

## **Progress report on the regional framework for action to strengthen the public health response to substance use**

### **Introduction**

1. At its 66th session in October 2019, the Regional Committee for the Eastern Mediterranean adopted resolution [EM/RC66/R.7](#) endorsing the regional framework for action to strengthen the public health response to substance use.<sup>1</sup> The framework identifies cost-effective, affordable and feasible strategic interventions across five domains: governance; health sector response; promotion and prevention; monitoring and surveillance; and international cooperation. The framework also provides a set of indicators to monitor progress in implementing the interventions.

2. Resolution EM/RC66/R.7 requested the WHO Regional Director to report on progress made in implementing the framework to the Regional Committee at its 68th and 70th sessions, with a final report to the 72nd session. This progress report therefore presents a final update on the status of implementation of the framework, organized under the five domains and their related indicators.

3. Through resolution [EM/RC71/R.1](#), adopted by the Regional Committee at its 71st session in October 2024, Member States committed to implementing the strategic operational plan for the Eastern Mediterranean Region 2025–2028 and its three flagship initiatives,<sup>2</sup> including a dedicated initiative on accelerating public health action on substance use. A rapid assessment was carried out in preparation for a policy dialogue on scaling up implementation of the new flagship initiative, held from 26 to 28 February 2025 in Abu Dhabi, United Arab Emirates. The rapid assessment was conducted to map resources and capacities related to substance use and substance use disorders in the Region. The questionnaire was shared with designated focal points at the health ministries of all 22 countries and territories of the Eastern Mediterranean Region. Responses were received from 16 countries and territories, and the information provided through the rapid assessment informs this progress report.

### **Progress update**

#### *Governance*

4. Sixteen countries reported having a national policy or plan for the prevention of substance use and/or treatment of substance use disorders. Twelve countries reported the existence of an intersectoral coordination mechanism for overseeing the implementation of existing policies and strategies. Twelve have a national action plan with detailed strategies and planned activities aiming at developing services for substance use disorders.

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<sup>1</sup> Regional framework for action to strengthen the public health response to substance use. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://iris.who.int/handle/10665/371134>, accessed 8 August 2025).

<sup>2</sup> Strategic operational plan for the Eastern Mediterranean Region, 2025–2028. Regional Committee version October 2024. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024 (<https://applications.emro.who.int/docs/Strategic-operational-plan-eng.pdf?ua=1&ua=1>, accessed 8 August 2025).

5. Twelve countries reported having a standalone law for the prevention and management of substance use disorders. Thirteen countries reported that their current legislation included provisions for voluntary or compulsory treatment as an alternative or in addition to criminal sanctions.
6. Four countries reported having provisions for depenalization of substance use and five countries reported having provisions for decriminalization of substance use.
7. Nine countries reported having specialized treatment services for incarcerated populations.
8. Thirteen countries reported having a specific budget allocated to the prevention and treatment of substance use disorders.
9. Six countries reported the integration of substance use interventions into universal health coverage (UHC) priority benefit packages.
10. Eleven countries reported government or public financing or compulsory or basic health insurance schemes as the most significant funding method for substance use services, followed by voluntary or private health insurance and out-of-pocket expenditures.

#### *Health sector response*

11. Thirteen countries reported that standalone treatment facilities are the main providers of treatment for substance use disorders, indicating availability of specialized/dedicated services. Thirteen countries reported that specialized treatment services are provided within mental health treatment services, eight reported availability in general health care settings (such as district hospitals or outpatient clinics) and seven indicated availability in primary health care services, including screening and brief intervention services.
12. The number of health workers, across all professional groups, available for the treatment of substance use disorders was generally less than 1 per 100 000 adult population in the countries that responded. Six countries reported having systems in place for licensing or accreditation of health professionals in the field of substance use. Psychiatrists, nurses and psychologists were reported as the most commonly available types of health professional.
13. Ten countries reported that they have adopted the United Nations Office on Drugs and Crime (UNODC)/WHO international standards for the treatment of drug use disorders.
14. Ten countries reported the availability of harm reduction interventions. Testing and counselling for infectious diseases was reported to be the most commonly available harm reduction intervention. Five countries reported that needle and syringe programmes were available, and five countries reported that low-threshold community outreach services were available.
15. Nine countries reported having at least one opioid agonist agent available for detoxification treatment, and eight countries reported having at least one opioid agonist agent available for maintenance treatment. Eleven countries reported that naloxone was registered in the country, six reported having naloxone available for take-home use (either through prescription, distribution or sale), and only three countries indicated its availability in ambulances. None of the countries reported that naloxone was available for widespread use in the community.
16. Eleven countries reported having rehabilitation programmes available for the majority of individuals entering treatment for substance use disorders. Inpatient rehabilitation services were the most commonly

offered services. Ten countries reported having outpatient rehabilitation services. Ten countries reported having education and training programmes available for people with substance use disorders.

### *Promotion and prevention*

17. Fifteen countries reported having interventions or programmes in place for the prevention of substance use and substance use disorders. Targeted multimedia campaigns and parenting skills programmes were the most frequently implemented type of prevention intervention, reported by 15 countries. Nine countries reported having specific prevention programmes and/or interventions for children, adolescents and young adults. Workplace prevention programmes were the least frequently implemented, reported by only five countries.

18. Eleven countries reported that they have adopted the UNODC/WHO international standards on drug use prevention.

### *Monitoring and surveillance*

19. Eight countries have a national system for the collection of quantitative data on service provision for the treatment of substance use disorders.

20. To facilitate data collection and monitoring, WHO has developed mental health and substance use indicators and modules for integration into the Healthy Cities initiative in 2024.

### *International cooperation*

21. Eleven countries reported that they have national centres or networks that actively collaborate with regional or international centres or networks on substance use. Treatment of substance use disorders was the most common area of collaboration, reported by nine countries.

## **Progress at country level**

22. Iraq, Jordan and Tunisia are developing standalone policies on substance use, and Egypt, Lebanon, Libya, Morocco, Syrian Arab Republic and Yemen have developed mental health policies with an integrated substance use component. Jordan is additionally developing a national mental health and substance use action plan, along with a legal framework that includes provisions for substance use disorders. Palestine is developing drug-related policies and a national drug strategy, as well as government regulations that support the diversion of substance users from the criminal justice system to the health care system. Djibouti is implementing international conventions on narcotics and psychotropic substances, including measures against illicit trafficking.

23. The integration of a mental health and substance use component in primary health care services has improved across the Region through capacity-building and training of health care workers, using WHO's Mental Health Gap Action Programme (mhGAP) suite of tools and guidance, in Afghanistan, Jordan, Libya, Pakistan, Palestine, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen. Six countries and territories (Egypt, Jordan, Morocco, Palestine, Saudi Arabia and Syrian Arab Republic) are making progress on the integration of substance use interventions into UHC priority benefit packages. Morocco is additionally including essential medicines for the treatment of substance use disorders as part of its UHC package.

24. Several countries and territories are developing systems for the licensing and accreditation of health professionals in the field of substance use disorders, including Bahrain, Egypt, Morocco, Palestine, Saudi Arabia, Sudan and Syrian Arab Republic.

25. In Afghanistan, a project was initiated to revitalize treatment and rehabilitation services for substance use disorders, funded by the European Union with WHO support.

26. The school mental health package and its linked online course<sup>3</sup> is being implemented in Bahrain, Egypt, Islamic Republic of Iran, Jordan, Pakistan, Syrian Arab Republic and United Arab Emirates.

27. An increasing number of countries are requesting WHO support in implementing and evaluating national programmes for the management of substance use disorders, including Afghanistan, Egypt, Kuwait, Lebanon, Oman and Pakistan.

## Challenges

28. Resource allocations for the prevention and treatment of substance use disorders are still inadequate in many countries of the Region; the available human and financial resources are not commensurate with needs.

29. Substance use prevention programmes, especially those targeting schools and communities, are not widespread and have not been integrated into public health strategies.

30. Individuals with substance use disorders still face high levels of stigma and discrimination, which further reduces their access to treatment.

31. Limited availability of workforce and a lack of standardized training for health care providers specializing in treatment of substance use disorders are leading to inconsistencies in the quality of service provision.

32. Gaps in coordination between the health sector, law enforcement agencies and social services are hindering efforts to address substance use as a public health issue.

33. Economic hardship and population displacement across many countries in the Region is increasing people's vulnerability to substance use disorders, particularly young people and internally displaced persons.

34. Data on substance use remain patchy and unreliable in countries of the Region, partly due to sensitivities and stigma around the issue.

35. Mechanisms are still lacking to facilitate the integration of cost-effective substance use interventions into UHC benefit packages across all delivery platforms.

## Way forward

36. While this is the final report provided under resolution EM/RC66/R.7, going forward progress in accelerating public health action on substance use will be reported as part of annual reporting on implementation of the regional strategic operational plan and the related flagship initiatives.

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<sup>3</sup> Mental health in schools training package [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<https://www.emro.who.int/mnh/publications/mental-health-in-schools-training-package.html>, accessed 8 August 2025).