul style="list-style-type: none"> Invest in recruitment and training for WHO staff, enhance technical resources and improve logistical support 	<ul style="list-style-type: none"> Increased capacity of WHO to offer technical support and backstopping 	X	X	X	X	X	
	Develop a regional communication strategy to reduce stigma and improve understanding of substance use in collaboration with ministries of health and a regional substance use technical advisory group (STAG)	<ul style="list-style-type: none"> Collaboration across WHO departments to develop and operationalize the communication strategy 	<ul style="list-style-type: none"> Information, education and communication materials available and multimodal communication plans developed 	X	X				
	Establish STAG	<ul style="list-style-type: none"> Establish STAG with clear terms of reference 	<ul style="list-style-type: none"> STAG established 	X	X				
	Set up a regional network of civil society organizations (CSOs), including people with lived experience (PWLE)		<ul style="list-style-type: none"> Civil society and PWLE actively engaged in policy and service planning and delivery 		X	X	X	X	
		Indicators		Targets					
		<ul style="list-style-type: none"> Availability of updated national policies and legislation Cost-effective preventive, treatment, harm reduction and recovery interventions are incorporated in national UHC benefit packages STAG officially established and terms of reference agreed Regional network of civil society organizations, WHO collaborating centres and centres of excellence developed Number of addiction medicine specialization programmes 		<ul style="list-style-type: none"> By 2028, eight countries will have reviewed and updated a multisectoral national policy/action plans By 2028, five countries will have updated legislation By 2028, cost-effective preventive, treatment, harm reduction and recovery interventions are incorporated in the national UHC benefit packages in 18 countries By 2026, essential medicines are available across health and social care systems including in emergency rooms and with first responders in five countries. By 2025, a STAG, and by 2026, a regional network of centres of excellence, are set up and functional By 2028, all countries have institutional mechanisms to actively engage PWLE in policy and service planning and delivery By 2028, addiction medicine specialization is setup in collaboration with the Arab Board of Health Specializations and national boards in seven countries By 2028, 20% increase in Service Capacity Index 					

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
GCC countries	<ul style="list-style-type: none"> Set up intersectoral coordination mechanism to facilitate implementation and monitoring of evidence-based substance use policies Promote treatment for drug use disorders through effective coordination between the criminal justice system and health services and legislation. 	<ul style="list-style-type: none"> Provide technical support and facilitate consultation with stakeholders for reviewing/developing evidence-based policies and legislation in line with international conventions/covenants. Provide technical support and facilitate access to evidence for reviewing/developing evidence-based regulatory mechanisms in line with international conventions/covenants. Develop orientation and training packages to link the health and judiciary sectors and law enforcement authorities 	<ul style="list-style-type: none"> Intersectoral coordination mechanism in place Policy and legislation reviewed; national multisectoral policies and action plans updated National legislation updated Decriminalization of substance use and legal frameworks in place for treatment as an alternative to incarceration; drug courts established; services available to incarcerated populations 	X	X	X	X		<ul style="list-style-type: none"> Enhanced treatment coverage/Service Capacity Index for Substance Use Disorders (Service Capacity Index) Services for substance use disorders available to incarcerated populations
	Implement International Standards on Drug Use Prevention	<ul style="list-style-type: none"> Develop implementation guidance and packages for evidence-based prevention interventions identified in international standards Support active engagement with CSOs and PWLE organizations such as Narcotics Anonymous (NA) groups Develop information, education and communication materials to counter stigma and prevent discrimination with active involvement of the PWLE, CSOs and religious leaders 	<ul style="list-style-type: none"> Implementation guidance and evidence-based prevention intervention packages (on parenting, family strengthening, multimodal community interventions, life-skills education, work-based interventions etc.) available Multimodal anti-stigma campaigns designed 	X	X	X			<ul style="list-style-type: none"> Multimodal anti-stigma campaigns implemented; life skills education incorporated in the school curricula as part of Health Promoting Schools initiatives Family strengthening and multicomponent interventions incorporated into Healthy Cities initiatives
	Implement International Standards for the Treatment of Drug Use Disorders	<ul style="list-style-type: none"> Develop implementation packages Provide technical support to identify cost-effective interventions for inclusion in UHC benefit packages Develop training packages for first responders/emergency staff to manage drug overdoses 	<ul style="list-style-type: none"> Guidance on service delivery models, clinical governance and treatment protocols available Substance use interventions integrated in UHC benefit packages Essential medicines (methadone, buprenorphine, naltrexone and naloxone) for the management of substance use disorders are available without interruption 	X	X	X	X	X	<ul style="list-style-type: none"> Parenting skills and work-related interventions implemented in all GCC countries Essential treatment modalities delivered by trained clinicians at different levels of health systems, from primary health care to tertiary health services, with specialized treatment programmes for substance use disorders
	Strengthen regulations restricting over-the-counter sale of narcotics/psychotropic medicines	<ul style="list-style-type: none"> Provide technical support to countries to strengthen regulations Develop training packages for prescribers for rational use of medicines 				X	X	X	<ul style="list-style-type: none"> Decrease in drug overdose mortality
	Identify a core set of indicators to integrate in national health management information systems	Support countries to deliver capacity-building training on monitoring and surveillance	National substance use monitoring and surveillance systems established to collect and report on core indicators regularly	X	X	X	X	X	<ul style="list-style-type: none"> National substance use observatories

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
	Conduct national surveys to obtain data on prevalence, patterns and trends in substance use within the population	Provide technical support, for development of methodology, identification of valid tools and data analysis	Comprehensive data on prevalence, patterns and trends in substance use available	X	X	X	X	X	established to provide accurate estimates of patterns, prevalence and trends in substance use
	Identify a public health research agenda to generate evidence on substance use	Support countries to deliver capacity-building training on implementation research methods (collaborating centres, academic institutions, research centres, think tanks, ministries of health)	Implementation research agenda adopted nationally	X	X	X			<ul style="list-style-type: none"> Research output for effective resource allocation, policy and service development is enhanced
	Indicators			Targets					
	<ul style="list-style-type: none"> Interministerial coordination bodies established in countries to facilitate the development and monitoring of evidence-based multisectoral and multidisciplinary integrated policies and supportive legislation Number of multisectoral policies revised/developed with an integrated approach to substance use Legislation drafted/reviewed to ensure alignment with international conventions/covenants Number of drug courts established Substance use interventions integrated in UHC benefit packages Evidence based prevention interventions available across community and health platforms National substance use monitoring and surveillance system established to collect and report on the core set of indicators Number of national surveys conducted on substance use prevalence, patterns and trends Number of joint programmes between health services and the criminal justice system 			<ul style="list-style-type: none"> By 2028, interministerial coordination bodies established in six countries By 2028, multisectoral policies on substance use revised/developed in five countries By 2028, legislation drafted/reviewed in five countries to ensure alignment with international conventions/covenants By 2027/28, drug courts established in four countries By 2027/28, UHC benefit packages include cost-effective substance use disorder interventions in five countries By 2026, essential medicines are available across health and social care systems, including in emergency rooms and with first responders in five countries Prescription audits are introduced in five countries By 2028: <ul style="list-style-type: none"> multimodal anti-stigma campaigns life skills education incorporated in school curricula as part of Health-Promoting Schools initiatives family strengthening and multicomponent interventions incorporated as part of Healthy Cities initiatives parenting skills and work-related interventions implemented in all countries By 2028, national substance use monitoring and surveillance systems to collect and report on the core set of indicators strengthened and national observatories established to provide accurate estimates of prevalence, patterns and trends in substance use in 5 countries By 2028, national surveys and research studies conducted and published in 5 countries 					

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact	
				2024	2025	2026	2027	2028		
Egypt, Islamic Republic of Iran, Jordan, Lebanon, Morocco Palestine, Tunisia	Develop/review policies and laws related to substance use	Provide technical products for policy frameworks, model laws and advocacy support	Updated and new policies/laws targeting substance use prevention and control	X	X	X			<ul style="list-style-type: none"> Multisectoral policies/ action plans and supportive legal and regulatory instruments available Enhanced treatment coverage/Service Capacity Index Reduction of number of drug overdose deaths Reduction of drug related mortality rate by sex and age (death attributable to drug use) Multimodal anti-stigma campaigns implemented and life skills education incorporated in the school curricula as part of Health Promoting Schools initiatives Family strengthening and multicomponent interventions incorporated as part of Healthy Cities initiatives Parenting skills and work-related interventions implemented in all countries Establishment of national substance use observatory to provide accurate estimates of prevalence and trends of substance use 	
	Strengthen regulations for restricting over-the-counter sale of narcotics/psychotropic medicines	<ul style="list-style-type: none"> Provide technical support to countries to strengthen regulations Develop training packages for prescribers for rational use of medicines 		X	X	X				
	Establish low-intensity outreach programmes for substance use treatment	Develop/provide training materials and programme models and support regional exchange of best practices	Low-intensity outreach services accessible to at-risk populations		X	X	X			
	Integrate substance use interventions into UHC priority benefit packages	Support countries to review their basic UHC packages and provide technical support to strengthen through inclusion of cost-effective substance use interventions	<ul style="list-style-type: none"> Comprehensive packages of substance use harm reduction and treatment services available and accessible in all health settings. Essential medicines, including naloxone, available across health and social care systems 		X	X	X			
	Set up substance use treatment units in general hospitals to provide evidence-informed treatment	<ul style="list-style-type: none"> Review/update essential medicines list and ensure the inclusion of essential medicines for the management of substance use Technical products (governance, treatment models and protocols) and support for capacity building for multidisciplinary teams 	Harm reduction and treatment services are available in general hospitals in all major cities.		X	X	X			
	Establish centres of excellence for substance use interventions	<ul style="list-style-type: none"> Support establishment of regional network of centres of excellence, Develop/provide training materials and programme models and support regional exchange of best practices 	National and regional networks of centres of excellence established		X	X	X	X		X
	Integration of substance use interventions into primary health care	Development of guidance, packages and training materials (screening and brief interventions, etc.)	Screening and brief interventions available in primary health care centres		X	X	X			
	Implement prevention programmes targeting substance use	<ul style="list-style-type: none"> Develop implementation guidance and packages for evidence-based prevention interventions identified in international standards Support active engagement with CSOs and PWLE organizations such as NA Develop information, education, and communication (IEC) materials to counter stigma and prevent discrimination, with active involvement of the PWLE/CSOs and religious leaders 	<ul style="list-style-type: none"> Implementation guidance and evidence-based prevention intervention packages available (parenting, family strengthening, multi modal community interventions, life skills education, work-based interventions, etc.) Multimodal anti-stigma campaigns designed 		X	X	X			

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
	Support establishment of active engagement with PWLE/CSOs and religious leaders	Support development of framework for active engagement of CSOs and PWLE organizations such as NA	Peer support networks established and peer supporters trained	X	X	X			
	Set up addiction medicine certification programmes for doctors and nurses	Support countries develop curricula for addiction medicine certification programmes for doctors and nurses.	Expansion of the specialist workforce on substance use	X	X				
	Identify a core set of indicators to integrate into national health management information systems	Support countries to deliver capacity-building training on monitoring and surveillance	National substance use monitoring and surveillance systems collect and report on core set of substance use indicators	X	X	X			
	Integrate a core set of indicators into existing surveys such as Global School-based Student Health Survey (GSHS) and STEPS	Develop data collection tools to support countries in collecting data on substance use			X	X			
	Capacity-building done for conducting implementation research	Support development of an implementation research agenda	Increased research outputs to guide policies and services	X		X			
	Indicators		Targets						
	<ul style="list-style-type: none"> Number of multisectoral policies revised/developed with an integrated approach on substance use in countries Legislations/regulations updated/reviewed to be in line with international conventions/covenants in countries Substance use interventions integrated in UHC basic benefit packages Evidence-based prevention interventions are available across community and health platforms National substance use monitoring and surveillance system established to collect and report on the core set of indicators Increased research outputs to guide policies and services 		<ul style="list-style-type: none"> By 2027, substance use interventions are integrated into UHC basic benefit package of five countries By 2026, essential medicines are available across health and social care systems, including in emergency rooms in five countries By 2028, specialized addiction medicine certified programmes are available in seven countries By 2028, programmes for harm reduction and management of substance use disorders are available in primary health care and general hospitals in seven countries By 2028 <ul style="list-style-type: none"> multimodal anti-stigma campaigns life skills education is incorporated in the school curricula as part of Health Promoting Schools initiatives family strengthening and multicomponent interventions are incorporated as part of Healthy Cities initiatives parenting skills and work-related interventions are implemented in all countries By 2028, prescription audits are introduced in seven countries By 2028, national substance use monitoring and surveillance system to collect and report on the core set of indicators are set up in seven countries By 2028, substance use research output is increased by 20% in seven countries 						

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
Djibouti, Somalia, Yemen	Initiate policy dialogues with diverse sectors, including ministries of health, agriculture, law and finance, to review policies and legislation related to khat production, distribution and sales	Support the introduction of intersectoral policies, including fiscal/taxation and alternative development measures	Intersectoral policies, including fiscal/taxation and alternative development measures, are developed	X	X				<ul style="list-style-type: none"> Reduction of initiation of khat use by non-users Multimodal anti-stigma campaigns implemented
	Raise public awareness and reduce stigma on khat use by producing and disseminating educational materials online and through community workshops on related mental health issues	<ul style="list-style-type: none"> Support countries to develop peer support groups to promote public education IEC materials developed to counter stigma and prevent discrimination, with active involvement of the PWLE/CSOs and religious leaders 	<ul style="list-style-type: none"> Targeted campaigns developed using multiple media channels Peer support/self-help and mutual aid groups developed Multimodal anti-stigma campaigns designed 	X	X	X			<ul style="list-style-type: none"> Parenting skills and family-strengthening programmes integrated in reproductive, maternal, newborn, child and adolescent health/nutrition programmes
	Support the design and implementation of prevention programmes for parenting skills, family strengthening and life-skills education	Support the design and implementation of age-specific prevention programmes/packages in educational, community and work-place settings	Parenting skills, life-skills education and family-strengthening programmes implemented	X	X	X	X	X	<ul style="list-style-type: none"> Life-skills education component integrated in school curricula
	Strengthen the capacity of the primary health care and community health care non-specialist workforce in early recognition and management for people presenting with mental health conditions and/or withdrawal symptoms due to khat use	Develop the capacity of health and social personnel in substance use (specifically khat) by integrating it into in-service teaching/training	Expansion of services for management of khat use-induced mental, neurological and substance use disorders	X	X	X			<ul style="list-style-type: none"> Increased awareness of harmful effects of khat use
	Commission research studies on khat use and its consequences to support evidence generation	Mobilize resources within high-income countries to promote the research agenda in countries with high use	Research output strengthened to guide policies and services					X	X
Indicators			Targets						
<ul style="list-style-type: none"> Number of countries with intersectoral policies, including fiscal/taxation and alternative development measures, developed Number of countries with targeted campaigns developed using multiple media channels Number of countries with parenting skills, life-skills education and family-strengthening programmes strengthened Number of trained staff to manage MNS disorders induced by khat Amount of khat-related research output to guide policies and services 			<ul style="list-style-type: none"> By 2027, taxation policies on khat introduced in three countries By 2026, targeted campaigns developed and promoted in three countries to raise awareness of harmful consequences of use of khat By 2028, parenting skills, life-skills education and family-strengthening programmes developed and strengthened in three countries By 2026, primary health care staff trained on management of khat-induced MNS conditions increased by 50% in three countries By 2028, khat-related research output has increased by 20% 						

Level	Activity	WHO/partner input	Outputs	Implementation year					Outcome/impact
				2024	2025	2026	2027	2028	
Afghanistan, Iraq, Libya, Pakistan, Sudan and Syrian Arab Republic	Review national emergency preparedness, response and recovery plans	Develop tools/guidelines to support the development/revision of national emergency plans	Substance use integrated in national emergency plans	X	X				<ul style="list-style-type: none"> Enhanced treatment coverage/Service Capacity Index
	Expand promotion and prevention programmes to cover affected and vulnerable populations	<ul style="list-style-type: none"> Support the design and implementation of promotion and prevention programmes that are inclusive of all population groups Develop implementation guidance and packages for evidence-based prevention interventions identified in international standards Develop IEC materials to counter stigma and prevent discrimination with active involvement of PWLE/CSOs and religious leaders 	<ul style="list-style-type: none"> Availability of implementation guidance and evidence-based prevention intervention packages (parenting, family strengthening, multimodal community interventions, life-skills education, work-based interventions, etc.) Multimodal anti-stigma campaigns designed 	X	X	X	X		<ul style="list-style-type: none"> Reduced substance use initiation, Reduction of number of drug overdose deaths Reduction of drug-related mortality rate by sex and age (death attributable to drug use)
	Establish low-intensity outreach programmes for substance use treatment	<ul style="list-style-type: none"> Develop/provide training materials and programme models and support regional exchange of best practices 	<ul style="list-style-type: none"> Low-intensity outreach services accessible to at-risk populations Screening and brief interventions available in primary health care centres 	X	X	X			<ul style="list-style-type: none"> Data collection across countries, enabling better monitoring and evaluation of substance use trends and outcomes
	Integrate substance use interventions into primary health care	Development of guidance, packages and training materials (screening and brief interventions, etc.)							
	Set up substance use treatment units in general hospitals to provide evidence-informed treatment	<ul style="list-style-type: none"> Review/update essential medicines lists and ensure inclusion of essential medicines for the management of substance use Provide technical products (governance, treatment models and protocols) and support for capacity-building for multidisciplinary teams 	Harm reduction and treatment services available in general hospitals in all major cities				X	X	
	Ensure availability of essential medicines for management of substance use disorders		Essential medicines, including naloxone, are available across health and social care systems		X	X			
	Establishment of self-help and mutual aid groups.	Support active engagement with CSOs and PWLE organizations, such as like NA and peer support/self-help/mutual aid groups	Strengthened peer support/self-help and mutual aid groups available				X	X	
Identify a core set of indicators to integrate in mental health and psychosocial support reporting systems and existing surveys, such as STEPS, Global school-based student health survey, Service availability and readiness assessment survey, and the Health Resources and Services Availability Monitoring System (HeRAMS)	<ul style="list-style-type: none"> Provide technical guidance to develop a standardized set of indicators to be integrated across existing surveys 	<ul style="list-style-type: none"> Core set of indicators identified and integrated into national reporting systems and existing surveys 	X	X	X				

	Indicators	Targets
	<ul style="list-style-type: none"> Screening and brief interventions available in primary health care settings Interventions available for the management of substance use disorders in general hospitals Number of vulnerable people (incarcerated people, internally-displaced people, migrants, refugees) having access to opioid agonist maintenance treatment and harm reduction services at national level Self-help/mutual aid groups available at national level National substance use monitoring and surveillance systems established to collect and report on a core set of indicators 	<ul style="list-style-type: none"> By 2028, interventions are available for the management of substance use disorders in 30% of general hospitals and primary health care in five countries By 2028, five countries will have: <ul style="list-style-type: none"> a 20% increase in the number of people having access to opioid agonist maintenance treatment needle/syringes, and HIV and HCV/HCB testing in substance use treatment units screening and brief interventions available in 30% of primary health care centres self-help/mutual aid groups available By 2028, capacities to collect and report on the core set of indicators are available in five countries

Budget

Item cost	2024	2025	2026	2027	2028	Total
Support for countries that have the financial resources available (GCC countries) <i>100 000/country/year (2025–2028)</i>	US\$ 100 000	US\$ 600 000	US\$ 600 000	US\$ 600 000	US\$ 600 000	US\$ 2 500 000
Expanded opportunities to benefit from targeted support for seven countries (Egypt, Islamic Republic of Iran, Jordan, Lebanon, Morocco, Palestine, Tunisia) <i>300 000/country/year (2025–2028)</i>	US\$ 140 000	US\$ 2 100 000	US\$ 2 100 000	US\$ 2 100 000	US\$ 2 100 000	US\$ 8 540 000
Targeted support for three countries with a khat use problem (Djibouti, Somalia, Yemen) <i>200 000/country/year (2025–2028)</i>	US\$ 60 000	US\$ 600 000	US\$ 600 000	US\$ 600 000	US\$ 600 000	US\$ 2 460 000
Expanded opportunities to benefit from intensive support for six countries that have limited human and financial resources and weak health systems <i>500 000/country/year (2025–2028)</i>	US\$ 120 000	US\$ 3 000 000	US\$ 3 000 000	US\$ 3 000 000	US\$ 3 000 000	US\$ 12 120 000
Project support costs	US\$ 25 000	US\$ 700 000	US\$ 700 000	US\$ 700 000	US\$ 700 000	US\$ 2 825 000
Total	US\$ 445 000	US\$ 7 000 000	US\$ 7 000 000	US\$ 7 000 000	US\$ 7 000 000	US\$ 28 445 000

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Annex 1. Communication and behaviour change plan to address stigma and discrimination related to substance use disorders

Introduction

People living with substance use disorders in the WHO Eastern Mediterranean Region face pervasive stigmatizing attitudes and discriminatory practices. This may lead to social isolation, impacting their ability to earn an income, have a voice, gain access to quality care, be part of their community and recover from their disorder. The criminalization of substance use potentially increases the burden of stigma and discrimination, deterring people from seeking treatment and rehabilitation services and rendering them more vulnerable to violence and abuse. Stigma also leads to underreporting of substance use disorders, meaning that the overall scale of the public health challenge of substance use in the Region is most likely underestimated.

WHO's global Comprehensive Mental Health Action Plan 2013–2030 (1) calls on Member States to adopt strategic interventions to reduce stigmatization, discrimination and human rights violations against people with mental health conditions and substance use disorders, while ensuring the involvement of people with lived experience (PWLE), their families and organizations. These principles are also reflected in the regional framework for scaling up action on mental health (2) and the framework for meaningful engagement of people living with noncommunicable diseases, mental health and neurological conditions (3). Additionally, WHO has specifically recommended interacting with media on responsible reporting as the second strongest evidence-based intervention for suicide prevention and a valuable intervention in destigmatizing substance use (4).

Addressing stigma against substance use requires a comprehensive, multifaceted approach that not only focuses on reducing stigma but also advocates for the decriminalization of substance use and promotes help-seeking behaviours. This annex outlines a strategy and plan for engagement with diverse stakeholders, including the media, policy-makers, health care providers and PWLE, to improve public and institutional attitudes towards individuals with substance use disorders, promote evidence-based interventions and foster supportive communities that encourage treatment-seeking and recovery. It also aims to influence policy reform towards the decriminalization of substance use.

The proposed engagement plan would capitalize on and expand an [anti-stigma](#) campaign that was launched on WHO's regional website and includes a series of videos from PWLE of mental health issues and substance use disorders. This aligns with current evidence, which suggests that interventions involving face-to-face or virtual contact with PWLE are the most effective way to reduce public stigma towards PWLE.

Goal and objectives

As a key part of the flagship initiative on accelerating public health action on substance use, WHO's regional team will develop and implement a comprehensive, multicomponent regional communication and behaviour change strategy and plan with the following objectives:

- increasing public awareness and improving understanding of mental health conditions and substance use disorders among various stakeholders, including policy-makers, health care providers and media professionals and journalists;
- addressing the different types of stigma associated with mental health and substance use including public and self-stigma, stigma by association and stigma in service provision (institutional stigma);
- advocating for the decriminalization of substance use, emphasizing its benefits in improving treatment access and reducing the societal burden of substance use disorders; and
- strengthening partnerships and intersectoral action by building on existing regional initiatives and establishing a regional mental health and substance use alliance for promoting evidence-based interventions and community initiatives for the management and prevention of mental health conditions and substance use disorders.

Methodology

The communication plan will aim to address the challenges associated with mental health conditions and substance use disorders in the Region holistically. It will involve engagement with the media, civil society organizations, PWLE, their families and communities, and religious scholars.

The plan includes a wide range of activities, from awareness-raising and targeted education, through capacity-building, policy advocacy, partnership and collaboration, to monitoring and evaluation.

Key target audiences include:

- the general public: to improve overall understanding of mental health and substance use and reduce public stigma;
- policy-makers and government officials: to advocate for policy reform and decriminalization of substance use;
- health care providers: to promote evidence-based treatment approaches and reduce institutional stigma in service provision;
- PWLE: to empower and involve them in advocacy and stigma reduction efforts;
- civil society organizations: to mobilize community resources, amplify advocacy efforts for policy reform and foster grassroots initiatives supporting individuals with mental health conditions and substance use disorders, creating and promoting a robust support system at the community level;
- media professionals and journalists: to promote responsible reporting on substance use disorders and foster positive portrayals of PWLE in the media.

Key strategies and activities to achieve specific objectives:

1. Increasing public awareness and improving understanding mental health and substance use
 - Educational and public awareness campaigns:
 - develop and disseminate educational materials on various media platforms and through community workshops;
 - utilize social media platforms for widespread messaging about the realities of substance use disorders, treatment options, stories of recovery and help-seeking behaviours;
 - partner with influencers and celebrities to amplify campaign reach.
 - Media partnerships and responsible reporting:
 - implement a pre-service training programme for journalism and mass communication junior professionals focusing on responsible reporting on substance use disorders;
 - launch an award scheme for excellence in reporting on mental health and substance use disorders to incentivize positive storytelling.
2. Advocating for the decriminalization of substance use
 - Policy advocacy:
 - create policy briefs and position papers on the benefits of decriminalizing substance use;
 - organize roundtables with policy-makers, showcasing evidence from regions where decriminalization has shown positive outcomes;
 - facilitate the involvement of PWLE in policy discussions to provide their insights.

3. Addressing stigma
 - Capacity-building for health care providers:
 - host workshops and training sessions for health care professionals on stigma-free communication, evidence-based treatments and the importance of decriminalization in improving treatment access;
 - develop a certification programme for informed providers, to promote excellence in substance use care.
 - Support and empowerment initiatives for PWLE:
 - establish peer support networks and recovery communities to address self-stigma and improve help seeking behaviours;
 - organize public exhibitions and testimonial events highlighting recovery stories from mental health conditions and substance use disorders, to help address public and community stigma.
4. Strengthening intersectoral action
 - Regional mental health and substance use alliance for advocacy and support:
 - form a coalition of civil society organizations, PWLE organizations and health care providers to unify efforts on stigma reduction, advocacy for decriminalization and support for evidence-based interventions.
 - Civil society organization engagement and collaboration:
 - establish partnerships with civil society organizations to leverage their local presence and community trust in delivering educational campaigns, supporting PWLE and rallying community support for decriminalization efforts; this involves training organizations in evidence-based interventions, facilitating their involvement in policy advocacy and supporting their role in stigma reduction at the community level.
5. Monitoring and evaluation
 - Implement pre-and post-campaign surveys to assess changes in public and professional attitudes towards mental health conditions and substance use disorders and measure the reach and effectiveness of educational materials.
 - Track policy changes and increased engagement in substance use disorder treatment programmes as indicators of success in advocacy for decriminalization.
 - Collect feedback from health care providers on the utility of the training programmes and adjustments needed to maximize impact.

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