



Egypt

DRUG SITUATION AND POLICY

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Pompidou Group of the Council of Europe
Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

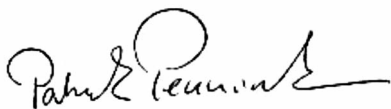


Preface

The Pompidou Group is publishing a new series of “Country profiles” to describe the current drug situation and policy of its Member States and States co-operating in its networks (the Mediterranean network MedNET and the South East Europe and Eastern European Networks). Its long term aim is to provide a first basis to contribute to the establishment of a National Observatory in the country described.

This “country profile” examines the state of affairs and drugs policy in Egypt and provides a descriptive analysis to help professionals to study the treatment, prevention and law enforcement methods used in Egypt. This profile also provides an analysis of the impact of drugs and its effects on the health of citizens. In addition, it provides an overview of the various international commitments and relations with neighbouring countries to fight drug trafficking. The document contributes to the implementation of the national policy and shows the successes and lessons learnt in the fight against drug abuse and drug trafficking.

I would like to express my gratitude and appreciation to the Department for Anti-drug Policies of the Presidency of the Council of Ministers of Italy for their financial support in the realisation of this booklet, as well as the General Secretary of Mental Health who participated in the development of this profile. Further acknowledgement goes to Matthieu de La Rochefoucauld for providing a first draft of the report and having given it thorough follow up.



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PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Dipartimento Politiche Antidroga

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Drug-related information and data

Introduction

In the strive to build national awareness about addiction as a disease and the principles of drug addiction treatment, the General Secretariat of Mental Health in Egypt along with the MedNET Pompidou Group, Council of Europe, have developed together the common research project “Filling the Gap “Meeting the Needs for Treatment and Treatment Centres in Egypt”” which is aimed at:

- Identifying the need for treatment, identifying the available treatment services as well as the gaps in the currently provided treatment services;
- Highlighting the need for networking in the field of addiction treatment, in an effort to lobby for a co-operational system between all treatments facilities in Egypt;
- Development of a proposal for amendments to article 122 of the 1989 Law about offenders whose their crimes are related to addiction and drug use.

The main activities of this project included a situational study, an assessment of needs and lobbying targeting professionals working in all disciplines in the field of addiction, NGOs and victims of drug abuse' families. The project activities planned to include: two study tours for multidisciplinary delegations, one to the United Kingdom and one to Italy, to visit the addiction management facilities and to be exposed to the referral system of addicts from the legal system into treatment facilities, and a visit to the European National Drug Observatory.

These initiatives will contribute to reformation of the addiction service in Egypt by: gathering together professionals and others working in this field; proposing amendments to the current laws that control the treatment of addicts; promoting awareness and prevention activities; supporting public and private institutions, as well as clinical experts, in designing tools to produce a larger picture of the current problem and to target both prevention and management more efficiently.

These initiatives would provide a platform to protect the rights of victims of substance abuse and target the elevation of this stigma among the Egyptian community.

General population statistics

		Year	Arab Republic of Egypt
Population		2013	85 294 388
Age structure	0-14	2013	32.3%
	15-24		18%
	25-54		38.3%
	55-64		6.6%
	65-and over		4.8%
Population growth rate		2013	1.88%
Median age		2013	24.8 years
GDP per capita		2012	\$6,700
Unemployment rate		2012	13.5%
Unemployment, youth ages 15-24		2010	24.8%
Population who live below poverty line		2005	20%
Illiteracy rate		2012	26.1%
Government type			Republic

- **Area:** 1,001,450 sq km (386,660 sq mi);
- **Capital city:** Cairo;
- **People:** Eastern Hamitic stock (Egyptians, Bedouins, and Berbers) 99% Greek, Nubian, Armenian, other European (primarily Italian and French) 1%
- **Language:** Arabic (official), English and French widely understood by educated classes;

- **Religion:** Muslim (mostly Sunni) 94% (official estimate); Coptic Christian and other 6% (official estimate);
- **Ports and harbors:** Alexandria, Al Hurgada, Aswan, Assiut, Bur Safeway, Danita, Marisa Mattrouh, Port Said, Suez and Ein Sukhna;
- **Life expectancy:** 67 years (men), 71 years (women);
- **Main exports:** Petroleum, petroleum products and cotton;

In terms of population, Egypt is the highest populated country in the Middle East and the third most populated country on the African continent (after Nigeria and Ethiopia). Nearly 100% of the country's 86.8 million¹ people live in three major regions of the country: Cairo and Alexandria, and elsewhere along the banks of the Nile throughout the Nile delta, which fans out north of Cairo; and along the Suez Canal. These regions are among the world's most densely populated, containing an average of over 3,820 persons per square mile (1,540 per km².), as compared to 181 persons per sq. mi. for the country as a whole.

Small communities spread throughout the desert regions of Egypt are clustered around oases, and historic trade and transportation routes. The government has tried, with mixed success, to encourage migration to newly irrigated land reclaimed from the desert. However, the proportion of the population living in rural areas has continued to decrease as people move to the cities in search of employment and a higher standard of living.

According to the Peterson Institute for International Economics and other proponents of demographic structural approach (cliodynamics), the basic problem Egypt has is unemployment driven by a demographic youth bulge. With the number of new people entering the job force at about 4% a year, unemployment in Egypt is almost 10 times higher than those who have gone through elementary school, particularly educated urban youth, who comprised a large percentage of those that were seen in the streets during 2011 Egyptian revolution. An estimated 50,3% of Egyptians are under the age of 25, with just 4,8% over the age of 65, making it one of the most youthful populations in the world.^{2,3}

¹ "Population clock". *Egypt Central Agency for Public Mobilization and Statistics*.

² *Jump up Korotayev A., Zinkina J. Egyptian Revolution: A Demographic Structural Analysis. Entelequia. Revista Interdisciplinar 13 (2011): 139-169.*

³ *The long-term economic challenges Egypt must overcome. Marketplace. 1 February 2011. Retrieved 1 February 2011.*

According to the OECD/World Bank statistics, population growth in Egypt from 1990 to 2008 was 23.7 million and 41% .⁴

In terms of land area, Egypt is the second biggest of the Arab countries (after Algeria).

Only 4% of Egypt's area is inhabited and cultivated territory, which is mainly situated along the Nile River which crosses the country from South to North. The remainder of the country is mainly desert.

Over the past ten years, Egypt has invested considerable efforts in land reclamation. The main problem that the country faces, is supplying water to desert areas. Recently, Egypt has placed more emphasis on infrastructure development, improving water and electricity supplies, and expanding transport and telecommunication networks.

In terms of economy, Egypt has the second largest economy (after Saudi Arabia) in the Arab world.

The economy is dominated by the service sector, which includes public administration and accounts for almost half of the GDP. Tourism and the Suez Canal represent an important income for the country. The Government of Egypt also places great importance on the agricultural sector recognising its significant role in the national economy. It accounts for around 20% of both GDP and total exports, and around 34% of total employment. The agricultural sector also contributes to the overall food needs of the country and provides the domestic industry with agricultural raw materials. It promotes industrial development through expansion of the market for industrial goods such as pesticides, chemical fertilisers, equipment and machines. Also, agriculture helps in financing economic and social development through the net capital outflow from agriculture to other sectors of the economy.

There is also a large informal sector, which is estimated to account for as much as 30% of the economic activity. Heavy reliance on income from the informal sector has created circumstances conducive to the spread of corruption at many levels of society and government. However, there were no reports of such incidences in the Egyptian Drug Control Agency.

⁴ *Jump up CO2 Emissions from Fuel Combustion Population 1971-2008 (pdf pages 83-85) IEA (OECD/ World Bank) original population ref e.g. in IEA Key World Energy Statistics 2010 page 57).*

Egypt ranks number 110 in the Human Development Index (2013), and still has large sectors of society that live in dire poverty; 20% (2005 est.) of the population live under poverty line. The unemployment rate is 13.5% (2012 est.). The macro-economic progress has had only a limited benefit for the population at large.

General drug situation

A 2003 study conducted by the Government of Egypt showed that the narcotics problem costs the Egyptian economy approximately \$800 million annually, including the amount spent on illegal drugs and what the government spends to combat the problem.

Egypt is considered a transit point for Southwest Asian and Southeast Asian heroin and opium moving to Europe, Africa, and the US. It is also considered as a transit stop for Nigerian couriers. Egypt is under concern as a money-laundering site, due to lax financial regulations and enforcement.

According to the US State Department 2005 report, late in 2004, a joint DEA-ANGA investigation uncovered an MDMA laboratory located in a small apartment building in Alexandria, Egypt. ANGA raided the laboratory, arresting four individuals and seizing chemicals, paste, and equipment. This was the first known discovery of an MDMA laboratory in Egypt, and according to DEA, the first in the Middle East. This may represent a new trend toward the shifting of artificial drug labs to the region due to the region's relatively lax regulation of commercial chemical products. With the passage of the first Anti-Money Laundering Law in 2002, which criminalised the laundering of proceeds derived from trafficking in narcotics and numerous other crimes, seizures of currency in drug related cases has amounted to over 3,000,000 Egyptian Pounds (\$485,000). In 2004, ANGA opened a new office dedicated to financial investigations and combating money laundering.

According to the US State Department 2005 report, cannabis is grown year-round in the Northern and Southern Sinai and in Upper Egypt, while opium poppy is grown in the Southern Sinai only from November through March. Rugged terrain means that plots of illegal crops are small and irregularly shaped. ANGA combats this production by using aerial observation and confidential informants to identify illegal plots. Once the crops are located, ANGA conducts daylight eradication operations that consist of cutting and burning the plants.

ANGA has yet to implement a planned herbicide eradication program.

Since there it has been agreed that cannabis and opium poppy are cultivated in the Sinai and that there is potential for expansion, there seems to be a trend to increase cultivation in more remote districts, which are more difficult to reach. At the same time, there has been an increase in the total number of districts where illicit cultivation has been detected.

Poverty, low economic growth, lack of income alternatives and high unemployment rates, combined with lack of awareness, have provided the perfect breeding ground for the illicit crop cultivation in Sinai. Most of the Bedouins situated in the Sinai Peninsula earn their living from limited and subsistence agriculture, animal husbandry, and a few from other economic industries (oil, mining and tourism).

Eradication data points to a ballooning effect, with illicit cultivation occurring between neighbouring districts to evade law enforcement efforts. There seems to be a trend to increase cultivation in more remote districts, which are more difficult to reach by law enforcement personnel.

***Cannabis and Opium Poppy Eradication in the Egyptian Sinai
(In hectares, ANGAdata 2004)***

	2000	2001	2002	2003	2004
Cannabis in Feddan	4200	571	470	407	471
Opium Poppy in Feddan	86	58	36	80	154

Seizures

	2000	2001	2002	2003	2004
Marijuana (kg)	30 397	50 376	59 282,80	84 818,60	80 249
Cannabis (kg)	524	486	1 080	1 198	1 868
Opium (kg)	75	40	33	44,5	114
Heroin (kg)	37	38	55	26,66	31
Cocaine (kg)	14,200	0,720	4,070	0,550	2,03
Psychotropic (pills)	57,076	12,213	85,064	9,856	2,858
Ecstasy (pills)	3 372	7 080	785	3 725	6 194

Cases & Convicted Criminals (Type 2000 2001 2002 2003 2004)

	2000	2001	2002	2003	2004
Number of Cases	27 898	27 498	26 955	32 488	32 506
Number of Convicted Criminals	29 612	29 140	28 602	34 638	34 415

Borders:

In June 30, 2003, in co-operation between ANGA in Egypt and Libya, a seizure of Cannabis weighing 1150 kg in the port of Masrata in Libya was seized before it was smuggled to Egypt.

Egypt's location makes it a potential transit point for trafficking of heroin and cannabis from major production areas in South East Asia to European markets. On an international scale, the most vulnerable points in Egypt, with regard to trafficking, are the ports, airports and the Suez Canal for transit trafficking (mainly for heroin and cannabis). However, the average amounts seized are moderate, due to lack of interdiction capacity; particularly at the Cairo airport, which is assumed to be a transit hub for trafficking to Europe. Therefore Egypt may play a significant role in the emerging southern trafficking gateway to Europe.

There have been alarming trends with regard to seizures of cannabis herb (Bango) within Egypt. Seizures of cannabis herb in Egypt in 2004 have increased significantly by 40% since 2003.

According to ANGA 2004 report, and according to the provisions of article 12 of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, in assigning a national authority to implement national control on precursors and chemicals, issue import and export permits, control distribution and prevent their infiltration to the illicit use, the Egyptian Government appointed:

1. The Ministry of Health and Population (Central Administration for Pharmaceutical Affairs – Narcotics Section).
2. The Ministry of Interior (Anti – Narcotics General Administration)

The main drugs that are abused in Egypt are Bango (cannabis herb) and hashish (Cannabis).

UNODC has, therefore, undertaken several Rapid Assessment Studies in Egypt, in co-operation with the Ministry of Health; the latest was undertaken in August 2004.

The first results of the study, revealed by seizure and cultivation data, confirmed an upsurge in cannabis herb (Bango) abuse, which was and identified the main age group for onset of drug abuse to be the 15-25 year old. Drug abuse is mainly a male problem between 20 and 30 years of age although female abusers are increasing. The age of abusers of Bango is reported to be decreasing. The total

number of heroin addicts is frequently estimated between 20,000 to 30,000, although the source of these data is unclear.

The study also indicated a worrying trend towards needle sharing. Many of the abused substances in Egypt are dissolved in liquids and injected.

The final results of the RAS of August 2004 taken Greater Cairo showed that there is a significant community of problematic drug users that exist in the region, and that these individuals are at serious risk of HIV infection.

Knowledge of HIV transmission

and prevention modes is poor. The majority of interviewees reported having shared needles. The bulk of those who share, do so frequently.

While this group does not seem to have a particularly large number of sexual partners, their sexual activity is of significant risk. Almost half of the sexually active sample portion had previous experience with commercial sex work (CSW) and the vast majority had never used a condom. Very few interviewees had ever received treatment for drug use, and virtually none of the sample had ever been tested for HIV.

The potential for rapid dissemination of blood-borne virus (BBV) infections within injecting drug-user (IDU) populations is well documented. The conditions necessary for such spread are clearly evident within the problematic drug-using community in Greater Cairo.

Furthermore, an epidemic of HIV among IDU in Greater Cairo could easily spread to the general population through unsafe sexual relations. The aggressive pursuit of harm-reduction strategies is urgently required in order to prevent such an epidemic.

Problematic drug users clearly need to be educated on how to avoid BBV transmission, for example, through effective peer-based outreach services. Furthermore, IDUs in Cairo should be discouraged from using contaminated injecting equipment, by reducing the barriers to sterile injecting equipment. This could be achieved through awareness-raising of IDUs on the importance of not sharing injecting equipment, educating pharmacists on the merits of providing IDUs with sterile equipment, and the establishment of needle and syringe programs, either through fixed sites or in conjunction with outreach services.

The range of treatment services available to problem drug users, including Opioids substitution therapies, should be increased and education should be

provided on the availability and benefits of treatment, in order to encourage drug users to seek treatment.

Furthermore, the rate of HIV testing among drug users must be increased. This could be facilitated by educating drug users on the risks of HIV, the benefits of early detection, and where to go to be tested for HIV. Moreover, by establishing a network of voluntary HIV counselling and testing centres, and increasing access to anti-retroviral treatments for people diagnosed with HIV, as an incentive to test.

Finally, there is a clear need to improve surveillance of HIV-risk behaviours among problematic drug users. This could be achieved through the establishment of an integrated drug information system, zero-prevalence surveys and further systematic behavioural surveys.

The UNODC Regional Office is also co-operating with ANGA at a sub-regional level. In the Palestinian Autonomous Territories, the UNODC program has supported the improvement of overall national drug enforcement and the interdiction capacity of existing drug law enforcement agencies. One of the main activities implemented towards this objective was the introduction of a law enforcement training series. This series was implemented by the Egyptian Anti-Narcotics Administration and trained 120 officers from the Palestinian Anti-Narcotics Administration between 1998/99. In addition, an advanced special session for training of trainers involving 6 Palestinian officers was held.

In 1995, Egypt participated in a UNODC organised technical consultation on sub-regional drug control, together with Israel, the Palestinian Authority and Jordan. Egypt also participated in the UNODC sub-regional Technical Consultation on Drug Control in the Middle East (Track I), held in Amman in February, and was the host country for the Track II meeting (Syria, Lebanon, Saudi Arabia, Jordan and Egypt) in Cairo on 13/14 July 1999.

The UNODC regional office has excellent relations with the government of Egypt, and has a number of ongoing projects in Drug Demand and Supply Reduction. In the field of Crime Prevention and Criminal Justice it also has several activities in regard to combating corruption, terrorism and illegal immigration. Also, there are strong ties and co-operation between the different ministries, such as: the Ministry of Justice (MOJ), ANGA and the Ministry of Interior (MOI), Health and Population (MOHP), and Education (MOE) as well as National Council for Childhood and Motherhood (NCCM). Furthermore, there are several on-going activities with governmental and nongovernmental organisations.

Addiction in Egypt (in brief)

The total population of Egypt is 81.7 million; however, there are no official governmental statistics on the prevalence of addiction and substance uses in Egypt. There are multiple sites, such as universities and the national centre for social & criminology research (NCSCR), that perform many epidemiological studies tracing addiction in Egypt. One of the most important epidemiological studies tracing the addiction prevalence, nature and socio demographic associations is the National Addiction Survey, which the General Secretariat of Mental Health (GSMH) has carried out since 1996. ⁵

The fund for drug control and treatment was formed, and together the NCSCR, universities, the high council for addiction and GSMH, planned the national strategies for combatting and treatment of addiction. ⁶

Studies showed a decrease in the mean age of onset of drug use and the prevalence of addiction in more males than females. In addition, that alcohol addiction has gradual increased in the past few years. ⁷

Moreover, that among the below 20 age group, one in every 36 persons has tried an addictive substance at least once, 16 of those who tried illicit drugs will turn to regular use, and 4 of those are that are regular users will fall into addiction. ^{8,9}

The National Addiction Survey's 3rd phase between the years 2005 – 2007, covered 8 governorates, representing 0.25% of the target population. The study showed 9.8% of total used an addictive substance at least once, 3.1% of that total had used experimentally, 4.8% regularly used and 1.6% were dependent on substances.

⁵ Hamdi E., Sabry N., Sedrac A., Refaat O., (2011) *the national addiction survey - final report*, Research unit of general secretariat of mental health, ministry of health, Egypt.

⁶ *ibid.*

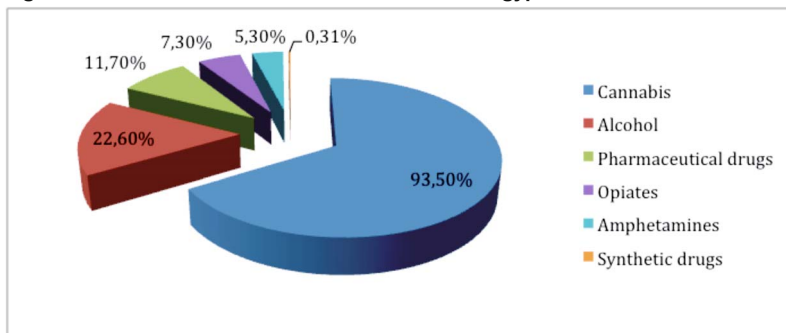
⁷ Okasha, A. (2011) *history of mental health in the Arab world*. In *Images in Psychiatry: An Arab perspective* (eds A. Okasha & M. Maj) 1- 20 World psychiatric association.

⁸ El-Akabawi AS. (2001): *drug abuse in the Arab world: a country profile Egypt* : in Okasha A. Maj M. (eds) *Images in psychiatry : An Arab perspective*: p 143 – 150.

⁹ UNDOC (1999): *Strengthening treatment and rehabilitation services for drug abusers in Egypt*. New York, United Nations offices for Drug control and crime prevention.

The most common substances were cannabis and its derivatives with 93.5%, alcohol and its derivatives 22.6%, pharmaceutical drugs 11.7%, opiates and its derivatives 7.3%, amphetamines 5.3%, and synthetic drugs 0.31%. ¹⁰ (fig 1)

Figure 1: the distribution of addictive substance in Egypt



Recently the National Addiction Survey's 4th phase was performed at one governorate (Cairo the capital) and was completed and published locally.

The Survey mainly targeted the rural and lower socioeconomic class in Cairo. The survey found up to 7% of the population that were older than 15 years old, were addicts. Regarding the one time use of an addictive substance, the ratio between male to female was greater in Cairo (2:1) than other governorates where it reaches 13: 1, indicating that there is growing addiction problem among females in Cairo.

According to the National Addiction Survey, there is at least half a million addicts in Cairo that need treatment. ¹¹

The survey also studied the diverse socio-demographic factors that are associated with addiction. For example, the study showed that the influence of religion only appears in alcohol use (Christians more than Muslims) and that alcohol and substance use is the highest among the age group 20 – 45 years old than other age groups. Regarding education, it was found that there is an

¹⁰ Hamdi E. , Mamdouh R., Sedrac A., Fathy H., Elamroussy T.(2009) *the national addiction survey – 3rd phase*, Research unit of general secretariat of mental health, ministry of health, Egypt.

¹¹ Hamdi E. , Sabry N. , Sedrac A., Refaat O., (2011) *the national addiction survey - final report* , Research unit of general secretariat of mental health, ministry of health, Egypt.

inverse relationship between the level of education, and the use and dependence on substances. In addition, addiction was found more among those who are manual workers. There was no relation between marital status and addiction.

Knowledge about alcohol and addiction was very limited, as shown in the high number of the sample that believed that beer and cannabis don't lead to addiction.¹²

National anti-drug institutions

Overview of the Drug Control Situation

Egypt is party to the 1961, 1971 and 1988 international drug control conventions. Its national drug control laws are generally assessed as adequate. The lists of scheduled drugs are regularly updated according to developments in drug trafficking and illicit consumption.

Counter-narcotic efforts are controlled by the Anti-Narcotic General Administration (ANGA), which is part of the Ministry of Interior. ANGA is the oldest drug control agency in the world, and was established in 1929.

It is headed by an Assistant Minister and has branch offices in all major cities, airports and ports. It conducts year-round cannabis eradication and an annual opium poppy eradication campaign. ANGA has been both a regular and active participant in the Arab Office for Narcotic Affairs, which is part of the Arab Interior Ministers Council (AMIC) of the League of Arab States. ANGA also regularly attends the Commission on Narcotic Drugs (CND) meetings.

The Government of Egypt continues to aggressively pursue a comprehensive drug control strategy that was developed in 1998. ANGA, the Egyptian Ministry of Interior, the Coast Guard, the Customs Service, and select military units all co-operate in task forces designed to interdict narcotics shipments.

Based on the ANGA report for the year 2004, in the general framework of the Ministry of Interior tackling of the narcotic drugs cultivations in Sinai Peninsula, ANGA prepared a comprehensive plan in co-operation with the Central Security Forces and the Armed Forces, to fulfil the following objectives:

¹² *ibid*

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- (i) Destroying illicit cultivations in rigid and remote areas;
 - (ii) Arresting cultivators and tools used for cultivation;
 - (iii) Attacking storage places of Bango (cannabis herb) after collecting it;
 - (iv) Imposing tight control on all outlets, and smuggling areas from Sinai to other governorates.

ANGA has started recently to measure illicit cultivation on the ground. The data for previous years are based on the aggregated totals of eradicated and seized plants, which are then converted into hectare estimates.

Government and private sector efforts exist, but are hampered by financial constraints and logistical challenges

Law enforcement & legislation

Addiction treatment legislation

Although the 2007 National Survey report stated that 8.5 percent of the sample were drugs users, the majority of them were between 15 and 25 years of age. Furthermore, it was found that the addicts were considered as criminals rather than patients in need for treatment.

Four years ago, the Egyptian community considered both addicts and users as criminals, and Egyptian addicts suffered from miscommunication between the legal system and the Mental Health System. Most addicts were admitted to prison instead of treatment centres, although the Egyptian law gives the judge the right to send the addicts for treatment. This situation caused the Egyptian communities much health, social and economic problems.

However, the General Secretariat of Mental Health developed a new Mental Health Law based on voluntary treatment. In the case that they refuse treatment, they will face all the expected negative consequences of addictive behaviour.

The Mental Health Act 71 of 2009

In recent years, treatment strategies have changed concerning both addiction and psychiatric treatment. This has occurred through the passing of the 2009

New 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.

The Mental Health Act doesn't clearly cover any regulations in relation to addiction per say. However, addiction is dealt with in the context of co-morbidity. The executive memorandum (code of practice) of the Mental Health Act was revised at the end of 2011, yet addiction was ambiguously included as one of mental disorders.

The Anti-Narcotic Law 122 of 1989

According to article 37 of the Egyptian Criminal Law, a convicted addict may be referred to a specialised facility for treatment rather than imprisonment. This compulsory admission starts from 6 months and doesn't exceed 3 years, during which monitoring and evaluation of treatment should be performed by a multidisciplinary committee. However, such article is inactive for unknown reasons.

Recent harsh legislations against drug traffic & abuse were instated. Verdicts like death penalties, life time imprisonment without parole, and huge fines up to 500,000 LE were included. Such harsh legislations had negative impact on judges' decisions to use maximum verdicts against accused persons, for fear of inaccuracy in procedures.

There is an article in the 1989 Egyptian Narcotic Law 122 that states that an offender may be involuntary referred to treatment in the case of committing a crime under the influence of illicit drugs.

In the last 3 years, there was increase in male involved in offending crimes related to addiction, reaching 3213 prisoners, and there was significant increase among female addict prisoners by up to 30%. Only a few cases were subjected to the 1989 Narcotic Law 122. It was found that only 8 cases were referred to Khanka mental health hospital during the past 5 years; 2 of them where referred last year during the project. All cases were referred by a zealous judge in one of the Alexandria courts.

Prevention

The fund of prevention and the treatment of addiction and drug abuse:

The fund was established to combat addiction in 1991, based on a presidential decree number 46 for the year 1991, pursuant to the provisions of the law 122 for the year 1989, and launched a message box and the action plan of its formal plan for the state to eliminate the problem of drug abuse and addiction in Egypt.

In the light of this goal, the fund of prevention and treatment of addiction and drug abuse confronts the problem through programs and mechanisms, seeking to encircle all manifestations and new developments that occur in the context of preventing Egypt's youth from falling into the clutches of drug abuse, and protect them by extending a helping hand to those who fell into this trap, returning them to active, productive participants in the development of our society.

The fund for the prevention and treatment of addiction represents one of the leading mechanisms for the implementation of the national programs for the prevention of smoking and drug abuse, and for the support and provision of free treatment and rehabilitation services for addicts, in collaboration with relevant partners.

It is based on a number of fundamental principles, most notably the involvement of young people and their active participation in the preventive efforts, and focuses on the high risk groups who are more vulnerable to the addiction problem with the establishment of an integrated program for evaluation and follow-up. Furthermore, it concentrates on relevant organisations, focuses on the family as an essential input to protect young people from smoking and drugs, and relies on community interaction.

Objectives

The fund aims to combat addiction and establish treatment through:

- Implementation of the plan approved by the National Council for Fighting and Treating Addiction on:
 - Furnishing and equipping the clinics for addiction treatment;
 - Establishing and equipping prisons for those convicted & sentenced in drug crimes & offenses.

- Development of national programs to implement the policies set by the National Anti-addiction council, by:
 - Implementing programs and systems in the field of anti-drug and addiction treatment, and to provide them with equipment and appliances necessary to achieve their goals;
 - Conducting research, studies, training programs, cultural programs and media activities in the field of prevention and treatment of addiction and drug abuse;
 - Contributing to the expenses of treatment and living of addicts;
 - Implementing programmes and activities on aftercare for addicts and drug users after their discharge or rehabilitation.
- Supporting associations and organisations working in the field of prevention, treatment and aftercare.

Residential treatment programs for drug users

Aim

- To adopt open door policy.
- To accomplish the HIGHST Lab technique.
- To collaborate with partners.
- To care about families.

Vision

"All persons whose lives are impaired by drug use receive a wide range of services"

(Treatnet Group)

Mission

- To provide an effective, comprehensive, and developed variety of addiction treatment services that meet our clients' needs, and to support their families.
- Informing the Egyptian society about addiction.

Residential program includes:

- Outpatient clinics: diagnosis and motivation.
- Detoxification unit: treatment of withdrawal symptoms.
- Rehabilitation units: Baby steps.
- Day Care Centre: Get back to your life.
- Outpatient follow ups: Keep on track.

Addiction Treatment Program:

- Detoxification Phase (Observation Unit)
- Rehabilitation Phase (In Patient Units)
- Day Care and After-care programs (Day Care Centre & OPU)
- Observation Unit

After fulfilling admission papers, those who need it are admitted to observation unit (O.U). Client in O.U goes through full physical examination and routine lab work. Client inside O.U is supervised by both psychiatric and physical care. When withdrawal symptoms are controlled, the client attends an assessment committee.

Rehabilitation Units

- On request of the assessment committee, the client is transferred to rehabilitation unit (R.U).
- R.U. program lasts 30 to 90 days.
- R.U. program depends on active participation of our clients with the therapeutic team.
- Therapeutic team adopts the bio-psycho-social approach, including spiritual activities.
- On completing R.U. program, again client attends the assessment committee.

On Discharge

- According to request of the assessment committee, which considers social and psychological condition, client may join day care program or outpatient after-care program.

Day-care Program

- Day care programme requires recovery from withdrawal symptoms in or out H.P.H with physical and psychological stability.
- Day care programme depends on psycho education, life skills, and high risk situations besides continuous motivational and psychological support.
- Day care is operated 6 days per week

After Care

- Aftercare program is conducted through O.P.D.
- Requires recovery from withdrawal symptoms with physical and psychological stability.
- Our clients join the program 2 days weekly attending individual and group therapy.

Units participating in applying the treatment program:

One big unit work in harmony

1) *Out-patient clinics*

- Diagnosis.
- Early detection.
- Follow-up.

2) *In-patient Units*

- Complete inpatient addiction treatment program (community based treatment).

3) *Day Care Centre*

- Relapse Prevention program for recovered patients.
- Family counselling and psycho-education.

4) *Clinical Pathology Lab.*

- All necessary drug tests and drug screening tests.
- All drug related blood born disease tests.

Finally

Perfection is a road, not a destination, for every day we may face an obstacle, a victory, or a setback, but we will always be learning, trying, and armed with hope.

Harm reduction

Not applied yet in Egypt.

Training programs available

I. Scientific content of the training courses for junior doctors and psychologists on the treatment of addiction

- Relapse prevention programs and their importance (Practical application model);
- Group therapy: indications, dynamics, types & limitations;
- A session of practical application and auditing of some kind of group therapy;
- Treatment with psychodrama: basics, indications & limitations;
- A session of treatment with psychodrama and its auditing.

Training on Different modalities of treatment

- Dialectical therapy: Indications, basics, limitations & theoretical applications;
- Hypnotherapy: indications and theoretical applications;
- Examples of practical applications.

Nicotine addiction

- The causes of nicotine addiction: manifestations and its effects. Pharmacological treatments and psychological therapies;
- Types of relaxation techniques: indications and practical applications;
- Other addictions: relationships with drug addiction; differential diagnosis; importance and how to deal with: theft, food addiction, violence, workaholism, religion, sex, gambling and online shopping;
- Types of pharmacological treatments used in the treatment of addiction: indications and limitations;
- Preventive programmes:
 - The concepts of redemption: individual and environmental characteristics;
 - Mentor role and attributes;
 - Inclusion criteria of the Harter model of self-worth application;
 - Strategies of prevention programs;
 - Models of preventive programs;
 - Practical applications of some types of life skills.
- Therapeutic communities: the concept, historical backgrounds and limitations.
- Religious programs: significance and contraindications. The 12-step program;
- Treatment centres: its role, concept and importance;
- Day care versus in-patients treatment: its importance and role. Presentation of some applications;
- The need to other types of treatments and their limitations;
- Treatment in prisons, hotline Services and midway houses;
- Integrative programmes and their importance;
- Treatment plans and a panoramic evaluation of the types of rehabilitative therapies;
- The study of the role of the family and their interaction in crisis management.

Treatment evaluation

- Detoxification skills;
- Emergency treatments in addiction;
- Survey tests: the need for it, uses and limitations;
- Laboratory tests: types, standards (regulations) and limitations;
- Psychometric tests.

Training on the basic concepts about the addiction

- Presentation of the problem of addiction in Egypt, in the light of the latest epidemiological studies made in Egypt;
- Concepts of addiction and their diagnosis based on international classifications;
- Addiction and how it is reflected on the concepts of treatment;
- Personality traits of the addict, his understanding and the therapeutic relationship;
- Drugs: their classifications and physiological effects.

Models of rehabilitative therapies

- The patient's family and their therapeutic investment according to the patient's clinical stage;
- Types and schools of family therapy;
- Applications: role playing and models of families;
- CBT: basics and applications.

Addiction in various medical specialties

- Substance abuse in the field of internal medicine, surgery and their applications in treatment;
- Hepatitis:
 - Types and ways of spread in addict patients;
 - Hepatitis impact on its treatment as well as the treatment of addiction;
 - Financial aspects of hepatitis therapy and ways of prevention.
- AIDS;
- Associated mental illness. Review of dual diagnosis treatment programs;
- Addiction and chronic pain:
 - Physiological pain;
 - Pharmacological treatments with opiates;
 - Treatment difficulties;
 - Management of chronic pain;
 - Psychotherapy;
- Replacement Pharmacotherapy:
 - The concept of harm reduction: Its importance and the need for it;
 - Pharmaceutical alternatives: every alternative mechanism of action
 - “what with” vs “against”;
 - The possibility of its application in Egypt.

Training on the skills of therapeutic relationship

- Importance of motivation wheel. Features of each stage and understanding the patient's needs from it;
- Motivation skills;
- Communication skills, methods of counselling and its importance;
- Rapid intervention skills;
- Ethics of the therapeutic relationship and the importance of being committed to them.

II. Scientific content of the training courses for nursing staff, social workers and rehabilitated addicts***Models of rehabilitative treatment***

- Relapse prevention programs: their importance and the practical model of application;
- Group therapy: indications, dynamics, types and limitations;
- The application and auditing of some types of group therapy;
- Treatment with psychodrama: basis, indications and limitations;
- Application of therapeutic techniques of treatment with psychodrama. Auditing the session.

Treatment programs, therapeutic services and its map in Egypt

- Therapeutic communities: the concept, historical backgrounds and limitations;
- Spirituality vs. religious programmes: significance and limitations. The 12 step programme;
- Treatment centres: role, concept and importance ;
- Day care vs. internal patient's treatment: its importance, role. Display of some applications;
- Other types of treatments: indications and limitations. Treatment in prisons. Hotline services. Midway houses;
- Integrative programs: importance, treatment plan and its evaluation;
- Panorama on the types of rehabilitative therapies;
- The study of the family and their interaction in crisis.

Training on preventive programs

- Concepts of redemption. Individual and environmental characteristics. Mentor's role and attributes. Model of applied Harter model of self-worth. The strategies of prevention programmes. Study models of preventive programs;
- Groups of life skills and practical applications;
- Other addictions and their relation to the therapeutic plan.

Training on the basics of addiction

- The scope of the addiction problem in Egypt based on the latest epidemiological studies in Egypt;
- Concepts of addiction and its diagnosis based on the international classifications;
- Addiction as a disease and its reflection on the concepts of treatment;
- The personality of the addict, its understanding and how to relate with him;
- Drugs: their classifications and physiological effects.

Training on integrating the patient in the community

- Evaluation of the patient in his community and his treatment plan;
- Occupational therapy: types. The pros and cons of each type and the possibility of its application in Egypt;
- Task groups;
- Sport Therapy: its employment in addiction patients and applications;
- Art therapy: employment in addiction patients & applications;
- Ways to integrate the patient in life and society: Education and illiteracy, work, family and voluntary work. Applications;
- The patient's relationship with violence and crime from the reality of epidemiological studies in the world and in Egypt: Employment in the treatment plan.

Fight against corruption and money laundry

Convention against Corruption

Despite Transparency International's 2004 Corruption Perception Index rating, where Egypt was ranked number 77 and the Corruption Perception Index (CPI) ranked 3.2 out of 10 (1= most corrupt and 10 = least corrupt), Egypt has emerged as a leader in the Middle East and North Africa region to promote reform in this area. In 2002, 48 senior Government officials were convicted of influence peddling, misappropriation of funds and abuse of office. The prosecution of these corrupt officials was a positive step toward promoting the rule of law and demonstrating good governance to the citizens of Egypt and to the countries of the region. Despite these efforts, corruption is still pervasive in the public and private sectors in Egypt.

The People's Assembly of Egypt voted to ratify the Convention against Corruption in December 2004. Egypt deposited the instrument of ratification on 25 February 2005, to be the 18th country to ratify the convention.

To further enhance Egypt's participation in implementing the requirements of the Convention against Corruption, the Ministry of Justice (MOJ) jointly organised with the UNODC and the French Embassy, an anti-corruption awareness and training workshop for criminal justice officials in the summer of 2005. Awareness and co-operation are an integral part of fighting corruption. Another essential component to fighting corruption is by implementing and strengthening national anti-money laundering laws; to avoid illicit financial transactions being made through various channels among public and private officials, and make asset recovery more feasible in the event of funds stolen from the national treasury.

Egypt is neither a regional financial centre nor does it have an offshore financial sector.

The Government of Egypt (GOE) implemented changes in late 2004 to streamline cumbersome financial regulations, but the changes have not affected the level of financial crime. Egypt is still largely a cash economy, and many financial transactions do not enter the banking system at all.

In 2001, the Central Bank of Egypt (CBE) and other financial regulatory bodies issued a number of anti-money laundering instructions, including "know your customer" and "suspicious transaction reporting" (STR) requirements. Nevertheless, the Financial Action Task Force (FATF) placed Egypt on its

non-co-operating countries or territories (NCCT) list in June 2001, citing inter alia, the country's lack of a law specifically criminalising money laundering.

Egypt has continued to make substantial reforms and progress toward developing effective tools against money laundering and terrorist financing. By incorporating the FATF recommendations, Egypt has been removed from its list of Non-Co-operative Countries or Territories (NCCTs) in February 2004.

In May 2002, Egypt passed the Anti-Money Laundering Law (Law no. 80 of 2002). The law criminalises the laundering of funds from narcotics-trafficking, prostitution and other immoral acts, terrorism, antiquities theft, arms dealing, organized crime, and numerous other activities. The law also requires banks to keep all records for five years, places suspicious transaction reporting (STR) requirements on the full range of financial institutions, and prohibits the opening of numbered or anonymous financial accounts. The law did not repeal Egypt's existing law on secrecy of bank accounts, but provided the legal justification for providing account information to responsible civil and criminal authorities.

The law also provides for the establishment of the Money Laundering Combating Unit (MLCU) as the Financial Intelligence Unit (FIU), which officially began operating on March 1, 2003. The MLCU is an independent entity with its own budget and staff, and has full legal authority to examine all STRs and conduct investigations with the assistance of counterpart law enforcement agencies, including the Ministry of Interior. The MLCU co-operates with all supervisory and law enforcement authorities.

The Presidential Decree No. 164/2002, issued in June 2002, delineates the structure, functions, and procedures of the MLCU. The unit handles implementation of the anti-money laundering law, including publishing the executive directives. The MLCU takes direction from a five-member council, chaired by the Assistant Minister of Justice for Legislative Affairs. Other members include the chairman of the Capital Market Authority (CMA), the Deputy Governor of the Central Bank of Egypt (CBE), a representative from the Egyptian Banking Federation, and an expert in financial and banking affairs. In June 2004, the MLCU was admitted to the Egmont Group of FIUs.

In June 2003, the administrative regulations of the Anti-Money Laundering Law were issued as Prime Ministerial Decree no. 951/2003. The regulations provided the legal basis by which the MLCU derives its authority. The regulations spell out the predicate crimes associated with money laundering, establish a board of trustees to govern the MLCU, define the role of supervisory authorities and financial institutions, and allow for the exchange of information with foreign competent authorities. The

introduction of the regulations, among other things, lowers the threshold for declaring foreign currency at borders from the equivalent of approximately \$20,000 to \$10,000, and extends the declaration requirement to travellers leaving as well as entering the country. However, the authorities have yet to enforce this provision.

On the administrative side, the Executive Director of the MLCU is responsible for the operation of the FIU and the implementation of the policy drafted by the Council of Trustees. His responsibilities include proposing procedures and rules to be observed by different entities involved in combating money laundering, and presenting them to the Chairman of the Council of Trustees; reviewing the regulations issued by supervisory authorities for consistency with legal obligations and to ensure they are up to date; ensuring the capability and readiness of the Unit's database; exchanging information with supervisory entities abroad; acting as point of contact within the GOE; preparing periodical and annual reports on the operational status of the Unit; and taking necessary action on STRs recommended to be reported to the office of the Public Prosecution. Since its inception, the MLCU has received 850 STRs from financial institutions (an increase of about 560 STRs in 2004).

In March 2004, the CBE issued instructions requiring banks to establish internal systems enabling them to comply with the anti-money laundering laws.

In addition, banks are now required to submit quarterly reports showing the progress made with respect to their antimoney laundering responsibilities. The CBE has undertaken compliance examinations of all banks operating in Egypt, carried out by a special anti-money laundering (AML) team consisting of five CBE examiners. The assessments consist of questionnaires issued by the CBE and on-site visits, to check that systems and procedures are in place. On the basis of the examinations, banks are divided into three categories: fully compliant, partially compliant, and non-compliant. To date, only one bank has been found to be noncompliant. Where deficiencies are found, the banks are notified of corrective measures to be undertaken, with a deadline for making the necessary changes, and a follow-up program of visits is undertaken to reassess compliance. In addition to the special examinations, AML compliance by banks will also be assessed as part of the comprehensive periodical examinations undertaken by the CBE. The CBE also monitors closely bureau de change and money transmission companies for foreign exchange control purposes, with close scrutiny of accounts with transactions above certain limits.

The CBE sanctions include issuing a warning letter, imposing financial penalties, forbidding banks to undertake certain activities, replacing the board of directors, and revoking the bank's license.

The Capital Market Authority (CMA), which is responsible for regulating the securities markets, has also undertaken the inspection mission of firms under its jurisdiction. The inspections were aimed at explaining and discussing AML regulations and obligations, as well as at evaluating the implementation of systems and procedures, including checking for an internal procedures manual and ensuring the appointment of compliance officers.

Money laundering investigations are carried out by one of the three law enforcement agencies in Egypt, according to the type of predicate offense involved. The Ministry of Interior, which has general jurisdiction for the investigation of money laundering crimes, has established a separate AML department, which includes a contact person for the MLCU and who coordinates with other departments within the ministry. The AML department works closely with the MLCU during investigations. It has established its own database to record all the information it received, including STRs', cases, and treaties.

The Administrative Control Authority (ACA) has specific responsibility for investigating cases involving the public sector or public funds. It also has a close working relationship with the MLCU, depending on the nature of the investigation. The third law enforcement entity, the National Security Agency (NSA), plays a more limited direct role in the investigation of money laundering cases, where the predicate offense is more serious or threatens national security.

Egypt was one of the founding members of the Middle East and North Africa Financial Action Task Force (MENAFATF), a FATF-style regional body that promotes best practices to combat money laundering and terrorist financing in the region. In November 2004, Egypt was elected to a one-year term as the first Vice-President of MENAFATF, which was inaugurated on November 30 in Bahrain by 14 Arab countries.

Egyptian national anti-money laundering legislation which is in effect includes the following:

1. The Law No. 80 of 2002 and was amended with Law No. 78 of 2003;
2. The Central Bank Law No. 88 of 2003.

Implementing International Action against Terrorism

Egypt is also active in combating international terrorism at the national, regional and international levels. Domestic and international terrorism have afflicted Egypt for decades. Terrorist attacks, terrorist financing and other connected illicit activities have hindered economic growth and human security in the country. The 1997 terrorist attacks in Luxor, the 2004 terrorist-bombing in Taba, and the 2005 terrorist bombing in Cairo have shown that the terrorism is still present and has resulted in the strengthening of the national security apparatus. These attacks demonstrate the need for further international co-operation to combat the transnational terrorist network phenomenon.

Because of its own historical problems with domestic terrorism, the GOE has sought closer international co-operation to counterterrorism and terrorist financing. The GOE has shown willingness to co-operate with foreign authorities in criminal investigations.

It has acted promptly on asset freezing requests from the United States, and continually monitors the operations of domestic non-governmental organisations (NGOs) and charities to forestall funding of terrorist groups abroad. In 2002, the GOE passed the Law on Civil Associations and Establishments (Law No. 84/2002), which governs the procedures for setting up NGOs, including their internal regulations, activities, and financial records. The law places restrictions on accepting foreign donations without prior permission from the proper authorities.

Egypt has ratified ten of the twelve United Nations International Instruments for the Prevention and Suppression of International Terrorism. Pursuant to United Nations Security Council resolution 1373, the Counter-Terrorism Committee (CTC) requires States to become party as soon as possible to the relevant international conventions and protocols relating to terrorism. The Terrorism Prevention Branch of the UNODC acts in coordination with the CTC to assist Egypt in the implementation and ratification process through technical and operational assistance.

Despite Egypt's high-level of ratification of the United Nations anti-terrorism instruments, two very important Conventions remain to be ratified:

1. Convention on the Physical Protection of Nuclear Material;
2. International Convention for the Suppression of Terrorist Bombings.

Convention against Transnational Organized Crime and its three Protocols

Mounting evidence points to the growing nexus between terrorism, corruption and organized crime. Since the 1990s organised crime has manifested into and operates in fluid networks, thus producing a transnational network of organised crime around the globe. Drug trafficking is a core activity of organised crime networks, but the trafficking in human beings, firearms, illegal migrants, protected species, cultural property and other illicit commodities have quickly become extremely profitable for these networks, and has produced an alarming global trend threatening international security. Egypt has been afflicted by the manifestation of such organised crime networks. Existing drug trafficking patterns in Egypt, a gateway and transit point from South-East Asia to Southern Europe and onward, shed light on the trafficking patterns that exist for other illicit commodities and human beings in the country. Moreover, Egypt may not be a destination country for these illicit commodities, but provides the transit of these illegal goods into other regions propelling socio-economic and political destabilisation.

The United Nations Convention against Transnational Organised Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime was ratified by Egypt and the instrument of ratification was deposited on 5 March 2004. Egypt ratified with acceptance the Protocol against the Smuggling of Migrants by Land, Air and Sea, supplementing the United Nations Convention against Transnational Organized Crime on 1 March 2005. The Protocol against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition, supplementing the United Nations Convention against Transnational Organised Crime has not been signed or ratified by Egypt.

An in-depth assessment was carried out by the UNODC Regional Office on the extent of the trafficking in human beings and illegal migrants in the Middle East and North Africa region in 2005-2006.

Further progress needs to be made in this area if Egypt is going to combat transnational organised crime in a holistic manner.

International & regional co-operation:

Mission partners:

- World Health Organisation



- United Nations Office on Drugs and Crime



- National centre for social and criminological research in Egypt



- UCLA Integrated Substance Abuse Programs



Data availability

The Egyptian National Drug Observatory

(In preparation)

The idea to start an Egyptian national drug observatory has been around for several months, however, the model to follow was hard to find. The Pompidou Group and the Council of Europe have helped in providing different models as example to start this project in Egypt through different study tours and meetings with experts on this matter.

In June of 2011, an Egyptian delegation travelled to Paris to visit the French Drug Observatory to consider it as a model. The aim of this visit was to understand the functionality of this observatory, the type of information being produced by the observatory, the organogram of the observatory, and legal and legislative issues associated with starting an observatory. The director and deputy of the French Observatory shared their personal experience in this drug observatory, and discussed how the French model may differ than other European drug observatories. The delegation received a copy of the annual French drug report as an example of the type of report and information being produced by the drug observatories.

Upon return to Egypt, the team in charge of the project started working on producing an information map to Egypt. The aim of this map would be to chart out the different indices required by the Council of Europe and the Pompidou Group, to be included in the annual drug reports. This map would also clarify the areas of deficiencies in the data needed in any report being produced in the future by the observatory. Also, a data sheet was created to capture different supply and demand indices required to complete the report and help the future observatory. This data sheet was tried as pilot in one hospital (Heliopolis Hospital) as a trial phase to work out any problems that may arise in it. It is noted that although being adopted from the French model, the data sheet was adapted to match the culture in Egypt and to become more sensitive to the type of addicts that exist within the Egyptian community.

Finally the data sheet was transformed into a digital system, where hospitals have the ability to enter the data immediately into a database created for this purpose. All hospitals in the Mental Health Secretariat were trained and asked to start entering the relevant patient data in the system in January 2012. This system will act as the nucleus for all data entry needed to establish the observatory in the near future.

A scientific committee is being put together to aid the work of the observatory and help generate pressure on private providers to start entering their data and use the system. In the initial phase a university hospital, a private hospital, and an NGO dealing with addict patients will use this database to enter the necessary information about their patients. This pilot will help provide a clear multi-sector idea about the addiction problem and generate enough pressure to make data entry in the database obligatory.

Perspective for 2014

Management Plan for addiction treatment 2014

Vision

for Egypt to be a leader in providing a service that follows the international standards of treatment and prevention, to prevent aggravation of the problem of addiction.

Mission

To provide an integrated high quality service of treatment and prevention that takes into account the global programmes used for treatment and is based on the Egyptian perspective, with the participation of different service providers. Moreover, that it takes into account the change in patterns of addiction and the emergence of new categories prone to be included, like the decrease in the age of onset (where the age decreased as low as 11 years old).

Other factors to be considered are different social classes and gender, based on the data from the field research carried out by the General Secretariat of Mental Health. Furthermore, consideration needs to be taken on the accompanying problems and the overlap between parties that deal with two important axes: Supply and demand in the market and the necessity to adopt legal amendments to facilitate the provision of the service.

Taking into account the lack of the specialised manpower needed for treatment and prevention, which requires training new staff.

Study the current situation

1. Based on the research results of the National Addiction research in Cairo, which is held under the supervision of the General Secretariat of Mental Health.

- Common drugs of abuse: cannabis, followed by opiates (Tramadol and Heroin), followed by alcohol, tranquilisers, pharmaceutical drugs, stimulants (amphetamines) and finally volatile solvents.
 - Prevalence:
 - Use even once: 32.24 % in Cairo.
 - Use and work under the influence of the drug: 17.7 %.
 - Use and work under the influence of the drug and dependence (increasing the dose): 8.1 %.
 - Use and work under the influence of the drug and dependence (increasing the dose) with the presence of withdrawal symptoms (addiction): 7.2 %.
 - Age:
 - From 15 to 19, a percentage of 10.7 %;
 - From 20 to 25, a percentage of 14.4 %;
 - From 26 to 35, a percentage of 15.2 %;
 - From 36 to 45, a percentage of 13.6 %;
 - From 46 to 55, relatively 11.4%;
 - From 56 to 65, ratio of 7.9 %;
 - Above the age of 65 years around 8.5 % are regular users of drugs.
2. The service provided the General Secretariat of Mental Health with detailed service data

Total admission in 2010 was 3216 patients, while the admission in 2011 was 3126 (3081 males and 45 females)

- Bed capacity: a total of 472 addiction treatment beds are available in 11 hospitals and centres.
- These numbers are distributed into 433 beds for males and 12 beds for females.
- 9 hospitals have a special ward for addiction services while the rest of the hospital is dedicated for other mental disorders.
- One hospital (Heliopolis) and one centre are totally dedicated to addiction treatment services.
- There are no special services for women who are victims of drug abuse.

Areas of strength

- There is a general attitude in the country to help combat addiction and support NGOs;

- Presence of hospitals as high level service providers (Airport & Maamoura hospitals);
- An international training centre: the Airport hospital is recognised internationally;
- Presence of addiction administration;
- The presence of specialised centres for the treatment of addiction.

Areas of weakness

- Increase in the supply of different types of drugs;
- Limited number of beds: a total of 472 hospital beds in 11 hospitals and the absence of the service in some governorates;
- Shortage of trained experts;
- The personality of the patients and the nature of disease.

Objectives

- preventive :
 - Early detection and intervention;
 - Increasing awareness (Media - Seminars - hotline counselling for patients and their families);
 - Integrated scientific monitoring of the problem.
- Therapeutic:
 - Spreading the service;
 - Improving the service;
 - The introduction of new therapeutic means.

1 - preventive

- Early detection: Especially in the stage of misuse before reaching the stage of addiction through co-operation with:
 - Primary health care;
 - Psychiatric clinics in public hospitals;
 - Health insurance clinics;
 - Legal or administrative amendments to allow random or routine screen tests especially for new employee and high risk groups for addiction (e.g. the sons of addicts, hospital staff, people working in factories, drivers).

Awareness

- Media: The ministry provides scientific material, under the supervision of a team specialised in addiction (newspaper articles, artistic films or dramas, educational programs);
- Awareness campaigns including: schools, universities, clubs, factories, companies, – hospitals;

- Hotline service for Tramadol: to provide information to detect the problem and treatment guidance (currently in the pilot phase);
- Monitoring the problem through the Scientific Committee of the National Anti-Drug Observatory, in co-operation with other authorities including the Ministry of the Interior affairs, Justice, Social Affairs. The follow-up of changes in the patterns of addiction has already begun through the introduction of a questionnaire in the Airport hospital as a pilot phase;
- Using the results of the National research, supervised by the General Secretariat, as a demographic and epidemiological study of the problem of addiction at the level of all governorates, a basis for follow-up, and also to observe the variables and any changes in the current situations;
- Follow-up of the work of the Observatory and establishing co-operation with the Ministry of the Interior affairs to complete the study of the current situation, and to predict expected changes in the patterns of addiction

Remedial service

- Spreading of Service:
 1. Establishing clinics for the treatment of addiction in the mental health hospitals in which the service is available, including:
El-demirah hospital in Dakahlia & Azzazi hospital in Sharqia governorates.
 2. Establishing clinics in public hospitals where there are clinics and psychiatric therapeutic teams (Ismailia - Qena - Fayoum & El-Behera), at a rate of three clinics annually;
 3. Starting addiction treatment clinics in the units of primary health care by training physicians of primary care units on addiction treatment and early detection, and training workers in mental health field in different governorates to be the nucleus for the training of workers (TOT) in primary health care (doctors, psychologists, social workers).
The annual target is to train four as TOT for 300 individuals. Governorates that suffer from the lack of service and an increase in the rates of addiction will be selected on the basis of National Research data;
 4. To establish the service in the addiction treatment centre Franco-basalia (El-behera) as a start for the deployment of psychiatry community centres, addiction treatment, rehabilitation of patients and their integration in the community, and to provide the service in areas close to the recipients at a rate of 2 centres annually (in the case of the availability of a place) ;

5. Increase the number of hospital beds, whilst taking into account the distribution of the service in the different governorates and the population density, this is achieved by:
 - Establishment of a specialised hospital in the clinical treatment of addiction, with a capacity of 60 beds, in Alexandria - Ajamy (Abbas Hilmi centre) during the financial year 2014.
 - The establishment of a hospital specialised in the treatment of addiction in Sohag Governorate (Blsaforah), which will provide the people of Upper Egypt with approximately 50 beds.
 - To establish a unit for addiction treatment in the Domiatt psychiatric hospital, which will have a capacity of 25 beds, thus reaching a total number of 619.
- Improving service
 - Manpower training:
 1. Includes training of trainers (TOT) in mental health hospitals to be able to train those who work in primary health care units, public hospitals and health insurance clinics on the systems of prevention, treatment and case referral.
 2. Training of mental hospital staff on the psychological skills of addiction treatment.
 3. Training at a national level of the personnel working in addiction units, in both private and public facilities, to ensure a high quality service delivered to the patients.
 - To have a unified therapeutic protocol to ensure high-level service in all therapeutic places;
 - To access the latest developments in the field of addiction treatment through co-operation with some countries of the European Union.

The introduction of new therapeutic systems:

- Establishing a therapeutic community in Khanka Hospital;
- Establish the service of addiction treatment in the psychiatric community unit in kobaneyat about Kir;
- Using the concept of harm reduction to establish a therapeutic relationship with the addict.

Implementation:**First, awareness campaigns**

- Collaborate with the Ministry of Education, the Ministry of Youth, the Ministry of Industry to study the possibility of monthly seminars for high-risk locations and groups to clarify ambiguous and misunderstood concepts;
- Collaborate with the Ministry of Information to advertise for the hotline of Tramadol and to establish awareness campaigns to clarify some concepts about the misuse of drugs, through cultural programs and talk shows.
- Awareness of rural health visitors about addiction symptoms and the early detection of cases.

Second, therapeutic service

1. Establishing clinics for addiction treatment in psychiatric hospitals at a rate of a clinic / 4 months (Azazy – El-demirah hospitals).
 - Assessment & rating the performance of these clinics by:
 - The number of new patients;
 - The number of follow up patients;
 - Drug disbursed.
 - Quality Monitoring by:
 - A questionnaire to (patients, working teams, families);
 - Scheduling periodic visits every month to follow up the actual performance;
 - Forming a design of the questionnaire directed at the different categories of service providers and service recipients (patients and families). To train the leaders of the therapeutic teams on the application of those forms and to follow up reflections on the training and the overall performance every 4 months. Also, to design forms to reflect the workflow, such as rates of patient compliance with the therapeutic programme, as well as new data or information on the patients such as: types of drugs commonly abused and the pattern of abuse;
 - To work on a future research study to compare between mandatory and voluntary admission patients, regarding treatment plans and prognosis of treatment;
 - To have a database of all departments and addiction centres within Ministry of Health hospitals;
 - Connecting and strengthening co-operation between therapeutic services to achieve their integration through: periodic meetings

with heads of therapeutic services in each governorate, as well as periodic meetings with heads of departments of the treatment of addiction services in all governorates.

2. Training schedule:

- For a period of 4 months (therapeutic team): the training system proposed for each of the therapeutic teams to meet the needs of psychiatric hospitals and outpatient clinics in general, and includes 2 teams for a period of 3 months training; one team to cover clinics in psychiatric hospitals and the other for clinics in general hospitals. Each course includes a training schedule to be performed weekly and every month for a period of 3 months;
- Schedule for training doctors in therapeutic teams (in the directorates): the system proposed includes annual training of around 90 doctors. Each course is 3 months and the doctors in each course include a representative from each governorate. The course includes 3 days of training per month;
- A day per week (outpatient clinic) in on-job training;
- Changing the system used in health insurance clinics (which does not consider the duration of treatment as sick leave), and change it to consider treatment as sick leave for three times during work or study per year, as is the rule in the referral of other patients.

Needs

- To provide places in integrative hospitals as units for psychiatric community service;
- To facilitate co-operation with the Ministry of Information and Youth to establish media campaigns and seminars for raising awareness;
- To facilitate co-ordination with primary health care for the training of health visitors;
- To facilitate co-ordination with health insurance to consider addiction treatment service within the health insurance system and to consider the period of treatment as a sick leave.

Conclusions

Addiction problem in Egypt is steadily increasing and the age in which people start using illicit drugs is decreasing. There is increase in the number of crimes related to substance use and a special increase in addiction among female prisoners.

Substance use disorders are not specifically mentioned in any of the articles of the Egyptian Mental Health Law 71/2009; its executive memorandum needs to be clear that addiction is a mental disorder and needs to clearly define the criteria for involuntary addiction services.

The Narcotic Law 122 of 1989 is almost unused and suggestions to modify certain articles were discussed and proposed.

The governmental expenditure on the mental health services is very limited while the needs for it are significantly escalating, especially in regard to addiction services where both addicts and crimes related to addiction have increased.

Both the governmental and private sector suffer insufficiency in the capacity of their services and trained human resources, regarding the addiction treatment services.

Stakeholders (patients, their relatives, service providers, judges, prosecution agents) need more awareness, training and trust in both mental health law and narcotic law.

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