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## **MedNET<sup>1</sup>**

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### **Mediterranean network for co-operation on drugs and addictions**

## **MedNET 2020 Activity Report**

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<sup>1</sup> Web page: <https://www.coe.int/en/web/pompidou/activities/mednet>.

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## Foreword

*by Nabil BEN SALAH*

Professor Jallal TOUFIQ, when he proposed to discuss the theme of "Human Rights and drug users in the 17 countries of the MedNET network" in April 2019 on the occasion of the 25th Med NET meeting on November 19, 2019 in Strasbourg, was certainly far from imagining the occurrence and the impact of the Covid-19 pandemic and the possible consequences of such an exceptional situation on the respect of these Human Rights!

The rules governing the respect of these Human Rights among drug users in normal situations were recalled during the session dedicated to this theme on 19 November 2019:

- 1 - in terms of the "health policy" approach, drug use must be considered, rightly, as a medical condition to be taken care of by qualified health professionals;
- 2 - Treatment must be available, accessible, affordable, with best practices and based on science;
- 3 - Prevention must be based on science, facts and best practices;
- 4 - Data collection should be considered as part of the right of access to information for the community and professionals;
- 5 - Rehabilitation and social reintegration should be part of the care process;
- 6 - Access to treatment and care for specific populations must be possible: drug users in prisons, sex workers, pregnant women, migrants, refugees, the elderly, etc.;
- 7 - The right of access to treatment and care must be respected.
- 7 - Raising awareness of society as a whole and the fight against stigmatization is necessary;
- 8 - The adaptation of the law to the human rights approach, especially for minors and non-trafficking users, is necessary;
- 9 - Promote the right of drug users to create their own associations and support groups;
- 10 - Promote the right of access to treatment for all the consequences of drug use;
- 11 - Promote any strategy aimed at reducing the health, economic, social and legal consequences of drug use.

These rights, respect for which was very uneven from one country to another in normal times, because of the legislation prevailing in the society in question, the difficulties inherent in the unavailability of human resources or financial difficulties, were further constrained during the containment introduced in most countries on the occasion of the Covid-19 pandemic. These constraints relate to:

- i. the freezing of the demand for care in relation to the fear of contamination by the Corona virus when presenting to the care structures, the difficulties of moving to these structures caused by restrictive curfews, the redirection of most carers to the Covid-19 centres in over-saturation, but also by the confinement of several carers at home.

- ii. the aggravation of isolation caused by the need for physical distance, which increases the interruption of the supply of psychoactive substances, itself caused by the closure of borders and the extreme limitation of international and national sea, air and land transport;

Fortunately, the paralysis of care for drug users only lasted long enough to organise the use of virtual means of communication with these people, who were very quickly supervised and surrounded by the appropriate advice and care, to which users sometimes showed greater support, probably because of their greater discretion!

The rediscovery of virtual communication with drug users during the confinement of Covid-19 has finally allowed us to take on the Covid-19 pandemic, no longer as an additional constraint, but rather as an opportunity that has opened up many new perspectives in the care of these users, who will thus be able to send their complaints more easily and quickly and receive adapted advice or obtain better targeted appointments for consultations or hospitalisations, avoiding stigmatising circuits and benefiting from the strict respect of human rights!

All that remains for me to do is to express the hope that all the countries in the MedNET network will be able to ride the Covid19 wave to promote the humanisation and quality of care for drug users.

**Prof. Nabil BEN SALAH (TUNISIA)**  
**President of the MedNET network (year 2020)**

## Introduction: the MedNET Network

### *Pompidou Group*

The Pompidou Group provides a multi-disciplinary forum where policymakers, professionals and researchers from Greater Europe and beyond can share experiences and information on drug use and drug trafficking. Formed at the suggestion of the French President Georges Pompidou in 1971, it became a Council of Europe partial agreement in 1980. Today, in 2020, it encompasses 41 countries: 36 of the 47 member states of the Council of Europe, Mexico, Morocco and Israel, as well as the European Commission.

### *MedNET*

MedNET is the Pompidou Group's Mediterranean network for co-operation on drugs and addictions.

In 2017, it adopted a consensus document (P-PG/Med (2017) 24 E) which was approved by the Pompidou Group Permanent Correspondents. MedNET is an integral part of the Pompidou Group's work programme.

MedNET promotes co-operation, exchange and mutual transfer of knowledge between countries on both sides of the Mediterranean, while respecting human rights and gender equality.

Set up in 2006 following a feasibility study spearheaded by France and the Netherlands, the group is highly regarded and has steadily expanded, geographically and thematically, contributing to the development of effective and appropriate responses. Its terms of reference are adopted within the framework of the Pompidou Group work programme.

The network consists of seventeen countries: Algeria, Cyprus, Croatia, Egypt, France, Greece, Italy, Jordan, Lebanon, Malta, Morocco, Palestine<sup>2</sup>, Portugal, Tunisia, Turkey and since 2019 Spain and Switzerland. Of these 17 countries, 10 are also members of the Pompidou Group.

The European Commission and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) attend meetings as observers.

Since 2006, MedNET countries have worked together to initiate and conduct ambitious projects, drawing on South-South, North-South and South-North co-operation to ensure their success. The MedNET network aims to promote interaction between policy, practice and science, by enabling project implementation to be adapted to conditions in different countries.

The issue of addictive behaviours represents a major challenge for our societies and calls for a comprehensive, human-rights-based response that combines prevention, health, action against drug trafficking and law enforcement, as well as training and research. It is therefore crucial to develop dynamic co-operation, including with civil society, which reflects the commitment entered into by all members of the network.

The consensus document sets out the basic principles of this co-operation and defines common objectives. It is not intended to create legal rights or obligations for the participating countries and is based on consensus.

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<sup>2</sup>This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of Council of Europe member states on this issue.

### ***Main objectives of the co-operation***

The long-term objective of MedNET is to promote the development and delivery of coherent policies on drugs and addictive behaviours, based on scientifically validated knowledge.

Participating countries undertake to submit projects where the network's involvement will provide genuine added value. All the projects have to be designed and implemented with a special focus on human rights and due regard to gender equality issues.

### ***Priorities***

Priority is given to the following topics:

- Prevention of addictive behaviours
- Promotion of the collection of reliable, objective and comparable data and creation of or support to national observatories
- Development of well-balanced national strategies
- Social support and health care for people with addictive behaviours, risk and harm reduction
- Law enforcement and fight against drug trafficking
- Training and research

### ***Participation***

Accession to MedNET presupposes a voluntary commitment and a mutual interest. Any Mediterranean country and any other country interested in this co-operation can become a member. To join the network, the Minister responsible for drug policy sends a letter of commitment to the Pompidou Group's Executive Secretary and appoints a national representative with the authority to enter into commitments on behalf of his/her government.

### ***Chair***

The positions of Chair and Vice-Chair are held for a period of one year by a Northern Mediterranean country and a Southern Mediterranean country alternately. In order to ensure continuity in the work, the Vice-Chair is expected to take over the position of Chair the following year. Election is by consensus.

### ***Secretariat***

The Pompidou Group secretariat is responsible for the implementation of the work programme and the smooth running of the network and seeks to ensure synergy between the work of the Pompidou Group and other Council of Europe entities.

It manages the MedNET budget, made up of voluntary contributions from Pompidou Group member countries and other sources of funding (Council of Europe, European Commission, etc.).

### ***Meetings***

The Steering Committee made up of the representatives of the participating countries meets at least once a year to adopt the work programme based on projects submitted by each country, to review the implementation of on-going projects and to discuss future activities.

The EMCDDA participates in the steering committee and shares its expertise, in particular as regards data collection and analysis and support for national observatories.

In 2020, the Steering Committee met just once because of the covid-19 pandemic. Communication continued throughout the year with all members of the network, however.

***Working methods***

MedNET facilitates the recognition, dissemination and appropriation of good practices and tried-and-tested approaches in partnership with other key national and international actors working in the region. Thus, participating countries, through their representatives, share their knowledge and know-how, providing the network with scientifically validated data in all relevant fields.

Participating countries undertake to alert their competent national authorities to any activities conducted by MedNET.

The national and regional projects implemented are outlined in the annual activity report. All the work done by the MedNET network is subject to a regular and thorough evaluation.

***Funding***

Participating countries undertake to contribute to the MedNET budget, financially or by making resources available, in order to ensure project implementation.

Each project is funded in part by the requesting country, through a financial or an in-kind contribution.

## **I. Initiatives taken by MedNET countries during the COVID-19 pandemic towards the persons who use drugs (PWUDs)**

Any MEDNET countries which so wish are invited to give a summary of action taken during the COVID-19 pandemic.

For the PG countries, the following contributions texts were given during the PG Permanent Correspondents meeting of June 2020.

### **A. CROATIA**

#### **The Office for Combating Drugs Abuse Government of the Republic of Croatia**

As we all know, since the start of 2020, European countries have been experiencing a unique public health threat with the emergence of the coronavirus disease (COVID-19). In response to the COVID-19 pandemic, European countries have implemented a range of measures to reduce the spread of the virus among their general populations. People who use drugs have the same risk of infection with COVID-19 as the general population, but they also face additional risks and vulnerabilities.

In the Republic of Croatia, intervention conducted by health institutions during COVID-19 crisis in general refer to the less health examinations with preventive measure for the transmission of COVID-19 (physical arrived with masks, disinfectant, visor technician, protective suit and if available “the room with the glass”).

Most of the services remained still in function, although there were some limitations. They tried to change some things in the area of counselling and psychosocial support which were provided by phone or on-line. Croatian Psychiatric Association issued guidelines for practitioners about how to deal with the COVID 19 situation in providing services to clients. More liberal approach to the opioid substitution therapy was also proposed. Upon agreement between Services for mental health and prevention of addiction and General Practitioners (GPs) prescription of regular OST without control visits of the clients by Service during COVID-19 crisis was allowed.

Services had to be innovative and adapt very rapidly in response to the new and fast-changing landscape in the wake of the COVID-19 pandemic. Services, GPs and clients had online communication or by the phone. Harm reducing interventions related to blood transmitted diseases (consulting, motivation for treatment) were available by phone and online.

Cooperation between health institutions and non-governmental organizations was online. Interventions carried out by NGOs and the Croatian Red Cross related to outreach work were provided but in a lower extent (staff had gloves and masks; distributions of cotton masks to users). Drop-in centers were mostly closed but in some NGOs stayed available only over the window. Anonymous and free counseling and testing regarding infectious diseases were not available and users were referred to physicians in mental health services and to GPs. Counselling and psychosocial support were available only by phone or online. Supply and distribution of injection kit were available but in much lower extent (over the window, there was no gathering indoors/in closed spaces) and users had taken more equipment than usual. Interventions in the prison system related to the COVID-19 crises included a ban on visiting prisoners and all treatment activities were minimized to protect the health of prisoners and staff.



Follow up steps for the period after the COVID 19 crisis are in communication with the health and law enforcement national partners. One of the consequence is that price of drugs increases week by week due to problems with supplies.

## **B. CYPRUS**

### **Cyprus National Addictions Authority**

In general treatment demand remained quite low during the Covid-19 restriction period. However, access to a low threshold and harm reduction centre in the city centre was stable, while there was a small number of new clients. Service users visited the centre more often, and while before the crisis service users would visit twice or three times a week, during the restrictions they would visit daily both in the mornings and again in the afternoon. The mainly faced issues as regards to food supplies and the centre with the help of the Municipality offered free daily food supplies, along with Covid- 19 guidelines and disposable gloves and masks for their health and safety. Service users were offered naloxone training and were provided with take-home naloxone. In addition, the support and information hotline received more phone calls than usual.

### **Drug Harm Reduction and Drop –in Centre “TARGET”**

“TARGET” Drug Harm Reduction and Drop–in Centre, is an innovative cooperation of the Nursing Services Ministry of Health and the Cyprus Anti-Drug Association in the context of Public Health provision and the broader strategy to support capacity building for volunteering and Non-Governmental Organisations, a strategy of the Ministry of Health that resides under Good Governance Policy.

Initiated in October 2013 its actions aim to fill a significant gap in the range of services offered for the treatment of Drug Addiction. It is the only “direct access” (Drop-in) and harm reduction program in Cyprus and is approved by the National Drug Addiction Authority. It contributes to a multidimensional field in Drug Addiction ranging from measures to protect vulnerable populations with difficulties in accessing health services to measures of broader beneficial public health interventions to society as a whole. By "direct access" we mean a free access center or services that anyone can access for free, without any pre-arranged appointments and registration procedures. By "harm reduction" we mean a set of measures and interventions whose main purpose is to reduce the abuse of substances linked to personal and social harm.

Telephone numbers 22460077 Hotline Services 1402

"TARGET" center is active with the following Public Health interventions:

- Day care Services / interventions
- HIV/Hepatitis Rapid Testing
- Syringe exchange services /operation of vending machine.
- Indicative High Risk Area Interventions/ "Street Work"
- Mobile Harm Reduction Unit
- Harm reduction program for cannabis use
- Interventions to immigrant populations

- Hotline Services 1402

Moreover, a range of actions were implemented to ensure health and safety for both substance users and professionals:

- **Professionals** working at drug and alcohol treatment centres were all **tested for Covid-19**. Testing was carried out by the government free of charge.

Approximately 40% of professionals of a non-governmental service that offers treatment across the country were able to be tested for COVID-19 for free, while 75% of the staff tested were identified as vulnerable groups and hence were working from home offering online support. All test results were negative for COVID-19. (No photos/videos available).

- **NAAC delivered a media campaign, through a video spot that was aired on national tv as well as social media** for the prevention of substance use during the restrictions and the promotion of healthier and creative activities.

During the lockdown due to the COVID-19 pandemic, the National Addictions Authority took the initiative to create a preventive TV and radio spot related to COVID-19 and the consumption of addictive substances including tobacco and alcohol.

The spot is indicating the emotions of fear, insecurity, and stress that most of the people were feeling during the confinement. Possible solutions are proposed in order to avoid the consumption of tobacco, alcohol and addictive substances and stay safe and healthy. It is also pointing out that no one is alone, we have each other and through gardening, gymnastics, dancing, drawing, and singing we can find solutions to these negative feelings. At the end of the spot the film is promoting the addictions help line 1402 if someone faces problems with addictions or needs guidance.

The video spot with English subtitles is also available at the following link <https://we.tl/t-0YtoGHtW1g>

- An assessment was carried out for the changes that were in place in treatment centres during the restrictions.
- Guidelines for the Covid-19 restriction period were issued for the professionals of treatment services as well as for substance users.
- A wastewater analysis was carried out during the restriction measures and another one was planned for after.
- Official documents for easy access to covid-19 testing were issued for substance users wishing to enter treatment.

The Ministry of Health issued guidelines for covid-19 testing of different vulnerable groups, urging treatment services to inform individuals seeking treatment to contact their Personal Doctor/ Psychiatrist for a referral letter to prioritize testing to enter treatment. A procedure was set in place for referrals to be sent to a specific fax number at the Ministry of Health, the Public Health Medical Centres would plan for the testing within a period of two days and inform the individuals about their testing appointment. Finally, the results were sent to the Psychiatrist to inform their patients enabling them to start treatment.

Besides substance dependent individuals seeking treatment, vulnerable groups include cancer sufferers, patients due for surgery, pregnant women before labor, elderly before entering assisted homes, victims of domestic violence before entering a shelter, family members of

people treated in critical conditions before visiting them at crisis hospital units and women victims of trafficking.

- Vouchers for groceries were also available for substance users at harm reduction services and social reintegration programs.
- Naloxone was disseminated to treatment centres.

Take home naloxone is available in Cyprus since 2019 through the harm reduction and opioid substitution programmes. However, since the procedure to acquire naloxone was a bit complicated (patients with a prescription had to visit the state general hospital's pharmacy), it was not widely disseminated. During the covid- 19 period, NAAC has sent a request to the Minister of Health, which was approved, in order to supply all treatment centres with naloxone and the possibility to give it out to patients without a prescription. However, a record with the names (and other information) of the people receiving naloxone must be kept by the treatment centres. This will be in place during the pandemic period only.

NAAC have also requested that naloxone becomes an over the counter medicine in order to have better access by the people in need.

### C. EGYPT

#### **General Secretariat of Mental Health and Addiction Treatment (GSMHAT) Plan for SUD in Covid-19 Pandemic**

The General Secretariat of Mental Health and Addiction Treatment (GSMHAT) following the Ministry of Health and Population in Egypt took serious steps for combating transmission threats in its nineteen hospitals, also promoting mental and psychosocial support among different segments of the population, as patients suffering from addiction, people in contact with them ,elderly, children bearers, people in quarantine either patients or healthcare providers.

**On the level of the general population:** Series of awareness video messages has been published online delivered by psychiatric professionals; also, the hotline service launched since 2015 has been expanded in March 2020, to offer psycho-social support for public and patients 24/7.

#### **Regarding patients with SUD the Protocol implemented by the GSMHAT includes:**

- **For the outpatient clinics.** The doctors are keeping physical distance and other prerequisites with patients, medications prescribed are covering 1-month period,
- **For inpatients.** The capacity for admission was reduced to 50% though new admission is only for severe cases and patients with dual diagnosis, patients in the rehabilitation units were divided into groups of maximum 10 individuals, so that group therapy sessions are conducted without overcrowding.
- **For Recovered patients in aftercare program.** A YouTube channel was created with uploaded psycho-educational videos addressing relapse prevention skills and information.

#### **GSLHAT upcoming plans:**

- Deliver medications to patients via our community unit.
- Online service via zoom application and
- WhatsApp number receiving any consultation.

#### **Link and contacts:**

YouTube channel : <https://www.youtube.com/channel/UCc3we0zu2wXbGZONB3SI8sA>

Video 1 : <https://www.facebook.com/GSMHAT/videos/2660052997557562/>

Video 2 : <https://www.facebook.com/GSMHAT/videos/2659515280944667/>  
Facebook page of GSMHAT: <https://www.facebook.com/GSMHAT>  
Email: [extaffairs@gsmhat.gov.eg](mailto:extaffairs@gsmhat.gov.eg)  
Hotline for psycho-social support in Egypt: 08008880700 ou 0220816831

## **D. GREECE**

### **National Drug Coordinator of Greece, General Secretariat of the Prime Minister**

Measures taken in Greece by the network of services for drug addiction prevention, harm reduction, treatment and social re-integration during the COVID-19 pandemic.

Overall Greece has so far managed well and contained the risk of the pandemic with the introduction of public health measures, including lock down and social distancing measures. Both the early introduction of those measures and the high compliance of people led to the current situation where Greece is opening the borders to international travel with conditions.

During the period March-May 2020 all services showed flexibility and ability to adapt and innovate. Major efforts to resist any tendencies for further stigmatisation or marginalisation of this vulnerable group were made with good results. At any stages public health guidelines were followed strictly. As far as I know, from anecdotal reporting, there was only 1 case of COVID-19 (service user). No cases of staff were reported.

As Greece exiting the first wave, service provision returns gradually to normality.

We are now collecting the experience of front line staff and service users, for a more systematic evaluation of our response, preparation for a future risk as well as systematic implementation of successful innovations.

More detailed report follows:

#### **Prevention:**

Provision of information and advice for the safe management of the risks.

Local initiatives for alternative activities to provide daily structure to young people and families such as photography and other competitions etc).

Creation of list of online cultural events

Provision of family or individual interventions where indicated virtually.

#### **Harm reduction:**

Street work was initially paused and harm reduction services were provided from two central locations attached to day centres. Full service has resumed in April. Enhanced collaboration between all public providers and NGOs.

In response to legislation municipalities of Athens and Thessaloniki in collaboration with service providers opened for the first time, two hostels for homeless people using drugs (1 in Athens and 1 Thessaloniki). A major positive step that hopefully will be continued and developed further beyond the pandemic. Immediate access to opioid substitution service to support those people entering the hostels.

**Opioid substitution Treatment**

Extension of the take-home scheme and observation of social distancing measures. Maintenance of all distribution points.

**Community psycho-social interventions and day centres**

Initial pause of Family support schemes and Education facilities including special schools are now re-instated gradually following the relevant national guidelines.

Provision of social activities and social use of day centres were stopped. Group work of all kind was stopped. There are plans for gradual return to normal provision of services with strict observation of the public health rules for management of the pandemic.

Individual counselling or other therapeutic interventions were replaced (with limited exceptions) by telephone or virtual sessions.

**Social re-integration, rehabilitation services and in- patient detoxification services**

Early pause of admissions was reversed with gradual re-instatement of reduced rate of planned admissions, in order for the facilities to adapt to public health new regulations. i.e. provision of single rooms, isolation of new admissions for 2 weeks with relevant adaptation of the treatment programmes

**E. LEBANON****Head of Department of Psychiatry, Lebanese University, Co-Founder of Skoun, Lebanese Addictions Centre**

The general lockdown period for the Covid-19 pandemic began on 16 March 2020. The drug treatment centres, and the Ministry of Health reacted quickly to maintain continuity of treatment for patients in the most appropriate conditions.

Most of the treatment centres were able to provide the following measures:

- Distancing measures within the centres;
- Compliance with protective measures for people working in the centres and for patients (wearing masks, washing hands/alcoholic gels);
- Continuity of online psychotherapy and psycho-social follow-up sessions;
- Hotline for people with urgent requests who cannot travel;
- Scientific information on sites related to Covid-19, including the harm of substance use on the prognosis of Covid-19.

The Ministry of Health has relaxed measures for patients receiving opiate agonist treatment, giving doses more easily for longer periods of time to allow them to move around as little as possible. In addition, the Ministry of Health, with the assistance of WHO and UNICEF, has established an action plan on all aspects of mental health in response to the Covid-19 pandemic.

**F. PORTUGAL****General Directorate for Intervention on Addictive Behaviours and Dependencies****National situation:**

**Drug use/drug service providers:**

- Drug treatment and harm reduction services remain open with some adaptations to the current situation, following the recommendations of the Portuguese Ministry of Health and international recommendations to avoid transmission and identify infected people;
- There was a slight decrease in seeking drug treatment services since COVID-19 containment measures were introduced, namely in outpatient counselling and psychosocial treatment and drug treatment in hospital-based residential settings;
- There was a reduction in face-to-face clinical activity, as a preventive measure to avoid the transmission of COVID-19. Nevertheless, face to face treatment activities whilst reduced, were not totally suppressed: urgent or very urgent clinical situations or admissions continued to be received by Treatment Teams.
- Outpatient counselling and psychosocial treatment and Drug treatment in hospital-based residential settings have significantly reduced their traditional operations due to the COVID-19;
- Therapeutic Communities continue to operate, nevertheless admission processes are taking place at a slower pace, taking into account the need for protective measures to avoid COVID infection;
- There was a strong increase in seeking harm reduction services since containment measures were introduced and there was an extra financial support from the State to harm reduction programmes;
- Some harm reduction services have been discontinued or reduced their traditional operations, such as drop-in centres and drug checking. Still operating: needle and syringe exchange programmes; shelters, drug consumption rooms; mobile units; outreach services.
- There was an extra financial support from the State to harm reduction programmes;
- There was an increase in the number of heroin users seeking for low threshold OST. OST in Portugal is free and OST programs remain available, most clients are still able to receive or to initiate OST as before;
- Distribution of naloxone was enlarged to avoid the increase of overdoses.

**Market situation:**

- Harm reduction teams expressed the perception that the containment measures led to a decrease of availability of drugs in the market as well as poor quality and an increase in the prices;
- The closure of land borders, the decrease in flights and tight control of air traffic had a visible effect of the decrease in seizures and arrests for the practice of the crime of drug trafficking. All the containment measures lead to a decrease of drugs in the domestic market and limit the ways available to criminal organizations to introduce drugs in to the national territory. For that reason, it is likely that there will be a change in the means of introducing drugs into the national territory and most probably an increase in the use of the sea transportation to introduce drugs.

**Measures to address the situation:**

- Regulations for OST take home dosages were adjusted, allowing an increase in take home dosages, always depending on clinical evaluation of the client. If the patient has an OST indication, the admission procedures are more expedite. Follow-up of patients is mainly done by phone;
- Increase of non-face-to-face clinical activity, carrying out appointments via telephone and internet;
- The attending hours of our Help Line was also enlarged with more staff allocated;
- Specific recommendations were issued for the care of drug users in Therapeutic Communities;
- Guidelines for Intervention with Citizens in Alcohol-Disturbed Homelessness situation;
- In the context of a prevention programme that exists since 2007 we created a new story, freely accessible, which addresses the confinement situation and the risks associated with addictive behaviours. This story can serve as a basis for a family gam session, a virtual class on the topic or even for online psychological support. We shared this in the Platform Save Lives – Protect People;

- We launched 3 online surveys: one on alcohol and medicines; other on internet and video games and a third on the use of cannabis. The study aims to understand if there have been changes in this addictive behaviours, "before and after COVID19", and if so to understand "the reasons behind this change of behaviours". We will have the results of these surveys very soon.

- Last but not least, a section on COVID-19 was created in our website and is updated regularly. Main challenges and barriers for drug treatment and harm reduction providers on the ground in providing services in the community to drug users in need since the start of COVID-19:

- Keep the professionals of the treatment teams healthy (without infection);
- Maintaining the relationship with the patients;
- New risk behaviours associated to drug use in specific subgroups of people who use drugs: Sharing paraphernalia, not only for injecting but also for smoking;
- Ensure methadone delivery at home, in particular to people who are quarantined or those who find themselves deprived of public transport;
- Increase in homeless people due to the emergence of life situations, such as unemployment due to reduced economic activity or prisoners released without any support network;
- Lack of responses to the most vulnerable populations (homeless people, prisoners who were released as a response to COVID - 19, etc.) outside the City of Lisbon;
- Available illicit substances (due to scarcity on the market) have been adulterated with other substances that cause side effects (e.g. increased aggressive behaviour);
- Increase in petty crime associated with shortages of substances on the market, as well as behavioural reactions of aggressiveness.

## **G. TUNISIA**

### **National Technical Committee for the Control of Addictions and Addictive Behaviours**

The general containment period for the Covid-19 pandemic began on March 18, 2020. And, from the first week of April 2020, an observation, more and more shared throughout the country, reaches the Ministry of Health reporting the important decrease in the number of consultants followed over the long term for non-communicable diseases and, paradoxically, the important increase in the number of patients in this category who present themselves in a state of serious emergency! The reasons being related to containment: difficulty or impossibility of travel and great apprehension to go to a hospital where one is at risk of contamination. A commission was therefore immediately set up at the Ministry of Health to produce a summary note calling for the strengthening of essential care for this category of patients, which includes drug users. Ministerial Circular No. 23 of 24 April 2020 will subsequently formalize this measure. The recognition of drug use as a chronic disease requiring continuity of essential care is, for the first time, explicit!

It is, however, true that the few addictology consultations present in the field quickly reacted by calling back by telephone those patients who had missed their appointments, and the rhythm normalised fairly quickly. The only centre for the rehabilitation and social reintegration of drug users located in the Greater Tunis area reopened its doors in early June 2020 after a closure of about 2 months, which was motivated by the protection of residents from the risk of contamination by the Corona virus coming from a hotel, located in the same health complex, requisitioned to house Covid-19 suspects returning from countries with a high level of contagion.

On another level, the Tunisian Society of Addictology (Stadd) had to carry out a media campaign and send a statement to the authorities, on the occasion of an epidemic of acute intoxications by adulterated alcohol concomitant with the Eid el fitr festival (24-25 May 2020) which affected about 60 people and led to about 39 hospitalizations, 3 blindness and 9 deaths.

This campaign highlighted the impact of confinement on the supply of alcoholic beverages in certain regions, leading alcohol users to seek alternatives to combat withdrawal syndrome and the need for health awareness of addictions to avoid such tragedies.

It is in this context that an order of the Minister of Health established the technical committee to combat drug addiction and addictive behaviour, dated 3 June 2020.

The first action of this committee will be to examine the draft national strategy for the prevention, reduction of risks and care of addictions which emerged from a seminar held in July 2019 organized by UNODC, the Ministry of Justice and the Ministry of Health.

## **H. SWITZERLAND**

### **Federal Office of Public Health**

#### **Prescription of diacetylmorphine during the COVID-19 crisis in Switzerland (by Dr. Catherine Ritter, Head of Narcotics Law Implementation, Federal Office of Public Health)**

The diacetylmorphine prescription program has been in use in Switzerland for 25 years. The work of the Federal Office of Public Health (FOPH) consists of ensuring access to the treatment needed by people dependent on opioids, while at the same time ensuring that the legal framework (Narcotics Law 812.121 LStup; (Ordinance on Addiction to Narcotics (OASup) 812.121.6) which strictly defines the conditions of access and a number of aspects related to the delivery of diacetylmorphine (Diaphin®) treatment are respected. General information on this treatment can be found on the FOPH website.

During the COVID-19 crisis of 2020, in response to requests and information from treatment center managers at the beginning of March 2020, two areas were planned for addicted people:

#### **1) With diacetylmorphine prescription treatment**

On March 13, 2020, a letter (attached to this text) was sent to processing center managers to propose pragmatic solutions aimed at :

- Decrease the passage of dependent persons to the treatment center (two to three passages per day are mandatory) and consequently that these vulnerable persons do not travel on public transport.
- Protect the staff and the family and friends of addicted people.
- To compensate for a possible lack of staff during the crisis.

In addition to the home delivery of treatment, doctors could also offer dependent people the take-home delivery of the diacetylmorphine treatment for a maximum of 7 days (instead of the two usually provided for by the legal framework). This was subject to an exceptional authorization by the Federal Office for Public Health (in accordance with Art. 8, para. 5 of the Swiss Federal Law on Public Health). More than a third of the addicted persons (out of a total of 1700 in 22 treatment centres) benefited from this last measure.

These temporary adjustments have gone smoothly. In particular, no incidents were reported. Some treatment centres are conducting detailed studies on the extended take-out of treatment. The FOPH is also examining it in the context of a situation analysis of the diacetylmorphine



prescription treatment that has just begun (external mandate, report expected second quarter 2021).

## **2) Without prescription treatment of diacetylmorphine**

When the indication for prescription treatment with diacetylmorphine was raised, the cantonal health authorities and the FOPH gave high priority to speeding up the administrative processing of applications for authorisation. This reduced the time required to access treatment (start of the administrative application on the same day or even the next day, instead of the usual three days).

## II. Country-specific activities

All the MedNET countries participate in the MedNET steering committees. In 2020, due to the pandemic, only one meeting was held, on 19 November as visioconference.

- **Algeria**

In 2019, the National Office for the Fight against Drug Abuse and Drug Addiction did not suggest any activities for 2020. In 2019, Algeria participated in MedSPAD committee.

- **Croatia**

Participates in the MedSPAD committee and in the MedNET steering committee

- **Cyprus**

Participates in the MedSPAD committee and in the MedNET steering committee. Was ready to host a study visit but could not do it because of the sanitary situation in 2020.

- **Egypt**

Participates in the MedSPAD committee and in the MedNET steering committee. In 2020, Egypt continued on-going projects and started new ones

- 2019-2020 projects

- 1. Development of a community-based model of care for substance abuse**

Project objectives: To develop a model of care and training curriculum for community-based services for substance abuse. The available programmes were reviewed.

Status of the project:

**Task 1a:** Review of available program: 9 experts in the addiction and general psychiatry field (project coordinator, 4 members of the internal team and 4 experts) met bimonthly over 3 months to review the programs all over the European countries that provide training programs for models of care working in the treatment of addiction, specifically on a community and outreach base. Screening on most EU countries for programs for community-based services for addiction treatment (Spain, Italy, Greece, France, Germany, Czech Republic and Cyprus) and more detailed screening in Czech Republic and Italy. Therefore, the study visit was recommended to be held in Czech Republic.

A study visit to the Czech Republic which was due to take place from 28 October to 1 November 2019 was initially postponed until 2020 and is now expected to take place in 2021.

- 2. Development of a specific model of care for juveniles with substance abuse problems in correctional facilities**

Project objectives: To develop an evidence-based, well-structured model of care and detoxification programme for juveniles with substance abuse problems in correctional facilities.

Status of the project:

**Task 1a:** Review of available program: Through few individual meetings followed by 3 group meeting over 3 months to review the available programs worldwide that provides well-

structured model of care and rehabilitation program for juveniles with substance use problems in corrective facilities and also review child law in corresponding countries.

A team of 5 psychiatrists had visited Spain (Madrid) from 13<sup>th</sup> of October till 19<sup>th</sup> of October 2019 in order to get oriented about the international program.

### **Task 2. Formulating of model of care**

The internal team headed by Project coordinator formulated all aspect of the training curriculum. The draft described the timeframe, the requirement of the applicant. The draft program was based on the expert discussion in the Task 1.

### **Task 3. Review the proposed plan**

The internal team disseminated the program to experts & stakeholder.

## **3. *Development of model of care for patients with dual diagnosis***

Project objectives: To develop a comprehensive service for dual diagnosis patients within the mental hospital of GSMHAT through a training course on a specific model of care.

### Status of the project:

Project Coordinator with the help of the 4 team members met bimonthly over 3 months to review the available programs all over the European countries that provide a specific model of care for the dual diagnosis patients.

The search revealed that there is no well identified model of care for dual diagnosis. Difficulties arise when it comes to determining and implementing the most effective interventions for the treatment of dual diagnosis.

Project Coordinators with the help of the other 4 internal team members decided that the countries employ the best treatment facilities for dual diagnosis are Ireland, Italy and Finland. A study visit to Italy which was due to take place in June 2020 and is now expected to take place in 2021.

## **4. *MedSPAD national survey***

Egypt has undertaken all the necessary preparations for launching the country's first nationwide MedSPAD survey following a local MedSPAD survey in 2015. The project coordinator of the survey attended the meetings of the international MedSPAD working group. The survey plan and questionnaire based on the new methodology and 2020 questionnaire are ready for the survey launch in the autumn, public health situation permitting.

Project objectives: The aim of the proposed 2nd (MedSPAD) project (2020) is to detect the prevalence of Tobacco, Alcohol and Other Drugs use and internet gaming addiction in an extended study sample to cover all the 27 Egyptian governorates, and include all types of schools (primary, preparatory and secondary schools: governmental as well as private schools).

### Status of the project:

A number of meetings were held between the project coordinator and national and international stakeholders, Finalization of the project plan, Translation and back translation of the new MedSPAD questionnaire and the Delivery of the final project plan and the translated questionnaire took place.

In the light of the current situation (COVID-19 outbreak) and the current school examinations, Training of the project teams (GSMHAT contribution), is planned to take place before the rest of scheduled project activities in the next few months.

### **5. Development of addiction emergency and intermediate care services program.**

#### Project Objectives:

- Capacity building of psychiatrists on Addiction intermediate care services and other general healthcare providers on emergency situation in substance use disorders (SUD) to provide the proper levels of observations and medication prescription.
- Raising public awareness on emergency situation in patients of SUD.

#### Status of the project:

The project contract signature was planned to take place in 2020 and is now expected to take place in 2021.

- **France**

Participates in the MedSPAD committee, in the MedNET steering committee and is the main donor to MedNET. Was ready to host a study visit but the pandemic situation prevented it.

- **Greece**

Participates in the MedSPAD committee, in the MedNET steering committee. Was ready to host a study visit but the pandemic situation prevented it.

- **Italy**

Participates in the MedSPAD committee and the CNR is now the MedSPAD consultant. Italy is the second donor for MedNET and participates in the MedNET steering committee. Was ready to host a study visit but the pandemic situation prevented it.

- **Jordan**

Participates in the MedNET steering committee. The training workshop and study visit on prevention have been postponed until 2021.

- **Lebanon**

Participates in the MedSPAD committee and participates in the MedNET steering committee. In Lebanon, there are two types of projects: those already under way since 2019 and new projects started in 2020.

#### **2019 project:**

- **Connecting youth for drug awareness in schools**

Lebanon completed its project and submitted its report on this project which appears in the list of MedNET publications <sup>3</sup>.

- **Implementation of the drug law**

This project was to have ended in June 2020 but will have to be extended by a year.

- **Needs of women with substance use disorders**

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<sup>3</sup> <https://www.coe.int/fr/web/pompidou/activities/mednet/documents-and-publications>

This project started in 2019 is in line with one of the strategic objectives of the “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021” and with international and national concerns about the specific needs of women.

It follows a qualitative approach: focus group discussions and in-depth interviews. The recommendations are to increase funding for women-specific substance use services, expand treatment centres to improve access and reduce stigma and discrimination, work on properly framing substance use disorder as a health condition, encourage self-support groups support the development of policies related to child custody of women with substance use disorders receiving any type of service, include a gender-based violence (GBV) sensitive approach when working with women with substance use disorder, increase outreach to vulnerable and stigmatised women and ensure that they are referred to the appropriate services and, lastly, include partners and families in the treatment programmes.

A study visit to France originally scheduled for the spring 2020 has been postponed until spring 2021.

### **2020 projects:**

The survey plan and the questionnaire based on the new methodology and 2020 questionnaire are ready for the survey launch in the autumn, public health situation permitting. The person in charge of the MedSPAD survey in Lebanon attended meetings of the international MedSPAD working group.

- **Morocco**

- 1) ***National guide and e-learning module for the reinforcement of capacity of civil societies in psychoactive substance use prevention interventions adapted to the Moroccan context***

Publication of the guide and e-learning module has been postponed until December 2020.

- 2) ***“Réseau Maroc Addicto Remad”, the first network of practitioners working in the addiction field***

Set up at an initial meeting on 17 September 2019, the network was due to meet in June 2020 but will instead now meet in the autumn 2020.

- 3) ***Addictology Diploma awarded by the Rabat Faculty of Medicine***

Under this scheme set up in 2009 with the Ministry of Education, and the Ministry of Health with support from MedNET, more than 90 grants have been awarded over the years to recipients selected by the Ministry of Health from among psychiatry students, psychiatrists, clinical psychologists, general practitioners working in the health and prison sectors. The 2019-2020 intake (first year) marks the 7<sup>th</sup> year of the scheme's operation, with 15 students funded by MedNET.

Graduates of the course will go on to work in addiction prevention and treatment centres all over the country.

- 4) ***Addictology diploma, Casablanca***

The 2019-2020 intake (first year) marks the 5<sup>th</sup> year of this diploma, with 15 students funded by MedNET. The classes now take place at the *Institut marocain de thérapie cognitive et comportementale*.

- 5) ***Addictology diploma, Marrakech***

A new diploma was launched at the Marrakech Faculty of Medicine for 15 students in 2019-2020.

For the 2019-2020 academic year, all three university diplomas in addictology introduced a specific module on the “gender dimension of drug use”, dedicated to prevention and treatment for women drug users.

#### **6) MedSPAD IV**

Morocco has undertaken all the necessary preparations for launching the fourth MedSPAD survey at national level. The person in charge of the survey attended meetings of the international MedSPAD working group. The survey plan and questionnaire based on the new methodology and the 2020 questionnaire will be launched in spring 2021 due to Covid-19 situation.

- **Malta**

Participates in the MedSPAD committee and in MedNET steering Committee.

- **Palestine<sup>4</sup>**

Participates in the MedNET steering committee.

#### ***Training sessions on addictology and prevention :***

These sessions with international speakers which were to take place during a training seminar in Palestine\* had to be cancelled because of the pandemic and are now expected to take place in 2021 or 2022.

- **Portugal**

Participates in the MedSPAD committee and in the MedNET committee. Portugal is the organizer of Lisbon Addictions . The third European Conference on Addictive Behaviours and Dependencies - Lisbon Addictions 2019 took place from 23 to 25 October 2019, in Lisbon under the overarching theme “ the future of addictions: new frontiers for policy, practice and science”. The conference showcased cutting-edge research to help characterise, understand and respond to addiction and addictive behaviours. The event also provided a unique networking opportunity for researchers, practitioners and policy experts across countries and disciplines. SICAD offered the registration fees for 14 MedNET country representatives.

Due to the current COVID-19 pandemic context and for the safety of all, the 2021 Conference was rescheduled to 23-25 November 2022.

- **Spain**

Spain hosted study visits within the framework of MedNET in 2017, 2018 and 2019. In June 2019, Spain officially acceded to MedNET and joined the MedSPAD committee and has been attending meetings of the MedNET steering committee ever since.

- **Switzerland**

Switzerland joined MedNET in 2018 and attends meetings of the MedNET steering committee.

- **Tunisia**

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<sup>4</sup> This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of Council of Europe member states on this issue.

Participates in the MedSPAD committee and in the MedNET steering committee and has been chairing the MedNET steering committee in 2020.

Several projects were conducted over the period 2019-2020:

**1) *Analysis of wastewater to determine the level of illicit drug consumption in Tunisia***

The objective is to develop a method of wastewater analysis to determine the level of illicit drug consumption in Tunisia. To this end, two training courses were held in a laboratory in Reims, France, in late 2019. The other course has yet to take place.

The skills acquired during these internships will be used to develop methods of chemical analysis by liquid chromatography coupled with LC/MS/MS tandem mass spectrometry for the quantification of residues of illicit drugs and their metabolites in wastewater influents in order to assess and monitor drug consumption in the population covered by the wastewater plants involved in the study.

**2) *Addictology diploma awarded by Tunis Faculty of Medicine***

Introduced in 2011, the course is intended for general practitioners, doctors working in schools, universities and prisons, psychiatry students, psychiatrists working in the private and public sectors, clinical psychologists and psychologists working in NGOs.

The courses, organized in monthly seminars, have been entirely made up for the 2019-2020 academic year

**3) *Training in addictology for trainers and medical staff at Sfax University***

This training provided at the Faculty of Medicine in Sfax enabled 80 people to acquire skills in addictology for the prevention, screening and management of addictions. The seminars took place from 24 to 26 October 2019 and from 5 to 6 December 2019. They were attended by students from the University of Sfax but also by general practitioners working in public health, school doctors, nurses, nutritionists, midwives and supervisors of primary health care centres operating on the frontline. The seminars were open to participants from southern Tunisia.

**4) *MedSPAD III***

Together with Egypt, Lebanon and Morocco, Tunisia attended meetings of the international MedSPAD working group to prepare the launch of MedSPAD III in the spring 2021

- **Turkey**

Used to participate in the MedSPAD Committee and in the MedNET steering committee.

### III. MedSPAD

Published in 2019, MedSPAD's third regional report follows up on the work outlined in the 2017 report and provides an insight into the perceived availability, early onset and prevalence of substance use among adolescents and its socio-economic and policy context in the Mediterranean region.

In this third report, thirteen countries provided the raw data from their national surveys: Algeria, Croatia, Cyprus, Egypt, France, Greece, Israel, Italy, Malta, Morocco, Portugal, Spain and Tunisia.

Its publication was welcomed by the MedSPAD committee and the MedNET steering committee. The report can be found at: <https://www.coe.int/fr/web/pompidou/mednet/medspad>  
In line with the work proposal adopted by the MedNET committee, over the period 2020-2021 MedSPAD is continuing its activities with a view to harmonising methodologies and facilitating comparison between countries.

The funding for MedSPAD's activities come from two sources: MedNET and the South Programme IV (a joint EU/Council of Europe initiative).

MedSPAD's consultants share their scientific and technical expertise with four Mediterranean countries (Egypt, Lebanon, Morocco and Tunisia) which are launching a new MedSPAD survey in 2020-2021. They have been tasked with producing the 2021 MedSPAD regional report and a scientific article.

In 2020, 4 national surveys – in Egypt (at national level), in Morocco with MedSPAD IV, in Lebanon with MedSPAD II and in Tunisia with MedSPAD III – were prepared at two meetings of the working group: in Paris on 18 February and via a video conference on 9 June. The MedSPAD questionnaire has been revised and now contains a Covid-19 module designed to gauge any impact Covid-19 might have on pupils' attitudes.

The MedSPAD committee held a video conference on 11 April, in which 11 countries took part. This was the first PG meeting to be held in this format due to the pandemic and the discussions proved fruitful.



## IV. MedNET and participation in Pompidou Group activities

### ***Executive Training Module I - 28-31 January 2020 – Oslo, Norway***

Participation in Module I: Morocco; Egypt.

Participants:

Professionals with managerial responsibilities from all sectors of drug policy engaged in social, health and law-enforcement sectors, staff from governmental or public institutions responsible for drug policies, related programmes, service delivery and cooperation with stakeholders. Members of civil society organisations working in various sectors related to drugs, addictions and drug policies.

Objective:

While concepts and manuals have been developed to consider factors that can protect young people from drug use and have provided guidance for comprehensive prevention programmes, in practice it is often difficult to put these into realisation. This suggests that while we know what we should do, we struggle with how to do it. Being a highly interactive learning platform, The Executive Training focuses on 'how to do it' and provide insights and guidance on how to make comprehensive prevention programmes work.

Outcome:

The overall aim of the Executive Training is to link policy, research and practice in support of drug policy management. The main objective is to provide knowledge and build capacities for more effective implementation, management and evaluation of coherent drug policies and related programmes.

### ***Drug Related Challenges for Migrants, Refugees and Internally Displaced Persons***

Following the 2017-2018 two PG international seminars for professionals working in different fields from CoE member states, Middle East and North Africa and other European and International organisations, the Drug Related Challenges for Migrants, Refugees and IDPS project was included under the Pompidou Group 2019-2022 Work Programme.

A First Capacity Building Seminar focused on good practices of intercultural/transcultural methods in addictions, on available screening tools, collecting common experimental practices, in responding to the needs of refugees, migrants and IDPS (8-11 Oct 2019, Athens, Greece).

A "Support Network of Professionals" in addictions (health and social professionals), from migration/asylum services, law enforcement and civil society working with migrants/refugees was set up and a first meeting in December 2019, discussed the outline of a Handbook and future Policy Paper with participation of Algeria and Spain.

In 2020, the project is continuing with the development of an internet-based platform for professionals.

A second Capacity building Seminar on effective transnational cooperation, effective communication between different stakeholders and mobilisation of resources was planned

with on-site visits and training at the reception/residential camp in an island of North Aegean for June 2020, but because of the Covid-19 outbreak it has been postponed. The new dates will be decided according to the pandemic situation.

2020-2021: The 'Support Network of Professionals' will prepare a Handbook and Guiding Principles addressed to different professionals (healthcare and social workers, legal professionals, law enforcement agents) working with the targeted populations.

***Law Enforcement activities:***

**1) AIRPORTS GROUP MEETING – 8 September 2020 – Videoconference**

Participation: Jordan; Morocco; Palestine.

Police, customs, border forces, prosecutors, judges and other law enforcement officers, participated along with Representatives from international organisations, regulatory authorities, commercial aviation and experts.

**Objective:**

To develop and harmonize tools and systems to improve drug detection in European airports. Meeting once a year, the group primarily acts as a forum for the exchange of practical and operational practices on drug trafficking through commercial aviation.

**Outcome:**

The overall aim is to reduce illegal trafficking by sharing information on improving control, risk management, profiling, detection and investigative measures.

**2) GENERAL AVIATION MEETING – 9 September 2020 – Videoconference**

Participation: Jordan; Palestine; Tunisia.

Police, customs, border forces, prosecutors and judges who are tasked with the control, investigation or prosecution of general aviation trafficking and organised crime Experts from International organisations, the private sector, researchers and regulatory authorities.

**Objective:**

Law enforcement and border officials are increasingly confronted with criminal groups that are using non-commercial flights and aircraft such as ultra-light aviation, private jets, helicopters, and drones to smuggle drugs migrants, firearms and proceeds of crime worldwide. The objective is to raise awareness that General Aviation remains too much of a blind spot in law enforcement approaches.

**Outcome:**

The overall goal is to reduce illegal trafficking and to prevent the abuse of general aviation traffic through improved control, risk management profiling, and detection and investigative measures. The Pompidou Group created the European Handbook on General Aviation which will be distributed during this meeting.

**3) PRECURSORS MEETING – 17 December 2020 – Online**

Participation:

Police, customs, border forces, prosecutors, judges, regulatory authorities, international organisations, the private sector, chemical industries and the scientific world who are engaged in the control, research, detection, investigation or prosecution of (pre-)precursors.

**Objective:**

Multidisciplinary platform for police, customs, relevant international bodies, private sector and scientific world to continue the close and excellent cooperation in tackling illicit trafficking and use of drug precursor products and pre-precursors.

**Outcome:**

To reduce illegal trafficking and to prevent the abuse of (pre-)precursors through information exchange on new trends, risk assessment, best practices, improved control, risk management, profiling, detection and investigative measures.

## **V. MedNET and the Council of Europe's neighbourhood policy**

The Council of Europe's neighbourhood policy was adopted by foreign affairs ministers from the 47 member states in Istanbul on 11 May 2011. It is aimed at promoting dialogue and co-operation with countries and regions in the vicinity of Europe which request Council of Europe assistance, based on the common values of human rights, democracy and the rule of law.

The South Programme was launched in 2012 as a joint strategic initiative between the European Union and the Council of Europe to support democratic reforms in the Southern Mediterranean and meet the needs of countries in the region. MedNET has received funding under the South Programmes I and II and III.

Under the South Programme I (2012-2014), MedNET received funding in the amount of €161 939, representing 4 % of the total budget (€4 048 660).

Under the South Programme II (2015-2017), MedNET received funding in the amount of €268 319, representing 4 % of the South Programme II budget (€6 886 828).

Under the South Programme III (2018-2019), MedNET received funding in the amount of €50 000, representing 1.4% of the South Programme III budget (€3 334 000).

Under the South Programme IV (2020-2021), MedNET received funding in the amount of €50 000.

The South Programme IV is centred on "Regional support to reinforce human rights, rule of law and democracy in the Southern Mediterranean".

MedNET is also receiving funding, for a second time, under the Council of Europe's neighbourhood partnerships with Morocco and Tunisia: €193 000 (2019-2021).

## VI. MedNET and other international organisations

### 1) Co-operation with the EMCDDA

MedNET has been working with the EMCDDA since the MedNET high-level conference in 2009. Since then, the EMCDDA has taken part in all MedNET activities involving the establishment of national monitoring/resource centres on drugs and drug addiction and has been attending MedNET steering committee meetings as an observer.

The MedNET secretariat participates as an observer in advisory committee meetings of the **EU4 Monitoring Drugs** project which is being funded by the EU and implemented by the EMCDDA. The objective of this project is to make the link between drug-related problems, security issues and health threats in the European Union and neighbouring countries. The project covers 15 potential countries of the European Neighbourhood Policy (ENP) with a budget of €3 million over 3 years (2019-2021). Half of the potential countries are also Southern countries which belong to the MedNET network.

### 2) Co-operation with the European Commission through the Council of Europe

#### **Co-operation under the South Programme IV: Council of Europe/European Commission co-operation**

Under the Council of Europe's neighbourhood policy, MedNET benefits from the joint South Programme IV funded by the EU and implemented by the Council of Europe (see paragraph above).

### 3) Co-operation with UNICRI (United Nations Interregional Crime and Justice Research Institute)

MedNET is involved in the ***UNICRI project on the role of families in drug use prevention and in building pathways for resilience and rehabilitation among young people***. MedNET supported the UNICRI project on the needs of families for preventing drug use among young people. The project aimed at identifying and exploring the priority aspects to support and consolidate the protective role of the family in the prevention of drug use among young people. The pilot project, based on a context-specific approach, has included research activities in three countries (Italy, Lebanon and Tunisia) involving families, government institutions, organizations of the civil society, national experts and other key stakeholders currently working in the field of prevention and treatment. The research activities included the design and implementation of data collection tools (questionnaire), adapted to each context and currently available in 4 languages: Italian, English, French, Arabic.

## VII. MedNET and Human Rights

At the meeting of the MedNET steering committee on 19 November 2019, chaired by Prof Nabil Ben Salah, and at the instigation of Prof Jallal Toufiq from Morocco, a discussion on **“Human rights and people who use drugs in the Mediterranean region: current situation, challenges and the future”** took place on the basis of some initial research carried out in this area by the Pompidou Group secretariat in the 17 MedNET countries.

**Prof. Jallal TOUFIQ** moderated the discussion, focusing on the following points: *drug use as a medical condition; the need for treatment to be available, accessible, affordable and science-based; the need for rehabilitation and social reintegration; the need to fight against stigma and promote the right of people who use drugs to create their own NGOs and self-help groups, and to promote a strategy aimed at reducing the health, economic, social and legal consequences of drug use.*

The publication **P-PG/MedNET (2020) 4 of 22 April 2020 “Human rights and people who use drugs in the Mediterranean region: current situation in 17 MedNET countries”** provides an overview of the subject.

The discussion helped participants to better understand the meaning of human rights in drug policies and to share ideas and best practice in this area.

This objective ties in with the “Stavanger declaration” adopted at the Pompidou Group’s Ministerial Conference in 2018, and which underlines **“human rights as a fundamental cornerstone in drug policy”**, in line with the Council of Europe’s core mission.

## **VIII. MedNET and the gender dimension in drug policies**

At the initiative of Italy, MedNET was involved in the following activities supporting the integration of a gender dimension in drug policies:

- Nine MedNET countries contributed to the 2015 publication on the gender dimension of non-medical use of prescription drugs (Cyprus, Egypt, France, Greece, Italy, Lebanon, Malta, Morocco and Tunisia).
- MedNET countries participated in a seminar on drugs, women and violence held in Rome in December 2015, and in 2016 in a survey on date-rape drugs.
- On June 2017, MedNET countries participated in a Rome seminar on “Women and Drugs: from policy to good practice.”

From 2018 to 2020, MedNET countries continued to include a gender dimension in their activities, especially in the following projects:

- Lebanese project to identify the needs of women with substance use disorders
- Tunisian project on prevention and treatment of addiction in adolescents
- Egyptian project focusing on a model of care for patients with dual diagnosis
- Egyptian project to help juveniles in correctional facilities
- Within the framework of the addictology diplomas, the curricula in Tunis, Rabat, Casablanca and the new diploma in Marrakech include a module devoted to the prevention, treatment and care of women drug users.

All of the above reflects the desire of MedNET and the Pompidou Group to integrate the gender dimension in any activities undertaken.

## IX. Role of the MedNET secretariat in administration and co-ordination of the Network

In 2020, the MedNET team consisted of three staff members. It should be noted, however, that the total working time was equivalent to **two persons working full time**.

Two permanent staff: 85%

- the Head of Unit who devoted 70% of their time to MedNET.
- the person in charge of finances within the PG who devoted 15% of their time to MedNET

Two temporary staff members: 100%

- a project officer, who devoted 70% of their time to MedNET
- an assistant, who devoted 30% of their time to MedNET

The team saw to it that the network functioned smoothly and that the work programme was implemented, while seeking to ensure synergy with the Pompidou Group's other activities and other entities of the Council of Europe.

In 2020, the MedNET team, managed a budget of 479 800 €

- 419 800 € for activities
- 60 000 € for staff

The team performed the following tasks:

- co-ordination with the 17 MedNET correspondents, the experts appointed to the various MedNET activities and the observers;
- management of the MedNET budget consisting of 5 sources of funding:
  - a. voluntary contributions
  - b. South Programme IV implemented by the CoE and funded by the EU
  - c. CoE Neighbourhood Partnership Grant
  - d. Direct funding of activities by the countries
  - e. PG Ordinary Budget
- management of staff;
- drafting of 20 contracts and extension of contracts for all the projects which are carried out in the countries due to the pandemic;
- preparation of an annual activity report including the financial report;
- implementation of the work programme, revision of the work programme in accordance with political developments and other unforeseen events;
- co-ordination of the MedSPAD committee;
- participation in meetings of the Permanent Correspondents and the Bureau of the Pompidou Group in order to brief them on MedNET activities;
- ensuring MedNET's involvement in PG activities;
- fundraising from regular MedNET donors and also from other potential donors;
- preparation of reports and participation in South Programme III and IV meetings, co-operation with other international organisations, in particular with the EMCDDA under the EU 4MD programme.
- integrating MedNET projects in the Project Management Methodology;
- participation in a UNICRI project;
- regular updating of the MedNET and MedSPAD pages on the Pompidou Group website, publication of articles, communication on social media and preparing MedNET's contributions to the Pompidou Group's newsletters in 2020;
- publication of MedNET country-specific project reports



## **X. MedNET Budget and Expenditure**

This report serves as a single reference document for all contributors. Only those countries which have made a specific contribution to one or more of the network's activities receive a specific report on those activities.

The MedNET budget has a multi-source funding

- Voluntary contributions
- South Programme I, II, III and IV: programme funded by the European Union and implemented by the Council of Europe (2012-2022)
- Direct funding of activities by countries
- Council of Europe Neighbourhood Partnership with Morocco and Tunisia (2016-2021)
- Pompidou Group's Ordinary Budget since 2019

**The budget administrated and coordinated by the Secretariat in 2020 including Staff is: 479 800 €**

## XI. MedNET programme of activities implemented in 2020

Relating to 2019-2020 and 2021 activities taking into account the reporting of activities because of Covid-19

### Funding sources:

MedNET: Voluntary contributions 2019-2020  
 South Programme III and IV (2019-2020) (2020-2022)  
 Council of Europe Neighbourhood Partnerships with Morocco and Tunisia (2019-2021)  
 Pompidou Group Ordinary Budget (2020)

### Co-ordination and implementation of work programme:

MedNET secretariat of the Pompidou Group

### 1. Country-specific activities

<b>Algeria</b>
<b>Activities</b>
<b>Egypt</b>
<b>Activities</b>
Development of a specific model of care for substance use disorders in primary health care institutions and the intensive care programme for addictions <b>(2020-2021)</b>
<i>Study visit: development of a specific model of care for substance use disorders in primary health care institutions <b>(postponed until 2021)</b></i>
<i>Study visit: development of a community-based model of care for substance use (2019 programme) <b>(postponed until 2021)</b></i>
<i>Study visit: development of a model of care for patients with dual diagnosis <b>(postponed until 2021)</b></i>
Nationwide roll-out of MedSPAD <b>(2020)</b>
<b>Jordan</b>
<b>Activities</b>
<i>Workshop: prevention and care for adolescents and young people who use drugs <b>(postponed until 2021)</b></i>
<i>Study visit to Egypt: prevention and care for adolescents and young people who use drugs <b>(postponed until 2021)</b></i>
<b>Lebanon</b>
<b>Activities</b>
MedSPAD survey <b>(2020)</b>
<i>Capacity building for substance abuse treatment services that address the needs of women <b>(to be postponed until 2021)</b></i>
<b>Morocco</b>
<b>Activities</b>
Rabat addictology course <b>Neighbourhood Programme (2019-2020)</b>

Rabat addictology course <b>Neighbourhood Programme (2020-2021) Contract to be concluded in September 2020</b>
Casablanca addictology course <b>Neighbourhood Programme (2019-2020)</b>
Casablanca addictology course <b>Neighbourhood Programme (2020-2021) Contract to be concluded in September 2020</b>
Marrakech addictology course <b>MedNET (2019-2020)</b>
Marrakech addictology course <b>MedNET (2020-2021) Contract to be concluded in September 2020</b>
MedSPAD 4 <b>(2020)</b> MedNET to be postponed to 2021
Remad (2 annual meetings of the network of addiction treatment centres <b>(2020) MedNET</b>

<b>Palestine*</b>
<b>Activities</b>
Addiction and prevention training <b>(postponed until 2021)</b>

<b>Tunisia</b>
<b>Activities</b>
Diploma in Addictology -Tunis University <b>(2019-2020) Neighbourhood Programme</b>
Training of trainers to motivational interviews
MedSPAD III in the spring 2021
<b>Contract to be concluded in autumn 2020</b>
Free time management among schoolchildren (2020-2021) postponed to 2021
<b>Neighbourhood Programme</b>

## 2. Regional activities

	Funding	
MedSPAD Committee (video conference) and MedSPAD working groups (2 video conferences and meeting on 17 November 2020)	South IV Programm	
MedSPAD Committee 2020 and 2021		
2020-2021 MedSPAD Scientific Advisor		MedNET

## 3. Participation in MedNET Committee meetings

<b>Activity</b>
26th MedNET Committee meeting <b>(18 November 2020, Strasbourg) Visio conference, Kudo Interpretation</b>

## Appendix I

### *List of MedNET documents for 2020*

ITEM	TITLE
1	Egypt activity proposal_revised
2	Skoun Lebanese Addictions Center Report – “Connecting youth for drug awareness in schools”
3	MedSPAD working group report
4	Human rights and people who use drugs in MedNET countries
5	MedNET Etat des finances et mise à jour des activités
6	MedSPAD Working Group Meeting 2
7	Activity proposal's form
8	2020 MedNET Draft Activity report
9	2021 Palestine activity proposal
10	2021 Egypt activity proposal
11	2021 Tunisia activity proposal
12	2021 Lebanon activity proposal
13	2021 Morocco activity proposal
14	2021 Algeria activity proposal
15	Summary of 2021 activity proposals
16	2021 Jordan activity proposal
17	Draft agenda – 26 <sup>th</sup> MedNET plenary meeting

## Appendix II

### *List of MedNET correspondents in 2020*

#### **ALGERIA/ALGERIE**

##### **M. Mohammed BENHALLA**

Directeur Général  
Office National de Lutte contre la Drogue et  
la Toxicomanie  
6, avenue de l'Indépendance  
DZ-16000 ALGER

#### **CYPRUS/CHYPRE**

##### **Ms Leda CHRISTODOULOU**

Policy Officer  
Policy Department  
Cyprus National Addictions Authority  
Iosif Xadjiosif Avenue 35 and Andrea Avraamide  
Strovolos, 1<sup>st</sup> floor  
NICOSIA

#### **CROATIA/CROATIE**

##### **Mr. Željko PETKOVIĆ**

Head of the Office for Combating Drugs Abuse  
Government of the Republic of Croatia  
Preobrazenska 4/II  
HR - 10000 ZAGREB

#### **EGYPT/EGYPTE**

##### **Prof. Menan Abd-El-Maksoud RABIE**

Secretary General  
General Secretariat of Mental Health and  
Addiction Treatment  
Ministry of Health and Population  
CAIRO

#### **FRANCE**

##### **M. Nicolas PRISSE**

Président de la Mission Interministérielle de Lutte contre  
les Drogues Et les Conduites Addictives MILDECA  
69, rue de Varenne  
75007, PARIS

##### **Mme Laura D'ARRIGO**

Conseillère Diplomatique, MILDECA  
Service du Premier Ministre

#### **GREECE/ GRÈCE**

##### **Mr. Gerasimos PAPANASTASATOS**

Head of Research Department and  
Senior Advisor on Drug Policy to National  
Drug Coordinator  
Therapy Center for Dependent Individuals (KETHEA)  
Sorvolou 24  
GR - 11636 ATHENS

#### **ITALY/ITALIE**

##### **Dr. Elisabetta SIMEONI**

General Director  
Head of technical Scientific & general Affairs office

Presidency of the Committee of Ministers  
Department for Anti-drug Policies  
Via della Ferratella, 51  
I - 00184 ROMA

**JORDAN/JORDANIE**

**Mr. Jamil ALHABAIBEH**

Head of International Affairs Section  
Anti-Narcotics Department  
AMMAN

**LEBANON/LIBAN**

**Prof. Ramzi HADDAD**

Head of Department of Psychiatry, Lebanese University  
Co-Founder of Skoun, Lebanese Addictions Centre  
P97 Monot street  
20272101 Achrafieh  
BEIRUT

**MALTA/MALTE**

**Prof. Marilyn CLARK**

Department of Psychology  
Faculty for Social Wellbeing  
University of Malta  
MSc Addiction Studies Course Coordinator  
Master of Psychology in Forensic Psychology Course  
Coordinator  
President - Malta Chamber of Psychologists

**MOROCCO/MAROC**

**Prof. Jallal TOUFIQ**

Director of the Ar-razi University Psychiatric Hospital & the  
National Center on Drug Abuse Prevention, Treatment  
and Research  
Director of the National Observatory on Drugs and  
Addictions  
Hôpital Universitaire AR-RAZI  
Centre National de Prévention et de Recherche en  
Toxicomanies  
Rue Ibnou Rochd  
MA - 11005 SALE

**PALESTINE<sup>5</sup>**

**Ms Maria AL-AQRA**

Director of International Cooperation  
Ministry of Health

**Dr. Saed BALIBISI**

Director of the Alternative Treatment Center  
Palestinian Ministry of Health  
RAMALLAH CITY

**PORTUGAL**

**Ms. Sofia SANTOS**

Head of International Relations Division  
Head of Portuguese Focal Point to the EMCDDA  
General-Directorate for Intervention on Addictive  
Behaviours and Dependencies (SICAD)  
Parque de Saúde Pulido

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<sup>5</sup> This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Council of Europe member states on this issue.

Alameda das Linhas de Torres – Nº 117  
Edifício SICAD  
P - 1750-147 Lisboa

#### **TUNISIA/TUNISIE**

##### **Prof. Nabil BEN SALAH**

Directeur Général  
President of the National Technical Committee for the  
Control of Addictions and Addictive Behaviours  
TUN- 1089 Monfleury

#### **TURKEY/ TURQUIE**

##### **Ms. Yasemin ESEN,**

PhD Republic of Turkey Ministry of Family & Social  
Policies  
Directorate general of Family & Community Services  
T.C. Aile ve Sosyal Politikalar Bakanlığı  
Eskişehir Yolu Söğütözü Mahallesi 2177.Sokak N° 10/A  
Çankaya, ANKARA

#### **SPAIN/ESPAGNE**

##### **Ms. Elena ALVAREZ MARTIN**

Deputy Director of Institutional Relations  
Government Delegation for the National Plan on Drugs  
Ministry of Health, Consumer Affairs & Social Welfare  
Plaza de Espana  
E-28071 MADRID

#### **SWITZERLAND/SUISSE**

##### **Ms. Diane STEBER BUCHLI**

Federal Department of Home Affairs FDHA  
Federal Office of Public Health FOPH  
Division of International Affairs International Drug Policy  
Switzerland  
Schwarzenburgstrasse 157, 3003 Bern

#### **OBSERVERS/OBSERVATEURS**

##### **EMCDDA/OEDT**

##### **Ms Cécile MARTEL**

Head of Sector - International cooperation  
Coordinator external partners  
Reitox and External Partners Unit  
Praça Europa 1, Cais do Sodré  
1249-289 LISBON, Portugal

##### **Mr Danilo BALLOTTA**

Coordinator — Institutional relations  
Reitox and external partners unit  
Principal policy analyst — Support to policy sector  
Public health unit

##### **WHO Geneva/OMS Genève**

##### **Ms. Natacha CARRAGHER**

Alcohol, Drugs and Addictive Behaviours  
Department of Mental Health and Substance Use

##### **DG I – Directorate General of Human Rights and Rule of Law/ Council of Europe**

F - 67075 Strasbourg Cedex/Pompidou Group

**MedNET Secretariat**

**Florence MABILEAU**

Head of Unit Research Gender and Mediterranean  
Cooperation

**Ourania BOTSI**

Chef de projet / Project Officer

**Ana TRUDOV**

Assistant / Assistante