

# HUMAN RIGHTS AND PEOPLE WHO USE DRUGS IN THE MEDITERRANEAN REGION: CURRENT SITUATION IN 17 MEDNET COUNTRIES





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"Human Rights" Statue by Mariano González Beltrán  
Gift by Spain to the Council of Europe in 2005

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# Pompidou Group

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**T**he Pompidou Group provides a multi-disciplinary forum at the wider European level where it is possible for policymakers, professionals and researchers to exchange experiences and information on drug use and drug trafficking. Formed at the suggestion of the French President Georges Pompidou

in 1971, it has become a Council of Europe partial agreement in 1980. In 2019, it gathers 39 countries: 36 of the 47 member States of the Council of Europe, Mexico, Morocco and Israel, as well as the European Commission.

# MedNET

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**M**edNET is the Mediterranean network for co-operation on drugs and addictions of the Pompidou Group. MedNET is a permanent activity within Pompidou Group work programme.

It promotes cooperation, exchange and mutual transfer of knowledge between countries from both sides of the Mediterranean, respecting human rights and gender equality. It was created in 2006, after a feasibility study carried out at the initiative of France and the Netherlands. The group was assessed positively and has developed ever since, geographically and thematically, to promote effective and appropriate answers. Its terms of reference are adopted within the framework of the Pompidou Group Work Programme.

The network consists of seventeen countries: Algeria, Croatia, Cyprus, Egypt, France, Greece, Italy, Jordan, Lebanon, Malta, Morocco, Palestine<sup>1</sup>, Portugal, Tunisia, Turkey and since 2019 Spain and Switzerland. 10 countries are Pompidou Group members and 7 are not.

The European Commission and the European Monitoring Centre for drugs and drugs addictions (EMCDDA) participate as observers to the meetings.

Since 2006, MedNET countries have worked together to initiate and conduct ambitious projects. To ensure their success, they are based on South-South, North-South and South-North cooperation. The MedNET network aims to promote interaction between policy, practice and science, to adapt their implementation to the context of different countries.

The question of addictive behaviours represents a central issue for our societies and calls for a global answer taking into account Human Rights combining prevention, health, fight against drug trafficking, law enforcement, as well as training and research. It is therefore crucial to develop a dynamic cooperation, to include civil society, which reflects the commitment taken by all members of the network.

This document provides the information available (for European countries, the sources are generally EMCDDA reports) and supplementary information from the respective 17 MedNET countries: **Algeria, Croatia, Cyprus, France, Lebanon, Malta, Morocco, Palestine\*, Portugal, Spain, Switzerland, and Tunisia.**

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1. 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.





# Background

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In view of the discussion on **“Human rights and people who use drugs in MedNET countries: current situation, challenges and future”** which took place during the 25<sup>th</sup> MedNET meeting on 19 November 2019 – chaired by **Prof. Nabil BEN SALAH** – the Pommidou Group Secretariat conducted a first research on this topic among the 17 MedNET countries.

**Prof. Jallal TOUFIQ**, MedNET Representative of Morocco, who proposed the topic and facilitated this discussion, underlined the following items to undertake the research:

*Human rights approach for people who use drugs should concern every single dimension related to drug use:*

- ▶ Health approach at the policy level: drug use must be considered rightly as a medical condition to be taken care of by qualified health professionals;
- ▶ Treatment must be available, accessible, affordable and science-based, with the best practices;
- ▶ Prevention must be based on science, facts and best practices;
- ▶ Data collection must be considered as a part of the right to access information for the community and the professionals;
- ▶ Rehabilitation and social reintegration must be provided;
- ▶ Access to treatment and care for specific populations must be available: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.;
- ▶ Fight against stigma and raising awareness in the society as a whole is needed;
- ▶ The adaptation of the law to the human rights approach especially for minors and non-trafficking users;
- ▶ Promoting the right of people who use drugs to create their own NGOs and self-help groups;
- ▶ Promoting the right to access treatment for all the consequences of drug use;
- ▶ Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use.

In the country research, the rationale was to find information on the above-mentioned topics. The results presented are not intended to be exhaustive but to provide an overview.

**The main objective of this discussion was to better understand the meaning of human rights in drug policy and to exchange best practices and ideas on this subject.**

This objective was consistent with the November 2018 “Stavanger Declaration” of the Pommidou Group’s Ministerial Conference which reaffirms a focus on **“human rights as a fundamental cornerstone in drug policy”**, in line with the Council of Europe’s core mission.

**We want to give a special note of thanks to all the MedNET Representatives who replied to our request for information** (response rate: 70%):

- ▶ For Algeria: **Mr. Mohammed BENHALLA**, General Director of the National Office for the Fight against Drug Abuse and Drug Addiction (ONLCDT);
- ▶ For Croatia: **Mr. Željko PETKOVIĆ**, Head of the Office for Combating Drugs Abuse Government of the Republic of Croatia;
- ▶ For Cyprus: **Ms. Leda CHRISTODOULOU**, Officer in the Policy Department of Cyprus National Addictions Authority;
- ▶ For France: **Ms. Laura D’ARRIGO**, Diplomatic Counsellor for the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA);
- ▶ For Italy: **Dr. Elisabetta SIMEONI**, General Director, Head of technical Scientific & general Affairs office, Presidency of the Committee of Ministers, Department for Anti-drug Policies;
- ▶ For Lebanon: **Prof. Ramzi HADDAD**, Head of Department of Psychiatry, Lebanese University, Co-Founder of Skoun, Lebanese Addictions Centre;
- ▶ For Malta: **Prof. Marilyn CLARK**, Department of Psychology Faculty for Social Wellbeing, University of Malta, MSc Addiction Studies Course Coordinator and President of Malta Chamber of Psychologists;

- ▶ For Morocco: **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;
- ▶ For Palestine\*: **Mrs. Maria Yousef AL-AQRA**, Director of International Cooperation, Palestinian Ministry of Health & **Dr. Saed BALIBISI**, Acting Director of Methadone Center, Palestinian Ministry of Health;
- ▶ For 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);
- ▶ For Spain: **Ms. Elena ALVAREZ MARTIN**, Deputy Director of Institutional Relations, Government Delegation for the National Plan on Drugs, Ministry of Health, Consumer Affairs & Social Welfare;
- ▶ For Switzerland: **Ms. Diane STEBER BÜCHLI**, Federal Department of Home Affairs, Federal Office of Public Health, Divisions of International Affairs;
- ▶ For Tunisia: **Prof. Nabil BEN SALAH**, Director General of the Anti-Poisons and Emergency Medical Assistance Centre, President of the Tunisian Society of Addictology, President of the Subcommittee on Addictions of the National Mental Health Commission.

# Algeria

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**T**he main source of information for this country is the Council of Europe 2014 Report “Algeria: Drug Situation and Policy<sup>2</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Algeria, Mr. Mohammed BENCHALLA, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken care by qualified health professionals**

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*Algerian Law No. 04-18 regards drug addiction as an illness that needs to be treated.*

“Treatment orders as an alternative to imprisonment for cases of drug addiction” provided for in Algerian Law No. 04-18 constitute a step towards treating drug use as a medical condition.

*Law No. 04-18 on the “Prevention and punishment of the illicit use and trafficking of narcotic drugs and psychotropic substances” of 25 December 2004 is a key stage in the change of status of individuals [who use] drugs, which has shifted from them being seen as criminals to be punished to regarding them as people who are ill and in need of treatment. The law places the emphasis on court-ordered treatment as an alternative care and prevention measure to a criminal-law response. It thus represents a significant change in Algerian legislation towards regarding drug addiction as an illness, as it is the case in many countries.*

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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According to a report made by the Council of Europe in 2011, Algerian Government started a multi-year programme in 2007 to set up a widespread network of centres to treat and take care of persons who use drugs in the different regions of the country.

Residential treatment programs include reception and counselling; motivational interviewing; evaluation of the most problematic patterns of use: starting young, combining drugs, overdosing, repetitive use;

risk factors: personality traits, risk-taking behaviour, context in terms of school, family, environment, etc.

A number of Algerian doctors have also taken part in the training on substitution treatment organised by the Pomicidou Group in various countries of the region in the context of MedNET activities.

Algeria is in the process of introducing opioid substitution treatment (OST) in its health programme. To that end, a care centre for drug addiction has been selected and a molecule is in the process of being registered with the General Directorate of Pharmacy.

Ongoing implementation of the 2007 programme established by the Ministry of Health, 43 intermediate care centres out of the 53 planned and 2 treatment centres for drug addiction out of the 15 planned are operational.

Ongoing efforts are made by the health sector in the following areas:

- ▶ Information and awareness rising about social ills including drugs are part of the activities carried out by the screening and monitoring units, in co-ordination with the Ministry of Education;
- ▶ Ongoing in-service training scheme for professionals involved in combating addiction;
- ▶ A certificate of specialised studies in addictology was launched in 2017 for the benefit of over 40 intermediate care centres doctors in the Algiers and Blida medical schools – the first batch of students graduated in September 2018;
- ▶ Ongoing efforts to provide health care for [people who use drugs] seeking treatment: the number of people helped rose from 21 507 in 2016 to 22 444 in 2017.

The National Strategy for Combating STI/HIV/AIDS includes:

- ▶ Integrating intravenous drug users among the priority target groups classed as vulnerable or at high risk of exposure to HIV;
- ▶ Developing measures to prevent and reduce the risk of STI/HIV/AIDS among this section of the population with a view to encouraging them to adopt less risky behaviours.

## **Prevention must be based on science, facts and best practices**

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The National Strategic Plan in Algeria focuses on prevention strategies and urges all players to base their activities on information, education and

2. **Council of Europe**, “Algeria: Drug situation and policy”, 2014, 48 p. Ref: **P-PG/MedNET (2014) 6**. Available online: <https://rm.coe.int/drug-situation-and-policy-by-salah-abdennouri-former-general-director-/168075f0e3>.

communication. Training courses are also available relating to the prevention and combating of drug abuse and drug addiction in Algeria, though it is noted they have limited funding.

*Epidemiology survey on drugs in university settings:*

- ▶ The development of the new Strategy for Combating Drugs and Drug Addiction 2020-2024, final Report December 2019;
- ▶ Setting-up within the Office's Evaluation and Monitoring Committee of a sub-committee responsible for "preventing addiction in schools and among young people";
- ▶ Setting-up within the Office's Evaluation and Monitoring Committee of a second sub-committee responsible for "preventing addiction among vulnerable groups (women and children)";
- ▶ The Office helped to send senior officials from the General Directorate of Customs and doctors specialising in drug addiction to attend training courses abroad.

### ***Data collection as a part of the right to access information for the community and the professionals***

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The National Office for the Fight against Drug Abuse and Drug Addiction centralizes information and figures relating to the prevention and punishment of drug use and the treatment of people who use drugs. Its annual reports contain statistics relating to seizures of drugs, the ways in which the courts deal with offences against drug regulations and legislation, and the treatment of drug addicts. The National Statistics Office disseminates information available to the public.

*The Office acts as a receptacle for data from various sectors such as: Ministry of Justice, Ministry of Health, the General Directorate of National Security, the National Gendarmerie, the customs authorities, etc. and sees to it that they are processed.*

### ***Rehabilitation and social reintegration***

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Goals of the National Commission for the Fight against Drug Abuse and Drug Addiction include: to initiate, organise and take part in training or information seminars on the fight against illegal trafficking and abuse of narcotics and psychotropic substances and on the treatment or rehabilitation of people who use drugs.

*Reintegration and rehabilitation arrangements exist in Algeria for former prisoners with drug-related problems.*

### ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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Health Ministry [created] and opened treatment centres as planned under the 2007 project in order to improve the system of care and treatment for people who use drugs.

- ▶ *Treatment and rehabilitation facilities for [people who use drugs] are constantly assessed by the authorities;*
- ▶ *Detoxification centres are located in hospitals and are overseen by qualified personnel (doctors, psychologists, etc.) as well as civil society actors;*
- ▶ *To prevent infectious diseases, various services are provided by the Ministry of Health for [people who use drugs], including prisoners;*
- ▶ *Inmates [who use drugs] in penal institutions are cared for in such a way as to preserve their dignity and physical integrity;*
- ▶ *Health care and treatment for [people who use drugs] are provided free of charge.*

### ***Fight against stigma and raising awareness in the society as a whole***

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The National Strategic Plan (Office) has since its inception constantly carried out information and awareness-raising activities, periodically holding local conferences and seminars to raise awareness among local officials and residents of the dangers of drug use, and to get society as a whole working against it.

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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Law No. 04-18 is a comprehensive law, insofar as it deals with drug abuse and drug addiction in terms of both prevention and punishment, and with regard to drug addiction, it makes a distinction between the victims and the criminals and provides for the waiving of court proceedings for those who agree to undergo medical treatment. It also introduces compulsory treatment.

Additionally, provisions of Articles 6 to 11 actually deal with the ending of the criminal prosecution of people who use drugs, if they, as ordered by the responsible court, undergo curative and detoxification treatment at specialized establishments.

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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Also to be mentioned are the operations to strengthen capacities organized in partnership with the Pompidou Group between 2005 and 2010, particularly the sequence of training activities for doctors on working with people with substance use disorder (SUD) (in the context of implementation of the multi-annual national program to strengthen drug addict treatment and care facilities).

*Various capacity-building activities were conducted, including notably the following training exercises:*

- ▶ *A training seminar organised in co-ordination with the Pompidou Group, on the theme "New approaches to prevention";*
- ▶ *A training seminar organised in co-ordination with the UNODC on school-based prevention.*

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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Harm reduction methods in Algeria focus on addiction prevention measures, as well as treatment and rehabilitation measures for people who use drugs.

One of the goals of the National Strategic Plan against STDs/HIV/AIDS was to achieve universal access to prevention, diagnosis, treatment and care.

*The National Strategic Plan to combat STDs and HIV/AIDS 2016-2020 aims:*

- ▶ *To reduce the number of new HIV infections to less than 500 new infections per year;*
- ▶ *To stabilise HIV-specific mortality at less than 5%;*
- ▶ *To reduce mother-to-child transmission of HIV to less than 5%;*
- ▶ *To keep 90% of HIV-positive mothers and children alive.*

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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The treatment of [people who use drugs] addresses their personality and their relationship with drugs, their social situation and the consequences of their drug use.



# Croatia

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**T**he main source of information for this country is the EMCDDA 2019 Report “Croatia: Country Drug Report 2019<sup>3</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Croatia, Mr. Željko PETKOVIĆ, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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The 2012-17 Strategy sought to reduce both the demand for and the supply of drugs in society, while protecting the health of individuals, families and communities through an integrated and balanced approach to drug problems.

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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Treatment is available often through primary health-care and outpatient facilities, as well as some inpatient and therapeutic communities. Outpatient services promote mental health practices as well as utilize science-based methods including OST, psychotherapy, medication-based treatment, detoxification, drug-free programs, and individual and group psychosocial treatment.

*In the Republic of Croatia, treatment of [people who use drugs] is primarily conducted in the health care system, and certain forms of psychosocial treatment are also conducted in the social welfare system, therapeutic communities and associations, as well as in the prison and probation systems. In addition, treatment of [people who use drugs] who are minors or young adults, as well as occasional alcohol and is also conducted in homes for children without adequate parental care, and children and youth with behavioural disorders.*

*Treatment of people who use drugs or people with substance use disorders (SUD) within the health care system is divided into inpatient and outpatient treatment.*

- ▶ *Treatment within the inpatient system is provided for [people who use drugs] and persons wishing to*

*initiate abstinence, but having significant physical and mental comorbidities, as well as social problems (accommodation).*

- ▶ *However, outpatient treatment is the main type of drug addiction treatment in Croatia: it is conducted by services for mental health protection, addiction prevention and outpatient treatment of county institutes of public health. In order to enter outpatient treatment a person does not need to present the Service with a referral letter, but they only need to have a regulated right to health care in the Republic of Croatia. This is provided for all [people who use drugs] under the 2002 Ordinance. The above Ordinance provides the right to health insurance to all [people who use drugs] treated in a health care institution or participating in the implementation of special measures for helping “[people who use drugs] in a therapeutic community or other organised forms of assistance (...) as long as these circumstances are in place.”*

*It can therefore be said that addiction treatment in the Republic of Croatia is completely free of charge and that there is a low threshold for entering the treatment.*

## **Prevention must be based on science, facts and best practices**

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Environmental prevention methods are used in school settings in an effort to minimize drug use from a young age (including curfew hours).

Selective prevention is also a central focus for prevention within Croatia, for example through programs targeting at risk communities of young people. As well as the MOVE Program, which provides education for experts, involved in providing counselling to young people with risky behaviour profiles. It comprises interactive training in communication, based on the principles of motivational interviewing and the trans theoretical model of behaviour change.

*The Republic of Croatia promotes prevention in accordance with the European Quality Prevention Standards (EDPQS) and the International Standards for the Prevention of Drug Abuse (UNODC).*

*In the Republic of Croatia, universal prevention strategies are most often implemented in the school environment.*

3. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Croatia: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/croatia\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/croatia_en).

## **Data collection as a part of the right to access information for the community and the professionals**

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The websites and libraries of the Ministry of Science and Education provide information on up to date research findings on drugs and health. In addition, funding and research agencies are another means for the spread and aim to make information more accessible.

*There is also a need to mention the Internet pages of the Croatian Institute of Public Health ([www.hzjz.hr](http://www.hzjz.hr)) and the Drug Abuse Service ([www.drogeiovisnosti.gov.hr](http://www.drogeiovisnosti.gov.hr)).*

## **Rehabilitation and social reintegration**

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Outpatient drug treatment is provided by some associations that provide psychosocial treatment alongside social reintegration interventions and by units in general hospitals.

*The services of outpatient treatment are primarily provided in the health care system, and certain forms of psychosocial treatment are also conducted in the social welfare system, therapeutic communities and associations, as well as in the probation system. As regards their organization and scope of work, the services combine the activities of health care, social protection and education with the aim to conduct continuous monitoring, education, psychotherapy, family therapy, HIV and hepatitis infection prevention and provide assistance in solving other life issues of [people who use drugs] and their families, as well as to provide help to occasional [people who use drugs] and their families.*

*The services of outpatient treatment also provide substitution therapy and various forms of psychosocial treatment and psychosocial interventions, including interventions at the psychological level, such as supportive psychotherapy, psycho education, behavioural psychotherapy, family psychotherapy, etc.*

*Since 2007 Croatia has been implemented Project of social reintegration of people with substance use disorders (SUD), which encompasses interventions aimed at social inclusion of people with SUD into the community life upon completion of their treatment in a health care institution, withdrawal in a therapeutic community or prison sentence served in the prison system, including psychosocial support, completion of education, retraining and employment, assistance with the housing or organised housing of treated [people who use drugs], and other forms of social interventions aimed at integrating as many [people who use drugs] into the society as possible.*

*Projects to be provided by NGOs in the areas of prevention, re-socialization and harm reduction are funded by the Government.*

## **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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Populations such as minors and young adults have access to treatment through the healthcare system. Youth populations, for example, with behavioural disorders or lack of parental guidance are provided with treatment as well as [people] in the prison and probation systems.

*Refugees/migrants, after being accommodated in Asylum Seekers' Reception (in usually Zagreb or Kutina), are required to undergo an initial health examination, which is the first way of detecting potential abuse of psychoactive substances.*

*When refugees are identified, or when there is a suspicion on abuse of psychoactive substance, the competent medical practitioner at the Reception Centre (primary health care physician), in agreement with MDM physician (Doctors of the World) will determine further medical examinations and referral to the Service Public Health Institute, Andrija Štampar.*

*In the aforementioned City Public Health Institute, an analysis will be carried out to determine from which substances each refugee is addicted to. City Institute still prescribed the necessary treatment.*

*Psychosocial support to refugees with addiction problems is provided by a psychologist (Doctors of the World) who takes care of regularity of taking therapy and individual and group therapy with addicts.*

## **Fight against stigma and raising awareness in the society as a whole**

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Croatia has full provision on information days about drugs as well as extensive provision on promoting social and personal skills and events for parents.

*The International Day Against Drug Abuse and Month for Combating Drug Addiction are [also] celebrated in the Republic of Croatia.*

## **Law adaptation to the human rights approach especially for minors and non-trafficking users**

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The Criminal Code urges the Court to use a number of alternative measures to imprisonment, such as fines, community service, probation and treatment, in cases in which a prison sentence of up to 6 months would otherwise be imposed. Compulsory drug treatment may be prescribed for up to 3 years, and time spent in treatment is taken into account when sentencing.



### **Promoting the right of people who use drugs to create their own NGOs and self-help groups**

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*A number of surveys estimating the prevalence of the use of illicit substances conducted with financial support from the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the EMCDDA, the Croatian National Institute of Public Health, the Ministry of Health and other country, and local-level institutions.*

*The Republic of Croatia provides national funding for non-governmental organizations active in the field of combating drug abuse through annual tenders for lottery-funded projects. In 2018, 493 333 Euros was allocated for national NGO funding. Projects in the area of prevention, re-socialization and harm reduction are funded. Former people who use drugs set up NGOs and self-help groups. Self-help groups operate nationwide through NGOs – Clubs of treated alcoholics for example.*

### **Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)**

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*The right of access to treatment for all consequences of drug abuse is granted in the Republic of Croatia: stipulated in National Strategy.*

Harm reduction services include providing needles and syringes as well as other equipment utilized, and offer counselling and “voluntary, anonymous and free testing for infectious diseases (HIV, hepatitis C and hepatitis B); in active intravenous drug users, testing for infectious diseases is recommended twice a year<sup>4</sup>”.

### **Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use**

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*Croatia developed the Guidelines for drug-related harm reduction programs<sup>5</sup> in 2015.*

4. **Office for Combating Drug Abuse (OCDA)**, “Guidelines for drug-related harm reduction programmes”. Available online: <https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Smjernice//GUIDELINES%20FOR%20DRUG-RELATED%20HARM%20REDUCTION%20PROGRAMMES.docx>.
5. *Ibidem*.



# Cyprus

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**T**he main source of information for this country is the EMCDDA 2019 Report “Cyprus: Country Drug Report 2019<sup>6</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Cyprus, Ms. Leda CHRISTODOULOU, made comments in italics.

## ***Health approach at the policy level: drug use being considered rightly as a medical condition to be taken care of by qualified health professionals***

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*The National Strategy on Illicit Substances Dependence and the Harmful use of Alcohol 2013-2020 states that drug use and dependence should be addressed as a public health issue. It also highlights the principle that care must be equally accessible, readily available and of a certain level of quality for everyone in need.*

Penalties for drug use can be extended to a lifetime sentence, though a life sentence has yet to be given out. Individuals found with possession for personal use can be given up to 12 years in prison. There are exceptions for some first-time offences as well as a Law in 2016 which allows accused to seek out alternative treatment.

*Although in theory penalties for drug use in Cyprus could reach life imprisonment for all classes of drugs, it is important to mention that this has never been implemented in practice. Possession for personal use is regarded as a serious criminal offence, punishable by up to 12 years in prison for class A drugs, eight years for class B and four years for class C; however, first-time offenders aged under 25 are usually not given sentences exceeding one year in prison.*

## ***Treatment to be available, accessible, affordable and science-based, with the best practices***

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The National Strategy on Illicit Substances Dependence and the Harmful use of Alcohol and related Action Plan focus on making treatment more accessible. Other progress includes adding low threshold services to treatment centres, extending working hours of treatment centres, new protocol referring soldiers to treatment and introducing legislation for the provision of alternatives to incarceration.

6. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Cyprus: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/cyprus\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/cyprus_en).

The treatment system includes specialized outpatient counselling and opioid substitution treatment (OST) centres, inpatient treatment, a therapeutic community and a residential treatment program. All counselling, outpatient and inpatient programs use psychosocial interventions as their primary treatment tool.

Treatment programs are offered by NGOs (non-profit), the public sector and a private party (for profit).

Goals of most treatment centres report abstinence, prevention of infectious diseases, development of self-awareness, self-esteem and confidence, and life skills training. OST is offered.

## ***Prevention must be based on science, facts and best practices***

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Prevention methods include environmental (wide reaching) focus on family, school and military environments. This includes a national science-based parenting skills program; the integration of European Drug Prevention Quality Standards in preventive programs; science-based prevention interventions or programs in early childhood; legislation for a total ban on smoking in schools; and web-based prevention programs. The EMCDDA also notes the greater attention needed for targeted prevention in Cyprus for high risk groups and the rare provision for development of personal and social skills.

*The 2017-2020 Action Plan promotes targeted prevention as well as indicative prevention goals, offering support for vulnerable children and their families. NAAC currently funds 20+ evidence-based prevention programmes for vulnerable youth identified at community level as well as the school setting.*

## ***Data collection as a part of the right to access information for the community and the professionals***

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The central research funding organization is the Government (through the Cyprus National Addictions Authority (NAAC)). The NAAC seeks to provide relevant information to professionals and the community as well, through providing current research<sup>7</sup>.

Information is shared or provided at schools and in certain targeted communities concerning risks associated with drug use and the harmful use of alcohol. Information days at schools are rated as a

7. Cyprus National Addictions Authority's official website: <https://www.naac.org.cy/>.

form of intervention with limited provision, though information on drugs without a focus on personal skills is considered to be in effect with full provision.

### ***Rehabilitation and social reintegration***

According to a report made for the Ministry of Health in Cyprus<sup>8</sup>, “detoxification, rehabilitation and relapse prevention are offered in the general addiction psychiatry setting” and “THEMEA is no longer the only drug and alcohol detoxification and rehabilitation centre in the public sector in Cyprus”.

*Alcohol detoxification treatment is now offered by another service in the private sector. As regards to drug use detoxification there is ANOSIS, a government inpatient detoxification service.*

*Social reintegration programmes are offered by various services, including Ayia Skepi residential rehabilitation service. In addition, NAAC is funding a social reintegration programme, offering vocational training and job opportunities for service user of social reintegration programmes.*

### ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

The National Strategy on Illicit Substances Dependence and the Harmful use of Alcohol and related Action Plan seeks to provide treatment for groups such as migrants and women, though there is limited information on the progress of this goal.

Under the prevention pillar and the priority for the prevention of FAS/FASD and offering support for vulnerable children and affected children and families, NAAC developed clinical guidelines for professionals working with women and children, a guide for healthy lifestyles during pregnancy and the breastfeeding period, training for professionals aiming to enhance their knowledge and develop and identification mechanism for referral to treatment.

NAAC also funds a programme offering prevention, harm reduction and treatment for migrants and refugees at reception areas.

### ***Fight against stigma and raising awareness in the society as a whole***

Awareness raising is being done in Cyprus through research, targeted prevention and distribution of information on drug use in schools.

8. **SAMARTZIS Lampros**, “Advances in the treatment of substance use disorder in Cyprus”, *BJPSYCH INTERNATIONAL*, 2018, 3 p. Available online: [https://www.moh.gov.cy/MOH/MHS/mhs.nsf/All/79B78052A143B8E1C22582BF003E1583/\\$file/advances\\_in\\_the\\_treatment\\_of\\_substance\\_use\\_disorder\\_in\\_cyprus.pdf](https://www.moh.gov.cy/MOH/MHS/mhs.nsf/All/79B78052A143B8E1C22582BF003E1583/$file/advances_in_the_treatment_of_substance_use_disorder_in_cyprus.pdf).

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

In 2016, a law was passed where individuals under certain circumstances are permitted to seek alternative treatment to imprisonment. This excludes extreme felony and supply charges.

*The main law regarding alternatives to punishment is the Law for the “Treatment of accused or convicted drug users or drug dependent individuals” which was approved by the House of Representatives in April 2016. This legislation also covers minors. Its name has since been changed (Law 57(I)/1992 for the “Treatment of accused drug users or drug depended individuals”) to exclude convicted persons, since there is no option of appeal for this group under the provisions of this legislation, once the sentence has actually been passed.*

*The Protocol of Cooperation for the Referral of Young Offenders to the Treatment Centres that was developed between the Cyprus Police (Drug Law Enforcement Unit – D.L.E.U.), the Sovereign Base Areas Police and The Ministry of Health provides an alternative to prosecution for young drug offenders arrested for the first time. Through their referral to therapeutic programs young people who use drugs are given the opportunity of an early intervention or a more intensive treatment programme, according to their needs. The criteria for admission to the programme are:*

- ▶ *Youths and young adults who have been arrested for the first time in connection with drugs cases;*
- ▶ *The seized quantity of drugs is such, as to be intended for personal use;*
- ▶ *The person is legally responsible, and he/she is aged 14 up to 24;*
- ▶ *The person has not committed any offence: At the time of investigation or arrest, immediately before or immediately after, the person has not committed any offence in breach of section 244 of the Criminal Code or at the time of his/her apprehension or arrest by the Police, his/her behaviour has not incited others to committing any criminal offences;*
- ▶ *The person will attend and complete a treatment program in one of the governmental or non-governmental treatment centres.*

*According to the protocol, in the case where a young offender meets the aforementioned criteria, the case does not proceed to a trial, provided the offender completes an eight hour long psychosocial intervention programme.*

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

The NAAC is responsible for the accreditation, evaluation and coordination of all programs, actions and

activities related to drug treatment, whether they are carried out by governmental services, non-governmental organizations (NGOs) or the private sector. It may also provide some funding to these programs, actions and activities.

***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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Harm reduction interventions in Cyprus aim to reduce the consequences of drug use in society through testing for infectious diseases. Furthermore, Cyprus plans to increase harm reduction through the referral of people in contact with emergency services after an overdose to treatment.

*Also, it has introduced take-home naloxone (nasal spray) and plans to introduce rapid tests for HIV, HBV and HCV at drug treatment centres. The personnel of drug treatment centres have been trained for both these actions.*

***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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Harm reduction interventions in Cyprus aim to reduce the consequences of drug use in society through vaccinations and referral for treatment; disseminating information and providing education; and providing medical care whenever necessary. These services are provided by all governmental (and some non-governmental) treatment programs.



# Egypt

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**T**he main source of information for this country is the Council of Europe 2014 Report “Egypt: Drug situation and policy<sup>9</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Egypt, Prof. Menan Abd-El-Maksoud RABIE, was satisfied with the information provided by the Secretariat.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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The current drug law substitutes the jail penalty for drug use by treatment (since 2018).

Additionally, according to Article 37 of the Egyptian Criminal Law, a convicted addict may be referred to a specialized facility for treatment rather than imprisonment.

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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UNODC states, “A Middle East and North Africa network on drug dependence treatment is being developed and includes government counterparts, academic institutions, and treatment providers. Another focus is given to building bridges between legislative bodies and systems of healthcare, drug dependence treatment, social services, vocational training, law enforcement and criminal justice<sup>10</sup>.”

## **Prevention must be based on science, facts and best practices**

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UNODC also states that “in Egypt, [the UNODC Regional Office for the Middle East and North Africa] (ROMENA) is working closely with the Ministry of Education, the Ministry of Social Affairs, the National Fund for Drug Control and *Right Start Foundation International* (NGO) to combat drug addiction in Egypt. The Youth Initiative

has launched an awareness campaign that aims to spread knowledge with regards to the dangers of drug addiction<sup>11</sup>.”

## **Data collection as a part of the right to access information for the community and the professionals**

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The UNODC notes that they provide “training and technical assistance to selected countries for establishing drug information systems and building the capacity to access the availability, quality, coverage and impact of prevention, treatment and rehabilitation interventions, using internationally harmonized indicators and tools<sup>12</sup>.”

## **Rehabilitation and social reintegration**

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Detoxification services, rehabilitation, observation unit and day care and after day care programs are available.

## **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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Some goals of the national strategy include:

- ▶ Establishing and equipping prisons for those convicted & sentenced in drug crimes & offenses;
- ▶ Residential Treatment Programs for people who use drugs aim to provide services to treatment with “an open-door policy”;
- ▶ Mission to provide an effective, comprehensive, and developed variety of addiction treatment services that meet our clients’ needs, and to support their families.

## **Fight against stigma and raising awareness in the society as a whole**

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One of the main missions of Egyptian residential treatment programs for [people who use drugs] is to “inform the Egyptian society about addiction”.

9. **Council of Europe**, “Egypt: Drug situation and policy”, 2014, 48 p. Ref: **P-PG/MedNET (2014) 5**. Available online: <https://rm.coe.int/drug-situation-and-policy-by-dr-dalal-abd-el-wahab-general-secretary-o/168075f0e5>.

10. **United Nations Office in Drugs and Crime (UNODC)**, “Middle East and North Africa: Drug Prevention, Treatment and Rehabilitation”. Available online: <https://www.unodc.org/middleeastandnorthafrica/en/regional-programme-framework/drug-prevention-and-health/drugs.html>.

11. **United Nations Office in Drugs and Crime (UNODC)**, “Middle East and North Africa: Drug Prevention, Treatment and Rehabilitation”, *Opus Citatum*.

12. *Ibidem*.

***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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Egypt has the Mental Health Act 71, which concentrates on the human rights issues of patients within psychiatric facilities, and on monitoring all processes and treatment procedures within the facilities.

***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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There is funding for prevention and treatment of addiction: this funding represents one of the leading mechanisms for the implementation of the national

programs for the prevention of smoking and drug [use], and for the support and provision of free treatment and rehabilitation services for addicts, in collaboration with relevant partners.

***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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No information found.

***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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No information found.



# France

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**T**he main source of information for this country is the EMCDDA 2019 Report “France: Country Drug Report 2019<sup>13</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of France, Ms. Laura D’ARRIGO, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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Suspension of proceedings by the court before passing judgment (and, usually, conviction) is a mechanism available in many European countries. Normally with the consent of the offender, the court may require attendance at treatment. This suggests a potential move toward treatment instead of forms of punishment or imprisonment for drug use.

*Although the law provides for the possibility of prison sentences for drug use, account is taken when it is applied, of users’ circumstances and the question of addictions. Users are treated above all as citizens, not as criminals. The courts may ask users to agree to treatment or another procedure instead of going to trial. For persons most affected by addiction, an injunction to undergo therapy is possible.*

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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OST treatment is available in France, as well as pharmacologically assisted and psychosocial treatments. The Social Security system in France finances the provision of drug treatment. Outpatient and inpatient care are provided through CSAPAs [Centres for Care, Support and Prevention in Addictology] within France as well.

*One of the particular features of France is that treatment under the medical welfare system is guaranteed to be free of charge and anonymous. This applies, for instance, to drug consumption rooms. It is also the case with the two key addiction treatment facilities, namely the CSAPAs and the CAARUDs [Centres for Reception and Accompaniment for the Reduction of Risks for Drug Users], which are available throughout France.*

13. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “France: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/france\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/france_en).

*There are also systems making it possible to provide optimum care for drug users, particularly through treatment flats in CSAPAs or schemes such as “a place to call home”, through which homeless people suffering from addiction have access to housing. All the existing treatments for addiction are available in France. In 2019, the Minister of Health published a roadmap for 2019-2022 to prevent and combat opioid overdoses. This includes enhancing the accessibility of substitution treatment, involving users and their entourage and promoting co-ordinated grassroots activities.*

*France sets great store by harm reduction programmes. For instance, there are currently two drug consumption rooms in France, one of which is in Strasbourg [the other one is located in Paris]. In particular, the Law of 2016 afforded protection to the persons running such programmes. This means that persons working on harm reduction programmes are protected from prosecution for inciting or helping persons to use drugs. The law also broadened the scope of harm reduction programmes, extending them to cover the reduction of welfare risks in addition to health risks.*

## **Prevention must be based on science, facts and best practices**

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The new National Action Plan on Addictions 2018-22 aims to roll out programmes for developing psychosocial skills, contributing to a healthy school environment and the prevention of at-risk behaviour, including addictive behaviours.

*Programmes based on psychosocial skills have been developed, particularly in schools. The examples of the GBG [Good Behaviour Game] programme in primary schools and the Unplugged programme at secondary level offer the possibility of providing seamless prevention throughout school.*

*The plan is for these two projects to be progressively rolled out throughout the country. Such projects are made possible by substantial State investment, particularly through the Fund to Combat Addictions.*

*The French drug addiction office, the OFDT, regularly publishes documents on drug user behaviour and market trends which enable policy makers to gain a clear, up-to-date overview of drug issues and take decisions based on the latest scientific data.*

## **Data collection as a part of the right to access information for the community and the professionals**

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Data collection, such as surveys and research projects, are often funded by non-governmental organizations and foundations representing practitioners.

Additionally, the *French Observatory for Drugs and Drug Addiction (OFDT)* is the main body involved in drug-related data collection, studies and network development. It collaborates extensively with national and European drug-related research teams. Its mandate also includes the dissemination of data and research results, together with publishing results in national and international scientific journals and promoting the use of research findings in practice and policymaking.

*The OFDT helps to promote the use of scientific data when policies are devised at national, European and international level by working closely with the Interministerial Drug Addiction Task Force, MILDECA, acting as France's focus point for the work of the EMCDDA and conducting studies on systems set up in other countries to combat addiction.*

*Furthermore, most of the OFDT's work is published online, meaning that it is accessible to the public.*

## **Rehabilitation and social reintegration**

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France's Public Health Law of 2004 defines further public health priorities, such as providing referral to the care system, contributing to improving the health of people who use drugs and facilitating their social reintegration.

*The French system seeks to facilitate reintegration into society for convicted [people who use drugs]. Convictions for drug use alone do not result in a criminal record that is accessible to the public. Only the authorities have access to the criminal registry on which it is permitted to enter convictions for drug use. In addition, convicted persons are always entitled to request that the courts remove convictions from the record so that they can pursue a career project.*

## **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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Drug treatment for prisoners is mostly provided through hospitals.

Specialized drug treatment centres are another key element of drug treatment within France.

Selective prevention mainly takes place in at-risk neighbourhoods for illicit drugs or in urban recreational settings for alcohol. There is focus on children

within the child welfare service and the judicial youth protection service.

*The medical welfare system has adapted to the specific challenges which women face. For example, in some CAARUDs, particular time slots are reserved exclusively for women so that they can be given advice in a healthy and reassuring environment.*

*Since 1994 it has been guaranteed in law that prisoners will be treated equally to the rest of the population. Prisoners are treated in hospital and have social insurance. Harm reduction and prevention for prisoners form part of the priorities of the National Plan to Combat Addiction for 2018-2022. Once again the State works with associations in this field and awards grants to the Narcotics Anonymous association for its work in prisons. This is also a part of the health plan for persons placed under judicial supervision.*

## **Fights against stigma and raising awareness in the society as a whole**

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France has been rated by the EMCDDA to have level 4, extensive provision of intervention in schools by providing information days on drugs, and rated level 3, as having limited provision of intervention for developing social and personal skills.

*The National Action Plan against Addiction for 2018-2022 places emphasis on the development of programmes based on psychosocial skills, particularly in schools.*

## **Law adaptation to the human rights approach especially for minors and non-trafficking users**

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The Law of 1970<sup>14</sup> states that "the use and possession of illicit drugs are criminal offences in France. The law itself does not distinguish between possession for personal use or for trafficking, or by type of substance."

Punishments consist of up to 5 years and a fine, or 10 years in specified aggravating circumstances. Sentences of up to life in prison and a fine of up to 7,5 million Euros is possible for criminal groups engaged in drug trafficking.

Though it is also noted that in some circumstances, there is alternative to direct imprisonment: [people who use drugs] would continue to receive the therapeutic injunction directing them to treatment. If there are aggravating circumstances, such as recidivism, imprisonment may be imposed. This suggests some adaptation toward a human rights approach.

14. Act No. 70-1320 of 31 December 1970 on health measures to combat drug addiction and the suppression of trafficking in and illicit use of poisonous substances. Available online: <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT00000321402&categorieLien=id>

The rights of the accused are always respected. They are entitled to a fair trial, time limits on and judicial review of police custody and where they disagree with the penalty imposed on them, the right to appeal.

The law makes provision for numerous alternatives to prison adapted to each individual. For cannabis users who are not addicted, awareness-raising sessions on the dangers of cannabis are the courts' initial response. Fines are also possible as an alternative to prison.

### **Promoting the right of people who use drugs to create their own NGOs and self-help groups**

The authorities support consumer associations by means of grants. This is the case in particular with the association ASUD, which is a drug users' self-help group, or the association Techno+, which organises harm reduction at festive events. MILDECA also tries to disseminate prevention and harm reduction messages as widely as possible among party and festivalgoers, particularly by working with video directors on YouTube.

The French State does extensive work with civil society to combat addiction and improve drug users' health.

In the context of the fund to fight addiction, the national call for projects for the "Mobilisation of Civil Society" in 2019 was intended to support the implementation of campaigns run by civil society bodies.

The goal was to support national projects pursuing the following purposes:

- ▶ Improving information and understanding, particularly among the general public or particular target audiences, elected representatives and opinion formers, about the impact and dangers of psychoactive substance use (particularly tobacco, alcohol and cannabis) and the benefits of stopping or reducing their use;
- ▶ Deconstructing the commercial and marketing strategies of the tobacco, alcohol and/or cannabis industries;
- ▶ Making tobacco, alcohol and cannabis less commonplace in society, particularly among young people;
- ▶ Promoting the involvement of users or former users themselves (young people, peer helpers, expert patients, pregnant women, etc.), particularly in projects to stop substance use and in harm reduction and/or advocacy projects; helping to equip or back up the work of health and social and educational support professionals in the spheres of preventing potentially harmful use of psychoactive substances and harm reduction.

### **Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)**

The Law of 2016<sup>15</sup> also broadened the scope of harm reduction programmes, which no longer focus solely on the reduction of health risks but also address welfare risks.

### **Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use**

Harm Reduction strategy in France includes needle and syringe programs (NSPs), advice on safer drug use, and general health promotion activities.

Anonymous screening is also provided for (HIV), hepatitis B virus and hepatitis C virus (HCV).

The Fund to Combat Addictions linked to Psychoactive Substances set up by the Social Security Finance Law of 28 December 2018 makes it possible to continue and step up anti-smoking campaigns and launch public health programmes dealing with other addictions, particularly alcohol and cannabis.

It contributes to the funding of national or local activities in keeping with government priorities where it comes to preventing addictions, particularly those deriving from the national anti-smoking programme and the national action plan against addiction.

These activities have 4 strategic goals:

- ▶ To protect young people and prevent them from taking up smoking as well as preventing them or delaying them from engaging in the use of other psychoactive substances;
- ▶ To help smokers to give up smoking and reduce the risks and damage caused by psychoactive substance use;
- ▶ To step up activities targeting certain priority groups out of a desire to reduce social inequalities in access to health services;
- ▶ To support applied research and a review of prevention and care schemes.

In 2019, a budget of 120 million Euros was given over to enhancing action to combat addiction.

France sets great store by harm reduction programmes. The latest development was the establishment of two drug consumption rooms in France. The Law of 2016 provides legal protection for the persons responsible for such programmes. This means that persons working on harm reduction programmes are protected from prosecution for inciting or helping persons to use drugs.

15. Act No. 2016-41 of 26 January 2016 on the modernization of the health system. Available online: <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000031912641&categorieLien=id>.



# Greece

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**T**he main source of information for this country is the EMCDDA 2019 Report “Greece: Country Drug Report 2019<sup>16</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Greece, Mr. Gerasimos PAPANASTASATOS, was satisfied with the information provided by the Secretariat.

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## ***Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals***

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Upon the order of the investigating judge, offenders may be admitted to a special treatment unit operating in a prison setting or a community drug treatment program operated by a lawfully recognized agency (the law specifies the recognized drug agencies).

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## ***Treatment to be available, accessible, affordable and science-based, with the best practices***

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Some forms of treatment offered within Greece include inpatient, psychosocial treatment, and OST treatment. Additionally, outpatient treatment is provided through specialized drug treatment centres and prison units.

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## ***Prevention must be based on science, facts and best practices***

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Prevention methods in Greece include prevention of different kinds of dependency and the promotion of psychosocial health, school-based prevention interventions and anti-bullying policies.

Additionally, Prevention Centres provide training and support to teachers around program implementation. The development of personal and social skills is a key feature of these activities. Families are also a core target group; family prevention includes information events and training programs.

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16.. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Greece: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/greece\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/greece_en).

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## ***Data collection as a part of the right to access information for the community and the professionals***

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Several government sources provide funding for research, mainly to university departments and to a major treatment centre that is active in the research field.

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## ***Rehabilitation and social reintegration***

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No information found.

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## ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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Selective intervention programs in Greece such as the Icarus Prevention Unit (KETHEA) for instance, designs and implements interventions aimed at young offenders, young people who experiment with drugs, immigrants, returning migrants, refugees, disabled children, children from dysfunctional environments, at-risk families and children living in care institutions.

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## ***Fights against stigma and raising awareness in the society as a whole***

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Prevention Centres for Addiction and Psychosocial Health Promotion provide information and raise public awareness about drugs and drug dependency, while prevention professionals target specific members of local communities, such as the army, public security forces, health professionals and youth mediators.

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## ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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Greek drug law states that a drug-dependent offender charged with drug dealing can be considered for conditional release, provided that, he or she has served a minimum of one fifth of the sentence and has successfully and certifiably completed drug treatment.

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## ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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No information found.

***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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Two drug treatment agencies, KETHEA and OKANA, focus on prevention of infectious diseases and of overdose deaths, as well as on the management of health problems among people who use drugs. People who use drugs attending a drug treatment program have the right to free medication if they are HIV or hepatitis C virus (HCV) positive or have other serious health problems.

***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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Other methods used to reduce consequences of drug use include needle and syringe programs, printed health education and information materials, and training in safe use and first aid for drug users.

# Italy

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**T**he main source of information for this country is the EMCDDA 2019 Report “Italy: Country Drug Report 2019<sup>17</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Italy, Dr. Elisabetta SIMEONI, made comments in italics.

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## ***Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals***

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If a person is found in possession of illicit drugs for the first time, administrative sanctions are not usually applied, but, instead, the offender receives a warning from the local Prefect and a formal request to refrain from use. A socio-rehabilitation and therapeutic program may be offered in addition to administrative sanctions.

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## ***Treatment to be available, accessible, affordable and science-based, with the best practices***

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Treatment methods in Italy include interventions carried out by both public and private services include psychosocial support; psychotherapy and social service interventions; detoxification in residential settings or hospitals; and vocational training in semi-residential settings.

OST, (public and private) inpatient and outpatient treatment services are available as well as mobile units, drop-in centres, reception units and outreach programmes.

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## ***Prevention must be based on science, facts and best practices***

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In Italy the Life Skills Programme (Botvin) has been implemented and evaluated in Lombardy, with encouraging results. Available information shows that family involvement is considered central to all prevention efforts in Italy, and almost all regions have universal prevention projects targeting families, teachers and peers.

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17. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Italy: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/italy\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/italy_en).

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## ***Data collection as a part of the right to access information for the community and the professionals***

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The Italian Action Plan recognises the importance of drug-related research, especially in the fields of neuroscience, neuroimaging, and behavioural, social and educational sciences. To this end, the Department for Anti-Drug Policies (DAP) supports the development of an institutional scientific community. The outcomes of research are published both in national and international scientific journals.

Harm reduction strategy in Italy often consists of needle and syringe programmes (NSPs), information dissemination and counselling.

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## ***Rehabilitation and social reintegration***

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The majority of social-rehabilitative facilities are provided by private organizations. They provide inpatient treatment, but also semi-residential and outpatient treatment. Referral to social-rehabilitative facilities is made and paid for by the Ser.Ds (public drug dependency service units).

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## ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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Some programmes focus on particular groups, such as cocaine users, children and adolescents who use psychoactive substances, those with dual diagnosis, or members of ethnic minorities. Additionally, selective prevention activities also target immigrants, school dropouts, young offenders, families with problem drug use and/or with mental health problems, and socially and academically marginalized young people.

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## ***Fights against stigma and raising awareness in the society as a whole***

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Prevention activities are often implemented in schools by teachers, as well as by local health authorities, law enforcement agencies and private social agencies. They are mostly focused on information provision and awareness raising.

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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The Consolidated Law, adopted by Presidential Decree No 309 on 9 October 1990 and subsequently amended, provides the legal framework for the trade, treatment and prevention, prohibition and punishment of illegal activities in the field of drugs and psychoactive substances.

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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No information found.

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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*The right to health and the protection of health are defined as “a fundamental right of the individual” by the Italian Constitution (Article 32, paragraph 1) and, for this*

*reason, the Italian State guarantees free medical care to the indigent, including prisoners.*

*Furthermore, the Consolidated Law, adopted by Presidential Decree No 309 on 9 October 1990, defines that a drug user can turn to public services for drug addiction or authorized private ones to undergo diagnostic tests and perform a therapeutic and socio-rehabilitation programs.*

*The 309/90 guarantees drug addict prisoners right to receive medical care and necessary assistance in prison institutions for rehabilitation purposes.*

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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Harm reduction methods are provided through mobile units, drop-in centres, reception units and outreach programmes, and by public and private outpatient treatment services.

Additionally, harm reduction strategy in Italy often consists of needle and syringe programmes (NSPs), information dissemination and counselling.



# Jordan

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**T**he main source of information for this country is the Council of the European Union's "Regional Report on the Near East 'CORDROGUE 86'<sup>18</sup>": any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Jordan, Mr. Jamil ALHABAIBEH, was satisfied with the information provided by the Secretariat.

## ***Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals***

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According to an amendment on the Law on Drugs ratified by the Jordanian Parliament and published at the *Official Gazette* (2012), first time [people who use drugs] will be sent to a rehabilitation centre instead of prison.

## ***Treatment to be available, accessible, affordable and science-based, with the best practices***

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Strengthening the community resources in providing drug abuse treatment and rehabilitation for vulnerable groups in Jordan" is a program implemented by the UNODC Office in Amman in cooperation with the Public Security Directorate (PSD) and the Jordanian Ministry of Health.

## ***Prevention must be based on science, facts and best practices***

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Prevention methods include school information programs on the dangers of drug use. Jordan continues to take measures to increase public awareness of the danger' of drugs through an active awareness plan. The PSD/Anti-Narcotics Department (AND) conduct seminars and lectures at universities and schools, and distribute published material aimed at raising awareness. In addition, the AND's awareness plan also involves cooperation with government institutions, NGOs, correction and rehabilitation centres, youth clubs and of course media.

18. **Council of the European Union**, "Regional Report on the Near East: 'CORDROGUE 86'", 17 December 2014 Available online: <http://data.consilium.europa.eu/doc/document/ST-13947-2015-INIT/en/pdf>.

## ***Data collection as a part of the right to access information for the community and the professionals***

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The Middle East and North Africa Harm Reduction Association (MENAHR) promotes harm reduction through a network that revolves around three knowledge hubs in the Islamic Republic of Iran, Lebanon and Morocco. The knowledge hubs cooperate via a network secretariat. Each knowledge hub operates in part of the WHO Eastern Mediterranean Region, conducting advocacy, disseminating resources, providing training and supporting civil society organizations' projects. According to a MENAHR report on Harm reduction, "Soins Infirmiers et Développement Communautaire (SIDC)" is a resource centre which both collect and disseminate information to the public on how to reduce harm associated with drug use.

## ***Rehabilitation and social reintegration***

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Rehabilitation in Jordan includes the aforementioned programme "Strengthening the community resources in providing drug abuse treatment and rehabilitation for vulnerable groups".

## ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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Regional UNODC project entitled "Increasing Access to Prevention and Care Services for Drug Use and HIV/AIDS in the Prison Setting" is implemented by UNODC in cooperation with Jordanian PSD and the Ministry of Health.

## ***Fights against stigma and raising awareness in the society as a whole***

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The Higher Council for Drug Awareness helps to raise awareness on drug related issues.

The Hashemite Kingdom of Jordan has continued to take measures in order to increase public awareness of the dangers of narcotics, through an effective and active plan in the field. They are visiting students in schools and Universities, lecturing and negotiating the dangers of drugs with the young generation of Jordanians.

***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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The basic legislation is Law no. 11 of 1988 on Drugs and Psychotropic substances, as was amended around 2014, distinguishing between first time users and long-term addicts. The amendment provides that first time users be placed in a rehabilitation centre instead of prison. However, due to a different reading of the term “first time users” between the Ministry of Justice and the Anti-Narcotics Department, an official interpretation is awaited from the Prime Minister’s Office.

***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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SIDC in Beirut, Lebanon, is responsible for leading MENAHRA activities in Jordan. As an NGO with an established network in Lebanon and regionally, SIDC facilitated MENAHRA’s approach to civil society.

Moreover, the AND’s awareness plan also involves cooperation with NGO’s.

***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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No information found.

***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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No information found.

# Lebanon

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**T**he main source of information for this country is the 2017 “National Report on Drug Situation in Lebanon<sup>19</sup>” coordinated by the Lebanese Ministry of Public Health (MOPH): any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Lebanon, Prof. Ramzi HADDAD, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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According to Article 189 of the Drug Law, persons who earn a certificate of recovery will be exempted completely from legal pursuit. National Mental Health Programme at the MOPH, created the first national strategy for mental health and substance use.

*Circular No. 76 of 22 August 2019, issued by MOPH urged all hospitals, health workers and health professionals to abide by other circulars confirming that cases of overdose on substances do not require the Internal Security Forces to be informed or any judicial action to be taken in this regard in order to preserve the patient’s right to health care and treatment, to respect the patient’s privacy and avoid stigma and discrimination against the patient.*

*Also, the Minister of Interior directed an official communication asking to inform all concerned internal security forces of the content of MOPH circular.*

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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MOPH reports that Services for persons with substance use disorders are provided by NGOs, private clinics and hospitals. Many of these NGOs are engaged in lobbying and advocacy to increase treatment availability.

Additionally, NGOs providing specialized services in more than one location, most of them (around 80%) were located in Mount Lebanon and Beirut.

19. **Ministry of Public Health of the Republic of Lebanon**, “National Report on Drug Situation in Lebanon”, 2017. Available online: [https://www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/NODDA\\_2017\\_english.pdf](https://www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/NODDA_2017_english.pdf).

Outreach, needle and syringe programs, voluntary counselling and testing centres, overdose prevention services, screenings, and other primary health care services are available. OST is also available, as well as outpatient and inpatient services.

When individuals are admitted for detoxification at the expenses of the Ministry of Public Health, they contribute with a small share to the cost of their detoxification (15%). They can access rehabilitation programs at no cost, the NGOs complementing the coverage of the Ministry of Social Affairs and providing additional coverage through donors and fund-raising activities.

## **Prevention must be based on science, facts and best practices**

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Various prevention programmes are being implemented such as life skills or parenting skills education, peer-to-peer education, and general awareness campaigns<sup>20</sup>.

*In line with the “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021”, strategic objective to pilot and explore the scale-up of evidence-based prevention interventions for youth, the National Mental Health Programme (NMHP) at the MOPH organized training for trainers on “Line Up Live Up”, an evidence-informed training programme on life skills. Prior to the training, the “Line Up Live Up” (LULU) manual that was developed by UNODC was adopted and adapted to the Lebanese context. This evidence-informed manual aims to build the resilience of youth at risk, specifically using sports as a way to reduce risky behaviour, including harmful substance use, among young people aged 14-18 years living in adverse circumstances<sup>21</sup>.*

20. **Fonds des Nations unies pour l’enfance (UNICEF)**, “An evidence-informed life skills education programme targeting youth at risk in Lebanon”, July 2019. Available online: <https://www.unicef.org/lebanon/press-releases/life-skills-education-programme>.

21. **Ministry of Public Health**, Ministry of Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Justice, and Ministry of Social Affairs 2016, “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021”, Version 1.1 Beirut: Lebanon. Available online: [https://www.moph.gov.lb/userfiles/files/Inter-ministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-V1\\_1-English.pdf](https://www.moph.gov.lb/userfiles/files/Inter-ministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-V1_1-English.pdf).

## ***Data collection as a part of the right to access information for the community and the professionals***

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MEHE, MOSA and MOPH collaborate with NGOs to regularly disseminate an up-to-date list of evidence-based community-based prevention interventions to all relevant actors.

## ***Rehabilitation and social reintegration***

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Treatment and rehabilitation programs for persons with drug use disorders are usually multi-disciplinary and use more than one approach such as: abstinence, Cognitive Behavioural Therapy (CBT), OST and other harm reduction interventions, faith-based and therapeutic community.

## ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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A qualitative research report on “Needs of women with substance use disorders” was coordinated and published by the MOPH in 2019<sup>22</sup>.

Methods of prevention in Lebanon include: “Conducting capacity-building activities for staff in social development centres and collaborating with NGOs in organizing preventive activities. The following programs were implemented in 2016: youth movement program, life skills development program, parents’ awareness and education programs, and youth awareness workshops.

Lebanon’s Inter-Ministerial Substance Use Response Strategy objectives are:

- ▶ To ensure the development of a sustainable system for substance use response that guarantees the provision of and universal accessibility to a full spectrum of high-quality gender and age sensitive prevention, treatment, rehabilitation, harm reduction and social re-integration services;
- ▶ The strengthening of supply reduction interventions, through a cost-effective, evidence-based and integrated multidisciplinary approach, with an emphasis on community involvement, continuum of care, human rights and cultural relevance.

To finish with, a harm reduction awareness campaign targeting prison inmates including women

22. **Ministry of Public Health (MOPH)**, “Needs of women with Substance Use Disorders”, Beirut: Lebanon, 2019. Available online: <https://rm.coe.int/2019-needs-women-sud-lebanon-eng/168093ed80>.

and juveniles in 14 prisons, in collaboration with the National Aids Program (NAP), ISF, UNODC and two implementing partners was set up.

## ***Fights against stigma and raising awareness in the society as a whole***

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In order to raise awareness in society, the Internal Security Forces engage with NGOs in organizing awareness seminars and training of trainers.

Additionally, information is shared in efforts to educate the public in school settings, family and parenting skills training, vocational training and income-generating support.

## ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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[Drug] Law (Articles 199-204) requires from the Ministry of Public Health to establish or adopt detoxification facilities to treat persons with drug use disorders, as well as psychosocial clinics to treat them for their psychological dependence.

Additionally the [Drug] Law provides the possibility for persons arrested for drug use with the option to be referred to a ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option of treatment or sanction, before, during or after sentence (Articles 183, 189 and 198). Pursuit can be dropped if the person voluntarily presents in front of the DAC (Article 183).

## ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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A very limited number of self-help and mutual aid groups exist in Lebanon. Two groups affiliated to the international self-help movements Alcoholic Anonymous and Narcotics Anonymous are known to be established. Objective 2.1.18 of the Inter-ministerial strategy is set to “Facilitate the establishment of self-help and mutual aid groups” in 2021<sup>23</sup>.

23. **Ministry of Public Health**, Ministry of Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Justice, and Ministry of Social Affairs 2016, “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021”, Version 1.1 Beirut: Lebanon. Available online: [https://www.moph.gov.lb/userfiles/files/Inter-ministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-V1\\_1-English.pdf](https://www.moph.gov.lb/userfiles/files/Inter-ministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-V1_1-English.pdf)

***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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An addiction treatment plan, which targeted 665 inmates, as well as prevention from and early diagnosis of HIV, hepatitis B and C targeted 1180 inmates, and prevention, diagnosis and treatment of sexually transmitted infections targeted 1214 inmates.

***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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No information found.



# Malta

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**T**he main source of information for this country is the EMCDDA 2019 Report “Malta: Country Drug Report 2019<sup>24</sup>” any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Malta, Prof. Marilyn CLARK, made comments in italics. Her main source of information is the EMCDDA report mentioned above and the National Report on the Drug Situation in Malta – 2019 National Focal Point for Drugs and Drug Addiction.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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*On the 15<sup>th</sup> of April 2015, the Government introduced an act to provide for the treatment of persons in possession of small quantities of prohibited drugs for personal use and for other measures for the rehabilitation of persons suffering from drug dependence.*

*The illegal use of psychotropic and narcotic drugs is not, per se, recognised in Maltese law, although the use of these substances, if proven in court, leads to a conviction for possession or trafficking. Maltese law recognises two kinds of possession: simple possession, or possession for personal use; and aggravated possession, or possession of drugs not for the offender’s exclusive use.*

*Under the Drug Dependence (Treatment not Imprisonment) Act 2014, a person found in possession of a small amount of drugs for personal use is tried in front of the Commissioner of Justice in an attempt to divert them from the criminalising impact of contact with the Criminal Justice System. To this effect a first offence is punishable through a fine. Any offender who commits a second offence within a period of 2 years is required to attend the Drug Offenders Rehabilitation Board, where he or she is assessed for drug dependence and any necessary order may be issued. In the case of an offender who commits a limited number of offences as a result of drug dependence, the Court may assume the function of a Drug Court and refer the offender to the Drug Offenders Rehabilitation Board.*

*This new legislation was an extension of a diversionary project proposed by the National Commission on the Abuse of Drugs, Alcohol and other Dependencies in 2012*

24. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Malta: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/publications/country-drug-reports/2019/malta\\_en](http://www.emcdda.europa.eu/publications/country-drug-reports/2019/malta_en).

*that aimed to divert first time offenders away from the criminal justice system towards some form of intervention.*

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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*The Maltese National Drugs Policy (2008) streamlines the actions of the government and non-government bodies responsible for delivering services to drug users by seeking to improve the quality and provision of drug-related services and aiming to promote health, well-being and social cohesion. It also highlights the cooperation between service providers and other health and social professionals and institutions to ensure a multidisciplinary approach to treatment provision.*

Treatment in Malta includes: specialised outpatient services; low-threshold services; inpatient treatment programmes; detoxification treatment; and OST.

*NGO-based outpatient services offer long- or short-term support through social work, counselling, group therapy, and psychological interventions, while low-threshold programmes offer day-care services.”*

*OAT is provided by the Substance Misuse Outpatient Unit (SMOPU). Methadone maintenance treatment has been available in Malta since 1987, with take-home methadone prescriptions available since 2005. Buprenorphine was introduced in 2006. It is also available as a take-home treatment by prescription from either SMOPU or a general practitioner. Dihydrocodeine is prescribed in rare instances.*

*The Government committed itself to the construction of a new centre to provide interventions for minors that will house a maximum of 20 adolescents.*

## **Prevention must be based on science, facts and best practices**

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School-based programmes primarily focus on the development of life skills such as enhanced self-esteem, the ability to resist peer pressure and decision-making and on increasing young people’s abilities to express their feelings and encouraging problem-solving skills. Universal family-based prevention programmes in an interactive environment generally tackling topics related to parenthood, such as leadership styles, communication and child development.

*Few interventions are subjected to rigorous and scientific evaluation.*

## **Data collection as a part of the right to access information for the community and the professionals**

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Both the government and university departments play an important role in undertaking research, which is mainly funded by the public sector. Drug-related research findings are disseminated by the national focal point through regular meetings with partners, direct mailing to interested parties, the media and on the national focal point website.

*The introduction of the Master of Science in Addiction Studies as a joint initiative between the Faculty of Social Wellbeing and the Faculty of Medicine and Surgery in 2019 is expected to reasonably increase the number of scientific studies on drug use on the Maltese islands. This evidence can then be fed into the policy cycle.*

## **Rehabilitation and social reintegration**

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*Five inpatient units are available in Malta, of which three are therapeutic communities. The residential programmes provide a holistic, multidisciplinary approach to therapy in a communal living environment, and attempt to guide clients towards abstinence.*

*A National Audit was conducted by the National Audit Unit in 2012<sup>25</sup>: "NAO noted that programmes specifically dedicated at addressing reintegration into society from an employment perspective were generally limited across the various service providers. Nonetheless, Caritas' practice of assigning an employee, albeit on a part-time basis, to organise suitable training for residents, provide assistance in job seeking, and subsequently follow up when actually in employment is commended. The other service providers also delivered similar support functions; however, these were less formal in terms of design and delivery."*

*The Rehabilitation In Society Malta Foundation (RISe)<sup>26</sup> started providing a reintegration service for prisoners, many of whom are substance abusers. The service is based on the principles of Restorative Justice. The service will continue to work with the Corradino Correctional Facility and prepare offenders for re-integration in society. As a result of this re-integration the rate of recidivism is expected to decrease therefore enhancing the general public safety.*

## **Access to treatment and care for specific populations: people who use drugs in**

25. **Malta National Audit Office (NAO)**, "Performance Audit: Tackling Problem Drug Use in Malta". Available online: <http://www.emcdda.europa.eu/system/files/attachments/5286/National%20Audit%20Office%20%282012%29%20Performance%20audit%20-%20Tackling%20problem%20drug%20use%20in%20Malta.pdf>.

26. <https://maltacvs.org/voluntary/rehabilitation-in-society-2/>

## **prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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The Leap Project<sup>27</sup> aims to consolidate community resources and networks to address social exclusion issues. Other target groups are young people in schools in deprived areas, juvenile prison inmates and young offenders. Agenzija Appogg<sup>28</sup>, the national agency for children, families and the community, and Sedqa have brought together professionals from several fields to develop a project that aims to offer individual guidance and counselling to adolescents who are referred for support as well as their parents and partners. The unit also offers crisis intervention when homelessness or abuse is involved.

A special harm reduction centre for women who [use] drugs is operated by Caritas and provides sheltered accommodation and intensive therapy to clients who cannot achieve abstinence in the short term. Protection from different forms of violence and from involvement in sex work is also provided.

To finish with, Malta has developed a specific answer towards people who use drugs in prisons.

*According to the most recent data, in 2014 around 43 % of prisoners in Malta had a history of drug use prior to imprisonment and one quarter had been in drug treatment.*

*On entering prison, inmates undergo medical screening, which is followed by a consultation with the psychosocial team. Substance use problems are usually assessed with standardised tools. On admission, all prisoners are also tested for human immunodeficiency virus and hepatitis B virus (HBV) infections.*

*Most prisoners undergoing drug treatment in prison receive opioid agonist treatment (OAT). OAT is initiated at a hospital's forensic unit and the inmates are transferred back to prison once they are stable. Additionally, there are protocols for the transfer of inmates to selected drug rehabilitation units. Drug treatment agencies offer counselling and support services to inmates inside the prison, including assistance with social reintegration. Since 2007, a vaccination programme for HBV has been in place.*

*Activities are undertaken to prepare inmates for release, but it is not within the remit of the prison to provide continuity of care.*

## **Fights against stigma and raising awareness in the society as a whole**

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Raising awareness methods include discussions on drug and alcohol misuse through local councils, youth organizations, religious societies and social

27. <https://fsws.gov.mt/en/leap/Pages/default.aspx>

28. <https://fsws.gov.mt/en/appogg/Pages/overview-appogg.aspx>



and political clubs. Community and church activities, drug awareness talks, exhibitions, concerts and drug-free activities are organized at specific times of the year and are aimed at the general public.

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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*The conservative and punitive approach of the past was abandoned and substituted by a more lenient legislation that centres its focus around the victim's treatment.*

The Drug Dependence Act (treatment not imprisonment) is one form of a human rights approach in Malta.

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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There are five main drug treatment providers: three are funded by the government and two are non-governmental organisations (NGOs) partially funded by the government.

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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Harm reduction methods include access to clean injecting equipment (Needle and Syringe programs

are also available), testing and counselling for infectious diseases such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), risk awareness and HBV vaccinations. Blood screening and counselling for infectious diseases are provided at the substance misuse outpatient unit, in prison and at the sexual health clinic.

*Needles and syringes are distributed at seven fixed locations across the country. In 2017, around 316 000 syringes were distributed through these specialised facilities, showing a decrease for the second consecutive year. This perhaps coincides with the registered decrease in injecting behaviour among individuals in treatment. A special harm reduction centre for women who inject drugs is operated by Caritas and provides intensive therapy to clients who cannot achieve abstinence in the short term as well as sheltered accommodation.*

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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Maltese National Drugs Policy adopted in 2008 is to achieve a high level of health protection and social cohesion by preventing and reducing drug-related harm to health and society, ultimately promoting a culture that discourages the use of illicit drugs.



# Morocco

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**T**he main source of information for this country is the EMCDDA's website page "Kingdom of Morocco country overview"<sup>29</sup>: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Morocco, Prof. Jallal TOUFIQ, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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*This approach is present in all the national action plans since 2009.*

In Moroccan Law, it is possible to be referred to treatment in lieu of, or in addition to, alternative punishment or sentence for drug use<sup>30</sup>. This indicates a shift toward considering drug use rightly as a medical condition.

The National Strategy Against Addiction notes goals to treat addiction, through development of facilities and training of human resources.

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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Treatment methods in Morocco include inpatient and outpatient services, detoxification, psychosocial care, therapy, as well as other science-based methods. *There also are private treatment centres and 4 University affiliated treatment centres. NGOs are involved in harm reduction programs and outreach.*

*Treatment centres are available and accessible in all major cities of the country. All the public centres affiliated to the Ministry of Health (16 centres) are free of charge. Patients' data are confidential, guidelines and treatments are science-based.*

The National Centre for Addiction Treatment, Prevention and Research in Rabat-Salé is accessible

29. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, "Kingdom of Morocco country overview". Available online: [http://www.emcdda.europa.eu/countries/morocco\\_en](http://www.emcdda.europa.eu/countries/morocco_en).

30. **Council of Europe**, "Morocco: Drug situation and policy", 2014, 36 p. Ref: **P-PG/MedNET (2014) 16**. Available online: <https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3>.

to all Moroccans regardless of their geographic origins and has 16 inpatient beds for males and six for females.

## **Prevention must be based on science, facts and best practices**

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*Prevention is a major axis of all the national action plans; NGOs are involved in prevention and science-based trainings for professionals are available.*

"Schools also play an important role in prevention through prevention activities, club, information sessions as well as other initiatives within the framework of drug [use] prevention<sup>31</sup>.

## **Data collection as a part of the right to access information for the community and the professionals**

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The Ministry of Health has recently launched various projects (*such as REMAD, the Moroccan Network of Professionals, which was set up in 2019*) to create an integrated data collection system that would facilitate data gathering and reporting for national and international purposes. The Treatment Demand Indicator protocol is being considered for adaptation and implementation in Morocco. *All the reports made by the National Observatory on Drugs and Addictions are available for the general population.*

## **Rehabilitation and social reintegration**

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Detoxification, aftercare and rehabilitation are provided through specialized addiction centres. *Moreover, some treatment programs offer rehabilitation and some NGOs offer rehabilitation and social support.*

## **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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The Ministry of Health plays a role in prevention in promoting targeted actions for young people, adults and vulnerable groups, with a significant focus on the implementation of a social communication strategy.

*8 treatment programs and 5 OAT programs exist for prisons. Specific treatment programs free of charge are available for migrants with mental conditions including addictions.*

31. *Ibidem.*

### ***Fights against stigma and raising awareness in the society as a whole***

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Awareness raising is done in schools through programs that seek to inform youth of the risks of drug use. *Raising awareness campaigns in the general population are carried out at a regular basis.*

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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*1974 Law allows judges to refer to treatment centres users in possession of drugs for their own use.*

Article 8 of law No. 1-73-282<sup>32</sup> takes into account interests [of people who use drugs] as it does acknowledge the importance of treatment and care of narcotics addict. Criminal prosecution will not be brought if the author of the crime, following a medical exam performed at the request of the Royal Prosecutor, consents to go into treatment for drug addiction for as long as it is needed. Additionally, for minors, Article 8 states that treatment should be provided in a family setting, and in conformity with the conditions determined by order of the Minister of Justice made after consulting with the Ministry of Health. However, it is noted that this law is rarely applied in practice.

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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*NGOs of people who use drugs already exist in Morocco. They are generally very active in developing harm reduction interventions and outreach actions. They are funded by national and international organizations and supported by the Ministry in charge of the Civil Society. Self-support groups for AA and NA are available.*

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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*Specific HIV and HC treatment packages for people who use drugs are available. Harm reduction strategy includes opioid substitution treatment (OST), which is part of the National Risk Reduction Programme, as well as methadone maintenance treatment and needle and syringe programs.*

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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The range of services provided by harm reduction facilities includes distribution of injection kits and collection of used needles and syringes, distribution of condoms, awareness raising and education, and social support. Significant achievements' through harm reduction have been noted.

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32. *Ibidem.*

# Palestine\*

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**T**he main source of information for this country is the UNODC report “Illicit Drug Use in Palestine<sup>33</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Palestine, Dr. Saed BALIBISI, made comments in italics. His main source of information is the National Palestinian Drug Control Program and the Palestinian Ministry of Health Anti-drug Strategy.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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People who use drugs in Palestine stressed the need to change perceptions and the stigma against drug users, and also to encourage law enforcement services to offer protection and treatment for people who use drugs and to convict drug dealers.

*A new National Palestinian Drug Control & Crime Prevention Program was set up by the Palestinian Anti-Drug National in which it is considered that:*

- ▶ *Drug addiction is a chronic disease;*
- ▶ *People who use drugs have the right for treatment, education, after-care, rehabilitation and social reintegration in conformity with paragraph 1 of Article 38.*

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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Mental health services in Palestine include addiction and drug abuse treatment but are still limited and confined to specific areas. Those services are provided by the Palestinian Ministry of Health (MOH) the private sector, NGOs and the United Nations Relief and Works Agency.

*The MOH initially opened the Methadone Treatment Centre for [people who use heroin] based in Ramallah city, working as secondary health facility since May 2014. The centre includes psychiatry specialists who provide regular service for [people who use heroin] in addition to general practitioners, nurses, psychologists, as well as pharmacy and laboratory services.*

33. **United Nations Office on Drugs and Crime (UNODC)**, “Illicit Drug Use in Palestine” (November 2017). Available online: [https://www.unodc.org/documents/publications/Illicit\\_Drug\\_Use\\_in\\_Palestine.pdf](https://www.unodc.org/documents/publications/Illicit_Drug_Use_in_Palestine.pdf).

*In May 2018, the MOH also opened the Palestinian National Rehabilitation Centre based in Bethlehem, which provides tertiary care to all forms of addictions (heroin, cocaine, cannabis, alcohol, etc.).*

*All services are provided for free; patients do not need to have any health insurance to have access to the services.*

## **Prevention must be based on science, facts and best practices**

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The Anti-Narcotics Department runs prevention programs through which it promotes awareness in coordination with other organizations and provides capacity building for [drug use] treatment. The Caritas Old City Counselling Centre conducts training workshops for psychologists, social workers, and students on prevention and intervention against drug abuse. *The National Drug Control & Crime Prevention Program strategy mentions a goal for raising public awareness in cooperation with the MOI and MOH Education Department. Those programs target high schools refugees’ camps and civil councils in villages’ vulnerable areas (areas beside Israeli boarders and check points).*

*A plan for creating a hot line for people who use drugs to provide them with free consultation and information is now under discussion.*

*To finish with, the MOH and MOI are now conducting workshops, meetings with students, the general public and patients in order to raise awareness on prevention and harm reduction – this issue is addressed on television and radio stations.*

## **Data collection as a part of the right to access information for the community and the professionals**

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The Maqdesse for Society Development publishes publications and studies addressing the problem of illicit drug use in Palestine.

## **Rehabilitation and social reintegration**

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Maqdesse has established the Rehabilitation and Guidance Centre that offers psychological support, treatment and awareness services for people who use drugs.

*The Palestinian National Rehabilitation Centre in Bethlehem and the Methadone Treatment Centre in Ramallah are providing rehabilitation services and integrating people who use drug in communities.*

### **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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The GCMHP (which provides comprehensive mental health services) in Gaza caters to men, women and children and addresses issues related to illicit drug use, including generic laboratory services for the diagnosis of addiction and community-based programming approaches to address drug use.

The UNODC states that in every three people who use drugs in Palestine are women, however, in Palestine, treatment is more limited for females than for males because of cultural expectations and the lack of treatment services designed to meet the special needs of females.

In Jerusalem, Maqdese has also implemented special camps that train youth in Shufat refugee camp on leadership skills, decision-making, communication skills, and drug-related awareness.

*The MOH started the harm reduction program in the PNRC and The Methadone Centre, including the following objectives:*

- ▶ **Universal:**
  - Ensures universal access and continuity of care to all young people;
  - Aims to identify and screen those who are vulnerable to substance misuse and identify those to refer on;
  - Identification of risks or child protection issues.
- ▶ **Fights against stigma and raising awareness in the society as a whole:**

Since its establishment, the Anti-Narcotics Department has succeeded in identifying and stopping hundreds of drug trafficking and drug abuse cases and has organized hundreds of awareness sessions on the dangerous impact of drug use.

The Caritas Old City Counselling Centre organizes awareness sessions about drug dependency at schools in East Jerusalem and the West Bank.

*The MOH, MOI, MOJ and MOE are conducting programs to reduce the stigmatization and providing privacy to people who use drugs. They also try to raise awareness amongst people who use drugs concerning their rights.*

### **Law adaptation to the human rights approach especially for minors and non-trafficking users**

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*When abusers of drugs have committed such offenses, the Parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers shall undergo measures*

*of treatment, education, after-care, rehabilitation and social reintegration in conformity with paragraph 1 of Article 38.*

### **Promoting the right of people who use drugs to create their own NGOs and self-help groups**

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- ▶ *The National Palestinian Drug Control Program is studying this issue to be allowed;*
- ▶ *Self-support groups for AA and NA are available.*

### **Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)**

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Maqdese provides harm reduction methods.

### **Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use**

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- ▶ **Targeted:**
  - Youth orientated services, offered by practitioners with some drug and alcohol experience and youth specialist knowledge;
  - Aim and purpose of this tier is to be concerned with reduction of risks and vulnerabilities and maintenance of young people in mainstream services.
- ▶ **Specialist:**
  - Work with complex cases requiring multidisciplinary teamwork;
  - Deal with complex and often multiple needs of the C/YP and not just with the particular substance misuse;
  - Includes substitute prescribing;
  - Work towards reintegrating and including the child in their family, community, school or place of work.
- ▶ **Inpatient:**
  - Provides very specialist forms of intervention for people who use drugs with complex care needs;
  - For a very small number of people, there is a need for intensive Interventions; this could include short-term substitute prescribing, detoxification and places away from home;
  - Care away from home might be offered such as residential units, enhanced fostering, and supported hostels.

# Portugal

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**T**he MedNET Representative of Portugal, Ms. Sofia SANTOS, has completely revised this section. Her main source of information is the *Statistical Bulletin 2018 – Illicit Substances* published by SICAD<sup>34</sup> in 2019: any information not quoted as coming from another source is considered to come from this report.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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The Portuguese policy follows a public health approach, as drug use is considered a health problem, being a chronic relapsing disease and the people who use drugs needing care and not punishment. The National Strategy adopted in 1999 advocated for a change of law, drug addiction was to be viewed as a disease and drug users as citizens in need of treatment and not as criminals. The Decriminalisation Law, which entered into force in 2001, implemented this approach: according to this Law, “a person caught using or possessing less than the maximum amount of a drug for personal use, where there is no suspicion of involvement in drug trafficking, will be evaluated by the local Commission for Dissuasion of Drug Addiction, composed of three members, two being medical doctors, psychologists, sociologists or social workers and the third being a legal expert. Punitive sanctions can be applied, but the main objectives are to explore the need for treatment and to promote healthy recovery<sup>35</sup>.”

The Dissuasion model lies on the collaboration with drug treatment, harm reduction and social reintegration services, which provide for measures in a non-judgmental and non-discriminatory way.

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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The National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-20 states that treatment interventions should be:

- ▶ Based on a comprehensive diagnosis of each citizen’s full biopsychosocial needs;
- ▶ Accessible and adaptable;
- ▶ Based on scientific evidence in terms of effectiveness, efficiency and quality;
- ▶ Supported by guidelines.

The public services are provided free of charge and are accessible to all people who use drugs and who seek treatment.

Healthcare for [people who use drugs] was reorganised in Portugal in 2013-14, being provided accordingly with the Referral Network for Addictive Behaviours and Dependencies. The network encompasses public specialised services of treatment for illicit substance dependence, under the authority of Regional Health Administrations of the Ministry of Health, NGOs and other public or private treatment services interested and competent in provision of care. The network incorporates three levels of care: (i) primary healthcare services; (ii) specialized care, mainly in outpatient settings; and (iii) differentiated care, mainly in inpatient settings (detoxification units, therapeutic communities, day centres and/or specialized mental or somatic health care)<sup>36</sup>. The network ensures wide access to quality-controlled services provided through several treatment modalities and in integration with other, non-health, services, to this vulnerable population.

## **Prevention must be based on science, facts and best practices**

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The Portuguese National Plan frames the preventive intervention for the Reduction of Addictive Behaviours and Dependencies 2013-2020 (PNRCAD), that calls for the need of promotion of preventive interventions, taking into account evidence and best practices. The measures developed have been based on the operational levels of universal, selective and indicated

34. **General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD)**, *Statistical Bulletin 2018 – Illicit Substances*. Available online: [http://www.sicad.pt/EN/Publicacoes/Paginas/detalhe.aspx?itemId=165&lista=SICAD\\_PUBLICACOES&bkUrl=BK/Publicacoes/](http://www.sicad.pt/EN/Publicacoes/Paginas/detalhe.aspx?itemId=165&lista=SICAD_PUBLICACOES&bkUrl=BK/Publicacoes/).

35. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, *Portugal: Country Drug Report 2019*; “Drug laws and drug law offences”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/drug-laws-and-drug-law-offences\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/drug-laws-and-drug-law-offences_en).

36. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, *Portugal: Country Drug Report 2019*; “Treatment”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/treatment\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/treatment_en).

prevention, taking into account the diagnosis of vulnerability and risk factors evaluated at territorial level<sup>37</sup>.

Prevention actions and intervention programs are developed in different settings for different target groups, both from the broader perspective of health promotion and with a specific focus on aspects of addictive behaviours and dependencies, as particularly institutional tutelary and educational; recreational settings; school; armed forces, workplace; National Alcohol and Health Forum (FNAS) and the national telephone helpline "Linha Vida – SOS Droga".

### ***Data collection as a part of the right to access information for the community and the professionals***

"SICAD uses its website, reports, national scientific journals, scientific meetings and seminars as its main dissemination channels for drug-related research findings. A list of national scientific publications (scientific papers, reports and academic theses) in the areas of illicit drugs, alcohol and addictive behaviours was established in 2017 and is regularly updated.<sup>38</sup>"

SICAD manages the National Information System on Drugs and Addictive Behaviours, being responsible for the collection, analysis and dissemination of statistical and epidemiological data on drug use. The System includes surveys, as well as general population, younger and specific groups data from public services, private entities and NGOs.

A report about the country on drugs and drug addictions and the harmful use of alcohol is presented annually to the National Parliament.

### ***Rehabilitation and social reintegration***

Portugal prioritizes a comprehensive, integrated approach that systematically addresses the multiple barriers faced by drug users, like human, social and economic components. The approach focuses on the needs of the individual, his characteristics and personal resources, and on the degree of dependence of psychoactive substances and other addictive behaviours. The development of integrated strategies to mediate the reconciliation between the individual and the social systems, trying to provide for measures in terms of housing, education, training and employment is essential for drug users or recovering drug users to re-establish their individual balance and gain autonomy. Reintegration is considered to be part of a complete

treatment process, as the process of integration of individuals seeking support in specialized services, starting at the first contact with the request for help, and is maintained until the person gains independence and stability by integrating, as a citizen with rights and duties, the society in which they live.

### ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

The National Health Service is free of charge and accessible to all, including people who use drugs, who seek treatment and the responses defined for each target group. Even though there are specific interventions/programmes for specific populations.

In accordance with the legislation in force (the person imprisoned is a user of the National Health Service), health care should be ensured as any other citizen in an appropriate and timely manner by the safeguarding health organism. Thus, the health strategy for prisons is aligned with the strategy and national policies, conducting the general standards of good medical practices like those practiced in the National Health Service.

The referral to treatment is encouraged in the prison setting, as is ensured to all new inmates the continuity of pharmacological treatments initiated in freedom and encourages the referral to the different responses of existing treatment in prisons. Specifically, in the context of the treatment of addictive behaviours and dependencies two types of programs are available: abstinence-oriented programs and pharmacological programs. The first includes 6 drug-free units inserted in prisons. Pharmacological programmes can be provided internally in each prison when this has enabled clinical staff or by the national Health System. All prisons establishments have health care provision in the valences in General Medicine and Nursing; the provision of others (Psychiatry, Medicine, Dentistry, Psychology, Genecology, Pharmacy) is different taking into account, inter alia, the size and degree of complexity of the establishment and specificity of the inmate population.

### ***Within the National Network of Treatment, all outpatient settings:***

The Centres of Integrated Responses (CRI) propose specific dispositions for pregnant women and/or with children, involving also their relatives and significant others. These dispositions cover a wide range of the treatment process, from priority in accessing first consultation and admission to treatment programmes, to specific interventions involving their drug and other related bio-psycho-social problems, referral to specialised health care, linkage to social support

37. EMCDDA, *Ibidem*, "Prevention". Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/prevention\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/prevention_en).

38. EMCDDA, *Ibidem*, "Drug-related research". Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/drug-related-research\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/portugal/drug-related-research_en).



and rehabilitation measures. There are also in place therapeutic communities which can receive pregnant women and/or with children.

Long-standing dispositions regarding access and delivery of treatment to undocumented persons make that migrants and/or asylum seekers may benefit from the full scope of public treatment responses, without any sort of discrimination or limitation. Along with treatment for their addictive problems, in the Centres of Integrated Responses they will also find the possibility of concomitant support to deal with their juridical and social situation, provided by the Social Reintegration Specialised Teams operating in these facilities.

### ***Fights against stigma and raising awareness in the society as a whole***

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The first Portuguese National Strategy on Drugs approved in 1999, was based on 8 Principles, among which the Humanism and Pragmatism. The citizen is the centre of the conceptualization of the policy and interventions based on the assumption that it is fundamental to respond to the needs of individuals, as early as possible. Drug addiction was perceived as a disease and people who use drugs as citizens in need of treatment.

The Law 30/2000, which entered into force 1 July 2001, introduced a radical change in the way of facing drug use and defines the legal framework applicable to the consumption, acquisition and possession for own consumption of narcotics and psychotropic substances. The main purpose of the Law is the dissuasion of the consumption and the basic concern has been to give priority to treat offenders rather than applying sanctions (better to send a drug addict for treatment than to prison). The non-existence of criminal record for the drug users notified to appear in front of the CDT is another key element to combat stigma.

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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Law 30/2000 decriminalized consumption, acquisition and possession of drugs for personal consumption and defined a threshold for the personal consumption of 10 days, this element being decisive for police authorities to address the person as drug user (notification to the Dissuasion Commission) or as trafficking user (criminal justice system). Drug user is perceived a person in need of care and treatment and not as a criminal.

Children under the age of 16 years are considered unimpeachable (article 19 of the Penal Code). The legal regime applicable to young people between the ages of 12 and 16 is included in the Education Law.

The purpose is to re-educate, avoiding the negative consequences of a criminal conviction identical to that of an adult. Although the decriminalisation law applies to all individuals with more than 16 years of age, in practical terms there are some differences concerning procedures in the operationalization of the law. Young minors between the ages of 16 and 18 (who are incapacitated on grounds of age) must be accompanied by their legal representatives, when appearing at the Commissions for the Dissuasion of Drug Addiction (CDT). In cases where the police authorities have not notified the legal representatives, the CDT has to do it. From the age of 18, the individuals are considered adults, assuming full criminal and civil responsibility for their actions. The minimum age to be referred to a CDT is 16 years old.

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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The State does not fund the creation and daily management of NGOs. Under the Operational Plan For Integrated Responses (PORI), integrated interventions implemented at local level by NGOs could be financed by SICAD. In Portugal, there is CASO (Consumidores Associados Sobrevivem Organizados), a non-profit drug user and former user's association that aims to promote the health, rights and dignity of people who use drugs and which work focus is on peer education (on-site) with harm reduction approach.

The National Council for Drug Problems, Drug Addiction and the Harmful Use of Alcohol is the consultative body of the Prime Minister and the Government on policies related to drugs, drug addiction and the harmful use of alcohol, being responsible for issuing opinions on the definition and implementation of key programmatic instruments, in particular on the National Strategy and Action Plans; on the annual report on implementation of the National Strategy and on actions, initiatives or concrete projects for their implementation.

The National Council is composed of representatives from 23 public and private institutions, including NGOs.

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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Universal, comprehensive and free treatment is available in outpatient and inpatient settings in, as well as in outreach programmes through mobile units.

***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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A nationwide network of harm reduction programmes and structures has been put in place, including primary care health centres, needle and syringe exchange programmes, low-threshold substitution programmes, a mobile supervised drug consumption unit, drop-in centres/shelters, refuges, contact units and outreach teams, has been consolidated with the aim of preventing drug-related risks such as infectious diseases, social exclusion and delinquency.

# Spain

**T**he main source of information for this country is the EMCDDA report “Spain: Country Drug Report 2019<sup>39</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Spain, Ms. Elena ALVAREZ MARTIN, made comments in italics. Her main source of information is the website of the Spanish Ministry of Health’s National Plan on Drugs<sup>40</sup>.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

*Spain has an approach to the drug problem based on public health principles, so drug use is a public health problem and thus people who use drugs are not treated as delinquents, but as sick people<sup>41</sup>.*

*In the criminal field, drug use and possession for self-consumption is not considered as a crime. In the administrative field, public drug use and possession, for self-consumption, is an administrative offense punished with fines.*

There are circumstances where treatment, rehabilitation or counselling services can act as an alternative to punishment or act as a supplementary part of an individual’s sentence.

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

Outpatient treatment is most common in Spain; OST as well as inpatient detoxification are available. *Inpatient treatment is fully available when needed or when the use is problematic<sup>42</sup>. In the web page of the DGPNSD, there is a georeferencial tool<sup>43</sup> to locate Centres for Addictions Treatment all over Spain.*

39. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Spain: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/spain\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/spain_en).
40. **Spanish Ministry of Health**, National Plan on Drugs official website: <http://www.pnsd.mscbs.gob.es/home.htm>.
41. **Spanish Ministry of Health**, National Plan on Drugs official website, “Legislación”: <http://www.pnsd.mscbs.gob.es/ciudadanos/legislacion/home.htm>.
42. **Spanish Ministry of Health**, *Memoria: Plan Nacional Sobre Drogas 2017*. Available online: [http://www.pnsd.mscbs.gob.es/pnsd/memorias/docs/2019\\_MEMORIA\\_2017.pdf](http://www.pnsd.mscbs.gob.es/pnsd/memorias/docs/2019_MEMORIA_2017.pdf).
43. **Spanish Ministry of Health**, National Plan on Drugs official website, “Centros de Atención a las Adicciones”: <http://www.pnsd.mscbs.gob.es/ciudadanos/ayudaCerca/home.htm>.

## **Prevention must be based on science, facts and best practices**

Activities include psychosocial attention and development of psychoeducational skills. There are increasingly more alternative leisure programs of selective prevention focused on minors in high-risk situations.

*The National Strategy on Addictions 2017-2024 has among its principles that its actions have to be evidence-based, efficient, realistic and quantifiably promoting best practices<sup>44</sup>.*

## **Data collection as a part of the right to access info for the community and the professionals**

The Spanish Observatory on Drugs and Addictions (OEDA) collects, analyses and disseminates statistical and epidemiological data on drug use, and the surveys as well as general population, youngsters, and specifics (prison, occupational).

*OEDA also manages a Centre of Documentation Information (CENDOCU), which collects, selects and disseminates information related to addictions, as well as answer request for documentation.*

*National scientific journals and specialized websites are the main channels for national dissemination of drug-related research findings.*

## **Rehabilitation and social reintegration**

Support apartments for treatment and social reintegration are sometimes a part of inpatient treatment.

In Spain, a wide variety of social reintegration programs and activities are also available, including (i) leisure and social relationship programs, (ii) training programs, (iii) residential support programs and resources (both transitory and permanent) and (iv) employment grants.

## **Access to treatment and care for specific populations: people who use drugs in**

44. **Spanish Ministry of Health**, *Estrategía Nacional Sobre Adicciones 2017-2024*. Available online: [http://www.pnsd.mscbs.gob.es/pnsd/estrategiaNacional/docs/180209\\_ESTRATEGIA\\_N\\_ADICCIONES\\_2017-2024\\_\\_aprobada\\_CM.pdf](http://www.pnsd.mscbs.gob.es/pnsd/estrategiaNacional/docs/180209_ESTRATEGIA_N_ADICCIONES_2017-2024__aprobada_CM.pdf).

### ***prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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Selective prevention activities focus on young people in disadvantaged neighbourhoods and those in specific educational or residential centres.

### ***Fights against stigma and raising awareness in the society as a whole***

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Prevention programs in universities have emerged in recent years and focus mainly on information provision and awareness raising, using peer education methods or online delivery.

Rated as level 4, extensive intervention for information days about drugs and development of personal and social skills is provided by the EMCDDA<sup>45</sup>.

National Strategy on Addictions 2017-24 is articulated around two major goals: (i) a healthier and better-informed society and (ii) a more secure society.

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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In Spain, consumption or minor personal possession in public places is deemed a (non-criminal) order offence, punishable by fines (Law on the Protection of Citizens' Security (2015), Article 36).

*If the offenders are minors (over 14 to 18), the fine imposed on them may be suspended, initially, and partially cancelled, later, if they voluntarily submit to treatment, rehabilitation or re-education programmes are available (Additional Provision Five of Organic Act nº 4/2015)<sup>46</sup>.*

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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*NGOs are a key part of the National Drug Plan. Their work in the fight against addictions enriches and complements the work developed by the different Administrations and the scientific community<sup>47</sup>.*

**Spanish Council of Drug Dependencies and other addictions<sup>48</sup>:** Collegiate body of a technical, consultative, coordination and participation nature, attached to the Ministry of Health, Consumer Affairs and Social Welfare through the Government Delegation for the National Drug Plan, which brings together not only various representatives of all public administrations with powers in the field of drug use reduction and the State Attorney General's Office, but also to an important representation of the main social agents involved in the prevention and treatment of addiction-related problems.

*It develops its activities through working groups. Nowadays there are 6: health, social integration, occupational integration, third sector, communication and gender perspective. In all the groups participation of civil society and academia experts are fundamental.*

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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In Spain, most harm reduction programs include a socio-sanitary service that offers preventive educational interventions, clean needles and syringes and other paraphernalia, testing for drug-related infections, vaccination against hepatitis A and B viruses, and emergency care and assistance for people who use drugs, who are not usually in contact with any assistance intervention.

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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*The Drugs Care Centres take care of any kind of addictions licit (alcohol abuse) or illicit (substances) as well as behavioural addictions (gambling, new technologies and others) in every autonomous communities and cities. There are other kinds of programmes (such as residential and capacity programmes) and training for occupational and live skills, work itineraries and active job search.*

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45. **Spanish Ministry of Health**, *Estrategía Nacional Sobre Adicciones 2017-2024*. Available online: [http://www.pnsd.mscbs.gob.es/pnsd/estrategiaNacional/docs/180209\\_ESTRATEGIA\\_N.ADICCIONES\\_2017-2024\\_\\_aprobada\\_CM.pdf](http://www.pnsd.mscbs.gob.es/pnsd/estrategiaNacional/docs/180209_ESTRATEGIA_N.ADICCIONES_2017-2024__aprobada_CM.pdf).

46. **Spanish Ministry of Health**, National Plan on Drugs official website, "Legislación": <http://www.pnsd.mscbs.gob.es/ciudadanos/legislacion/home.htm>.

47. **Spanish Ministry of Health**, National Plan on Drugs official website, "Entidades del Tercer Sector que participan en el Plan Nacional sobre Drogas": <http://www.pnsd.mscbs.gob.es/pnsd/entidadesTercerSector/home.htm>.

48. **Spanish Ministry of Health**, National Plan on Drugs official website, "Consejo Español de Drogodependencias y otras adicciones": <http://www.pnsd.mscbs.gob.es/delegacionGobiernoPNSD/organigrama/funciones/consejo.htm>.

# Switzerland

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**T**he main source of information for this country is the Swiss Federal Act on Narcotics and Psychotropic Substances<sup>49</sup>: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Switzerland, Ms. Diane STEBER BÜCHLI, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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According to Transform: Drug Policy Foundation, "In 1991, at the request of municipal authorities and state (canton) governments, a new national program was established within the Federal Office of Public Health to reconsider the problems. Reflecting previous experiences, the recommendations that emerged were public health-led, including a combination of established harm reduction interventions (OST and NSP), treatment and social support provision, and a new call to explore HAT. In 1992, a change in the law enabled such an exploration<sup>50</sup>."

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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Federal Act on Narcotics and Psychotropic Substances, Art. 3.d.: "The cantons\* shall ensure the supervision of persons with disorders associated with addiction who require the medical or psycho-social treatment or welfare measures."

*\*In Switzerland, the policy is developed on a national (federal) level, but the implementation lies within the competence of the cantons (regions, states).*

## **Prevention must be based on science, facts and best practices**

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The cantons shall promote education and advice on the prevention of disorders associated with addiction

49. **Federal Council – The Portal of the Swiss Government**, Federal Act on Narcotics and Psychotropic Substances. Available online: <https://www.admin.ch/opc/en/classified-compilation/19981989/index.html>.

50. **Transform: Drug Policy Foundation's** official website, "Heroin-assisted treatment in Switzerland": <https://transformdrugs.org/heroin-assisted-treatment-in-switzerland-successfully-regulating-the-supply-and-use-of-a-high-risk-injectable-drug/>.

and their negative health-related and social consequences. In doing so, they shall pay special attention to the protection of children and adolescents. They shall introduce adequate general conditions and create the required facilities or support private institutions that meet the quality requirements.

## **Data collection as a part of the right to access info for the community and the professionals**

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The Confederation shall inform cantons and private organizations of new scientific findings – hence keep track of what the latest developments are.

Also, it is responsible for training and quality assurance.

Federal Act on Narcotics and Psychotropic Substances, Art. 3. f.: "The authorities and institutions responsible for the implementation of this Act are entitled to process personal data, and in particular sensitive personal data and personality profiles in order to review the requirements for and the progress with the treatment of persons dependent on narcotics.

*They shall guarantee the protection of data (...)*

*The Federal Council shall regulate the details, in particular: (...)*

d. the rights of access."

## **Rehabilitation and social reintegration**

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Federal Act on Narcotics and Psychotropic Substances, Art. 3.d.: "The treatment is carried out with the aim of guaranteeing the therapeutic and social integration of persons with disorders associated with addiction, improving their physical and psychological health and creating conditions in which they can live a drug-free life.

## **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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First, the country has universal health care, so everyone has health insurance. Then, they are obliged to provide treatment services, see Federal Act on Narcotics and Psychotropic Substances, Art. 3. d.

### ***Fights against stigma and raising awareness in the society as a whole***

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The Confederation shall conduct national programs on prevention and in particular encourage the early recognition of disorders associated with addiction; in doing so, it shall prioritize the concerns relating to the protection of children and adolescents. It shall raise public awareness of the problems of addiction.

*Federal Act on Narcotics and Psychotropic Substances, Art. 3. j.: "The Confederation (...) support scientific research [in the field of] preventive and therapeutic measures and the prevention or reduction of disorders associated with addiction."*

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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According to Transform, "the change in policy and law, much like the introduction of decriminalisation approaches in other countries, has helped facilitate (a) shift<sup>51</sup>."

*Due to the situation on hand in the '90s in the country, there was a shift in the legal approach concerning people who use drugs and this shift focuses more on "human rights", though not directly mentioning them.*

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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No information found.

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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*No limitation to medical treatment and obligatory health insurance for all residents, including groups such as asylum seekers.*

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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*In order to prevent or reduce health-related and social harm among persons with disorders associated with addiction, the cantons shall introduce harm reduction and survival support measures. They shall create the required facilities or support private institutions that meet the quality requirements\*."*

*\*Those are the driving factors; the others are not considered reasons for harm reduction measures.*

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51. **Transform: Drug Policy Foundation's** official website, "Heroin-assisted treatment in Switzerland": <https://transformdrugs.org/heroin-assisted-treatment-in-switzerland-successfully-regulating-the-supply-and-use-of-a-high-risk-injectable-drug/>.

# Tunisia

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**T**he main source of information for this country is the Council of Europe 2014 Report “Tunisia: Drug Situation and Policy<sup>52</sup>”: any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Tunisia, Prof. Nabil BEN SALAH, made comments in italics.

## **Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals**

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Act 92-52 of the 1992 Narcotics Act aimed to “introduce the following provisions: the establishment of a national drug observatory to collect data; the establishment of treatment centres, including the introduction of substitution therapy; the diversion of first and second-time offenders arrested for use, to social services (third-time offenders will serve the same terms as the current law provides, between one and five years); and the possibility for judges to decide on the most appropriate sentences<sup>53</sup>.” These changes indicate a shift toward seeing drug use as a medical condition.

## **Treatment to be available, accessible, affordable and science-based, with the best practices**

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There are treatment programs and facilities within Tunisia, as well as specialized treatment centres in some hospitals, inpatient treatment, and other forms of medical care.

## **Prevention must be based on science, facts and best practices**

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“Prevention efforts by the UNODC in prisons work to inform and reduce spread of HIV/AIDS, Hepatitis, STI,

as well as providing treatment, care and additionally aiding in reintegration of inmates<sup>54</sup>.”

Additionally, there are “prevention campaigns in schools, both public and private, across the country, in an effort to promote a sense of responsibility amongst at-risk groups, especially young people.”

## **Data collection as a part of the right to access info for the community and the professionals**

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The National Narcotics Bureau of the Ministry of Health in Tunisia participates in healthcare education by presenting prevention and educational material designed to combat addiction, based on reports communicated by relevant bodies subordinated to the Ministry of Public Health and authorities in charge of combating the illegal use of narcotics and psychotropic substances.

## **Rehabilitation and social reintegration**

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Sfax Rehabilitation Centre and *Jebel Oust Rehabilitation Centre (Ministry of Health)* seek to help Tunisian youth suffering from addiction in an effort to help their recovery by providing medical care and assisting their rehabilitation into Tunisian society.

*(Ministry of Health, ATUPRET, ATIOST, ATL MST Sida as well as other organizations, have similar objectives in Tunisia).*

## **Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.**

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ATUPRET works to bring awareness activities aimed at target groups and voluntary and free of charge screening as well as awareness and involvement of sex workers in community activities and the distribution of prevention kits.

52. **Council of Europe**, “Tunisia: Drug situation and policy”, 2014, 36 p. Ref: **P-PG/MedNET (2014) 12**. Available online: <https://rm.coe.int/drug-situation-and-policy-by-pr-hajer-aounallah-skhir-medicin-epidemi/168075f2a4>.

53. **TINASTI Khalid**, “Cannabis and the Drug Law in Tunisia: A Reform Rooted in Social Justice Claims”, *Global Drug Policy Observatory Situation Analysis, Swansea University Publications*, April 2018, 7 p. Available online: <https://www.swansea.ac.uk/media/Cannabis-and-the-Drug-Law-in-Tunisia-A-Reform-Rooted-in-Social-Justice-Claims.pdf>.

54. **United Nations Office in Drugs and Crime (UNODC)**, “Middle East and North Africa: Drug Prevention, Treatment and Rehabilitation”. Available online: <https://www.unodc.org/middleeastandnorthafrica/en/regional-programme-framework/drug-prevention-and-health/drugs.html>.

### ***Fights against stigma and raising awareness in the society as a whole***

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ATUPRET, ATIOST, ATL MST Sida are organizations in Tunisia that raises awareness and educate young people on the risks and consequences related to drug use.

### ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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In Tunisia, "Chapter IV of Law 52 deals with health care and the prevention of drug use. It provides that a person using drugs will not face prosecution if, before law enforcement authorities discover his deeds, he voluntarily seeks treatment at a state rehabilitation centre. This exemption applies only to first-time offenders<sup>55</sup>."

Bill 79, Act 92-52 of the 1992 Narcotics Act on the criminalization/decriminalization of use and possession of drugs in Tunisia, states: "any consumer or holder of narcotics who has not agreed to medical, psychological or social treatment, or to be placed under medical supervision in a health establishment as provided for in Article 13 of this Act, or who has abstained from or interrupted treatment<sup>56</sup>." The idea of treatment here acts as a move toward human rights adaptation to law in Tunisia.

### ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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No information found.

### ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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There is a project for harm reduction that aims "to promote human rights-based, gender responsive, public health-centred, and evidence-based approaches and to build the capacities of government officials and civil society organizations to deliver a comprehensive package of HIV/AIDS services in prisons and closed settings<sup>57</sup>."

Moreover, risk reduction programs in Tunisia including MENAHRA, promote needle exchange programs, counselling IDUs and other methods of harm reduction.

### ***Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use***

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No information found.

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55. **Human Rights Watch**, "All this for a joint': Tunisia's Repressive Drug Law and a Roadmap for Its Reform", February 2016. Available online: <https://www.hrw.org/report/2016/02/02/all-joint/tunisias-repressive-drug-law-and-roadmap-its-reform>.

56. **TINASTI Khalid**, "Cannabis and the Drug Law in Tunisia: A Reform Rooted in Social Justice Claims", *Opus Citatum*.

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57. **United Nations Office in Drugs and Crime (UNODC)**, "Middle East and North Africa: Drug Prevention, Treatment and Rehabilitation". Available online: <https://www.unodc.org/middleeastandnorthafrica/en/regional-programme-framework/drug-prevention-and-health/drugs.html>.



# Turkey

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**T**he main source of information for this country is the EMCDDA report “Turkey: Country Drug Report 2019<sup>58</sup>”; any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Turkey, Mrs. Yasemin ESEN, was satisfied with the information provided by the Secretariat.

## ***Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals***

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No punishment will apply if a dependent user requests treatment before investigation; in such cases, health-care professionals are not obliged to report the offence.

## ***Treatment to be available, accessible, affordable and science-based, with the best practices***

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Drug treatment programmes aim to help clients achieve a drug-free state. An essential part of the treatment is detoxification, which is complemented by other interventions consisting of motivational interviewing techniques and cognitive therapies that aim to prevent relapse. Pharmacological treatment with opioid agonists or an antagonist is also available.

Additionally, there is OST available. Up to 80 % of OST medication costs are covered by general health insurance; clients contribute the remaining 20%.

## ***Prevention must be based on science, facts and best practices***

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Prevention interventions targeting young people are also supported by non-governmental organisations. The methods used include counselling support, seminars, discussion panels and conferences. Manual-based programs are rare.

## ***Data collection as a part of the right to access info for the community and the professionals***

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Information sessions in school settings are available.

58. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Turkey: Country Drug Report 2019”. Available online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/turkey\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2019/turkey_en).

## ***Rehabilitation and social reintegration***

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Some treatment centres provide short-term residential treatment, and some non-governmental organisations provide treatment communities.

## ***Access to treatment and care for specific populations: people who use drugs in prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.***

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Some selective prevention interventions focus on awareness-raising and information provision, while Social Services Centres provide some social assistance and referrals to treatment institutions for homeless children and young people.

## ***Fights against stigma and raising awareness in the society as a whole***

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Some family-oriented prevention projects are carried out in cooperation with school counselling centres. At the community level, prevention activities are mainly informative.

## ***Law adaptation to the human rights approach especially for minors and non-trafficking users***

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There is an option of treatment and/or probation of up to 3 years.

If people who use drugs refuse treatment or do not comply with their probation requirements, the courts can impose a prison sentence.

## ***Promoting the right of people who use drugs to create their own NGOs and self-help groups***

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No information found.

## ***Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)***

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No needle and syringe programmes, take home naloxone programs, drug consumption rooms, or heroin-assisted treatment reported as available.

***Promoting every strategy aiming at  
reducing the health, economic, social and  
legal consequences of drug use***

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No information found.



For the first time, the Mediterranean Network for cooperation on drugs and addictions of the Pompidou Group discussed human rights. This started with a first literature research covering different topics. Among them, the consideration of drug use as a disease for developing drug policy, the right to access to care and treatment as a fundamental right for people who use drugs, the implementation of evidence-based prevention practices and health strategies, the fight against stigma and the needed adaptation of the law to a human rights approach.

Research was carried out among the 17 MedNET countries (Algeria, Croatia, Cyprus, Egypt, France, Greece, Italy, Jordan, Lebanon, Malta, Morocco, Palestine\*, Portugal, Spain, Switzerland, Tunisia and Turkey). Better understanding the meaning of human rights in drug policy and exchange best practices and ideas on this subject, was the objective of this first exercise, to be repeated.

[www.coe.int](http://www.coe.int)

The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

