



Consensus Statement from a policy dialogue on scaling up implementation of WHO's regional flagship initiative to accelerate the public health response to substance use

Abu Dhabi, United Arab Emirates,
26–28 February 2025

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We, representatives of Member States of the World Health Organization (WHO),

Having joined participants from WHO, other United Nations agencies and international governmental organizations, partners, regional and global professional organizations, civil society groups, WHO collaborating centres and academia¹ for a regional Policy Dialogue hosted by the National Rehabilitation Centre in Abu Dhabi, United Arab Emirates, from 26 to 28 February 2025,

Hereby reaffirm our commitment to achieving the objectives of WHO's flagship initiative to accelerate public health action on substance use in the Eastern Mediterranean Region, which was endorsed by the Regional Committee for the Eastern Mediterranean at its 71st session in October 2024 through [resolution EM/RC71/R.1](#).

We reaffirm our commitment, based on the principle of common and shared responsibility, to achieving Sustainable Development Goal (SDG) target 3.5, which calls on countries to “*Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*”.

We further reaffirm the commitments outlined in the 2009 [Political Declaration and Plan of Action](#) on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the [Outcome Document](#) of the Thirtieth Special Session of the General Assembly (UNGASS) on the World Drug Problem in 2016, the [Ministerial Declaration](#) from the sixty-second session of the Commission on Narcotic Drugs in 2019 and the [high-level declaration](#) by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019.

We note that all these commitments emphasize continued cooperation among Member States, the United Nations Office on Drugs and Crime (UNODC), the International Narcotics Control Board, WHO and other UN entities.

We acknowledge that, despite ongoing efforts, substance use remains a significant public health challenge with far-reaching implications for global health, security, safety and societal development. These challenges are compounded by political instability and complex

¹ The meeting included participants from the following organizations.

International governmental organizations: Africa Centres for Disease Control and Prevention (Africa CDC), European Union Drugs Agency (Observer) and the World Bank

UN organizations: UNODC, International Organization for Migration (IOM), United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Children's Fund (UNICEF).

Partners: Arab Health Promotion Network (AHPN), Eastern Mediterranean Public Health Network (EMPHNET), Eastern Mediterranean Region Youth Council, Islamic Advisory Group and International Federation of Red Cross and Red Crescent Societies (IFRC).

Professional associations: International Consortium of Universities for Drug Demand Reduction (ICUDDR), International Society of Addiction Medicine (ISAM), Network of Early Career Professionals working in the area of Addiction Medicine (NECPAM) and World Psychiatric Association (WPA): Addiction Psychiatry Section.

Civil society organizations: Association de lutte contre le Sida (ALCS), Middle East and North Africa Harm Reduction Association (MENAHRRA), Naufar Substance Use Treatment Service, SIDC, Skoun Addiction Center, Taskeen Health Initiative, Tunisian Green Crescent, Vienna NGO Committee on Drugs (VNGOC) and Vital Strategies.

WHO collaborating centres: National Rehabilitation Centre, Abu Dhabi, United Arab Emirates, and Iranian National Center for Addiction Studies, Tehran, Islamic Republic of Iran.

emergencies affecting several Member States in our Region, as well as by evolving sociocultural, political and economic factors. Stigma and discrimination against individuals with substance use disorders and criminalization of drug use further contribute to a substantial gap between those needing treatment for substance use disorders and those receiving it, which currently stands at 92.31% in the Region.

Recognizing these pressing challenges, we emphasize the urgent need to strengthen leadership of governments, public health and drug control authorities in Member States in our Region to address this critical issue through unified action, collaboration and resource mobilization for evidence-informed solutions.

We recognize the importance of fostering coordination among public, private and civil society entities working in health, social welfare, education, law enforcement and the criminal justice sectors, along with civil society more widely, to improve access to treatment and support services for populations affected by substance use and substance use disorders. This includes individuals in contact with the criminal justice sector, internally displaced persons, migrants and refugees, as well as various at-risk groups with special treatment and care needs such as individuals with comorbid mental health conditions, those living with HIV/HCV, children, adolescents, women, pregnant women, intellectually disabled/challenged people and older people.

We commit to implementing the strategic interventions identified in WHO document EM/RC71/C on [Accelerating public health action on substance use](#), and pledge to provide tailored support that considers each country's unique context to ensure a comprehensive and balanced response to substance use.

OPERATIONAL RECOMMENDATIONS FOR STRENGTHENING POLICY AND REGULATORY FRAMEWORKS FOR SUBSTANCE USE AND SUBSTANCE USE DISORDERS

1. Support the development of multisectoral and rights-based national policies, strategies, action plans and regulations¹ which promote parity of substance use disorders with other mental and physical health conditions, with dedicated resource allocation for their implementation.
2. Promote the inclusion of interventions for substance use disorders in universal health coverage service packages, to enhance accessibility and affordability on a sustainable basis.
3. Conduct a comprehensive review of regulations governing the availability of narcotic drugs and psychotropic substances, as outlined in the relevant drug conventions, focusing on restricting access for nonmedical use while ensuring adequate provision for medical and scientific purposes.
4. Advocate for alternatives to conviction and provision of comprehensive treatment services for individuals with substance use or substance use disorders who are in contact with the criminal justice system at any point across the continuum, from pretrial, through trial, conviction and release.
5. Leverage the expertise of WHO and other UN agencies who are part of the Regional Health Alliance to foster collaboration and engagement of national, regional and global stakeholders to facilitate national-level policy dialogues.

¹ Regulations could include treatment guidelines/protocols, prescription and dispensing regulations, professional licensing, accreditation mechanisms.

OPERATIONAL RECOMMENDATIONS FOR STRENGTHENING HEALTH SYSTEMS TO IMPROVE ACCESS AND AVAILABILITY OF SERVICES FOR PEOPLE WITH SUBSTANCE USE AND SUBSTANCE USE DISORDERS

1. Support implementation of the WHO/UNODC [International Standards for the Treatment of Drug Use Disorders](#) (2020) and address key determinants of drug use to support recovery and reintegration into society.
2. Strengthen health systems for provision of rights-based and person-centred prevention, harm reduction, treatment, recovery and rehabilitation services through:
 - ensuring that interventions for substance use conditions are integrated within national universal health coverage packages;
 - ensuring that essential medicines for the treatment of substance use disorders are registered and incorporated into national drug formularies, national treatment guidelines and protocols;
 - accelerating efforts to integrate a substance use component into pre and in-service teaching and training for health and social care professionals;
 - strengthening the capacities of specialized workforce through the development of postgraduate programmes in addiction medicine, in collaboration with academic institutions and national, regional and international certification and accreditation bodies;
 - scaling up community-based and low-threshold outreach, primary health care and outpatient services, as well as specialized out- and in-patient treatment and rehabilitation services.
3. Identify and strengthen regional and national centres of excellence, including by expanding and strengthening the network of WHO collaborating centres to support the development of service delivery models, innovation, implementation research, training and education programmes.
4. Integrate substance use management into national emergency preparedness, response and recovery plans.

OPERATIONAL RECOMMENDATIONS FOR ENHANCING HEALTH LITERACY AND PREVENTING SUBSTANCE USE AND SUBSTANCE USE DISORDERS

1. Facilitate the implementation of interventions identified in the WHO/UNODC [International Standards on Drug Use Prevention](#) (second updated edition, 2018) to set up integrated national prevention systems.
2. Support the development and delivery of universal, selective and indicated prevention strategies¹ across the life course and in diverse settings, contextualized to the local culture.
3. Strengthen the availability and accessibility of harm reduction services like Needle and Syringe Programmes (NSP), Take-home Naloxone Programmes, Antiretroviral Therapy (ART) and testing and counselling for infectious diseases.
4. Promote the establishment of peer support networks, self-help groups and mutual aid initiatives, leveraging existing regional and national platforms, including the Regional Coalition for Mental Health and Substance Use and the WHO Youth Council for the Eastern Mediterranean Region.
5. Counter stigma and discrimination and promote understanding and awareness through multimodal strategies, leveraging communication technologies, behavioural sciences, risk communication, community engagement and infodemic management (RCCE-IM) principles and practices, as well as existing regional and national platforms, including the Islamic Advisory Group, to deliver age-, context- and culturally relevant interventions.

¹ These strategies should encompass population-wide initiatives as well as targeted programmes for specific groups, and settings such as educational institutions, communities and workplaces.

OPERATIONAL RECOMMENDATIONS FOR STRENGTHENING MONITORING, SURVEILLANCE AND EVIDENCE GENERATION FOR SUBSTANCE USE AND SUBSTANCE USE DISORDERS

1. Support the development of national and regional observatories for collecting regular data on epidemiology (prevalence and incidence, patterns, trends), demand for treatment, service coverage, mortality and morbidity for substance use and substance use disorders.
2. Work towards an agreed, harmonized core set of indicators to be integrated into national health management information systems (HMIS), leveraging platforms such as [DHIS2](#).¹
3. Integrate the core set of targets and indicators into existing surveys including the [WHO STEPwise approach to NCD risk factor surveillance \(STEPS\)](#), the [Global School-based Student Health Survey \(GSHS\)](#), the [Service Availability and Readiness Assessment Survey \(SARA\)](#) and the [Health Resources and Services Availability Monitoring System \(HeRAMS\)](#).
4. Strengthen national capacities for data collection, analysis and reporting on substance use and substance use disorders by fostering collaboration among UN agencies, academia, civil society and professional organizations.
5. Support the development of a regional public health research agenda and research capacities for evidence generation on substance use and substance use disorders.

¹ Resources for this include but are not limited to the [Lisbon Consensus](#) of 2000 on the principles, structures and indicators necessary for effective drug information systems and the [EUDA's key epidemiological indicators](#).

