



Tunisia

DRUG SITUATION AND POLICY

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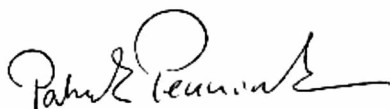


Preface

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 Tunisia and provides a descriptive analysis to help professionals to study the treatment, prevention and law enforcement methods used in Tunisia. 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 Professor Nabil Ben Salah and his team. 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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DMSU	Direction de Médecine Scolaire et Universitaire (Schools and University Medicine Directorate)	ATLMST/ Sida	Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles et le Sida (Tunisian organisation for the fight against Sexually Transmissible Infections and Aids)
GYTS	Global Youth Tobacco Survey		
GSHS	Global School Health Survey		
ATIOST	Association Tunisienne d'Information et d'Orientation sur le Sida et la Toxicomanie (Tunisian Organisation for Information and Guidance on Aids and Drug Addiction)	ATUPRET	Association Tunisienne de Prévention des Toxicomanies (Tunisian organisation for the prevention of drug addiction)



Figure 1 : Map of Tunisia

Drug situation and policy in Tunisia

Introduction

Geography

Located in North Africa, Tunisia is the smallest country in the Maghreb (162 155km²). It is bordered by the Mediterranean to the East and North, by Libya to the South, and by Algeria to the West (figure 1).

Demography and socioeconomic description

The National Institute of Statistics estimated Tunisia's population at 11 million in 2013.

In the final stage of demographic transition, Tunisia's population has grown over the past ten years at a rate of 1% (0.95% in 2013). Young people in the 10-24 age group account for 30% of the population.

Population density and socioeconomic levels are highest in coastal areas and decrease inland: two thirds of the population live on the coast, making up two thirds of the country's urbanisation.

General statistics on Tunisia ¹

		Year	Tunisian Republic
Population		2013	10 886,527
Age structure	0-14	2013	23%
	15-24		16.5%
	25-54		44.7%
	55-64		8.1%
	65 and over		7.7%
Population growth rate		2013	0.95%
Median age		2013	31
GDP per capita		2012	7 250€
Unemployment		2013	15.9%
Unemployment, youth ages 15-24		2011	30.7%
Literacy		2011	20.9%
Population below poverty line ²		2005 / 2013	23.3% / 15.5%

Tunisia is a developing country, with a GDP per capita of 7 250 € in 2012, and ranked 94th out of 187 countries on the 2012 Human Development Index ³.

The labour market is currently experiencing further pressure as an additional 88 000 job seekers per year swell the ranks of the already 500 000 unemployed (2010).

Unemployment was estimated at 15.3% in the fourth trimester of 2013 (30.7% amongst young people aged 15-24 in 2011). All indicators betray regional disparities.

In the wake of the revolution, the socio-economic situation is alarming: Previously calculated at 3.8% in 2005, the poverty rate was recalculated by the National Institute of Statistics according to a new methodology (including two

¹ Central Intelligence Agency USA, *The World Factbook*. Available at : <https://www.cia.gov/library/publications/the-world-factbook/geos/mo.html>.

² OMD follow-up report. *January 2014 Report. (New methodology : food + non-food stuff, National Institute of Statistic, survey of consumers' budget 2010)*

³ UNDP (2013) *Human Development Report 2013. The Rise of the South: Human Progress in a Diverse World. Explanatory note on 2013 HDR composite indices- Tunisia*. New York: United Nations Development Program.

elements: food and non-food stuff, survey of consumers' budget, National Institute of Statistics 2010) and found to be 23.3% in 2005 and 15.5% in 2013 ⁴.

Healthcare

As regards health, Tunisia has made notable progress: life expectancy reached 75.5 years in 2012; infant mortality rate fell by 54% in 1984 to 20.3% in 2006. Similarly, contagious illnesses are less prevalent. However, Tunisia is undergoing an epidemiological transition characterised by the rapid emergence of non-transmissible diseases linked to the population's changing lifestyle and habits. These habits are most widespread amongst teenagers who are starting to smoke, drink, use drugs, and have unprotected sex at an ever younger age.

In this context, some of the studies and surveys focused on teenagers' and young people's health have shown that HIV/Aids affect young people more (young people aged 25-39 accounted for 58% of all cases recorded until 2009). Unprotected heterosexual sex and drug injection remain the principal modes of infection, at respectively 38% and 27% ⁵.

According to the national survey by the INSP in 2003-2004 on hospital mortality and morbidity, hospitalisation linked to risky behaviour (accidents, pregnancies, abortions, attempted suicide, overdoses) amongst young people aged 15-24 represented 20.9% of all admissions. The highest morbidity rate, at 27.9%, was in the North-West.

The DMSU's survey on teenagers' health in 2000 showed that nearly 40% of young people in school, ages 12 to 20, scored over three markers betraying some form of psychological suffering ⁶.

This data demonstrates the necessity of healthcare reform, to meet the challenges ahead, redefine priorities, and refocus healthcare strategies on teenagers and young people.

⁴ *Tunisian Republic, United Nations. Millenium Development Goals. 2013 Progress Report on Tunisia.*

⁵ *UNICEF. Analysis of children's situation in Tunisia. 2012.*

⁶ *Direction de médecine scolaire et universitaire, World Health Organisation. National survey on in-school teenagers' health. 2004.*

Drug addiction in Tunisia

Epidemiological situation

By contrast with tobacco and alcohol, drug abuse amongst young people tends to be underestimated due to a lack of data or unreliable studies.

Tobacco use

Tobacco use remains an important public health issue, responsible for a number of illnesses. According to a government report, a third of the adult population (61.9% of men and 7.7% of men) uses tobacco. Amongst these smokers, one out of every two women and two out of every three men smoke over 20 cigarettes per day. Moreover, nargileh smoking is also on the rise, particularly amongst young people ⁷.

Data from the “Global Youth Tobacco Youth Survey” (GYTS 2007 and 2010) and the “Global School Health Survey” (GSHS 2008) on young people in school, ages 11 to 17, showed that age at first cigarette fell from 13 to 11, and that tobacco use increased with age (14.9% of 12 year olds surveyed, 25% of 14 year olds, and 34.8% of those over 16).

According to these same studies, tobacco use varies from 8.9% to 10%. It is more widespread amongst boys (20.8%) than girls (3.2%).

According to the 2005 survey by the National Institute for Public Health on young people between the ages of 15 and 19, both in and out of school, daily tobacco use was 14.3% amongst boys and 0.3% amongst girls.

On the other hand, this survey betrays regional disparities, with a higher rate of tobacco use in the district of Tunis (22.5%) and lower in the South-West (14.6%) and South-East (16.3%).

In the course of a 2009 national survey by the ATL MST SIDA on risky behaviour among out-of-school young people (aged 15 to 24), 34.5% of those surveyed reported smoking tobacco, with a greater proportion of boys (54.4%) than girls (7.5%).

⁷ *Rapport de la République Tunisienne « Etude du secteur de la santé », Département du développement humain, région Moyen-Orient et Afrique du Nord. La Banque mondiale Washington, DC. MAI 2006.*

According to the same study, 24.4% of smokers smoked over 20 cigarettes a day and 11.2% of those surveyed smoked nargileh.

Across all studies, the percentage of young smokers hoping to quit smoking was very high, sometimes over 80%, but almost all revealed having never received any help to achieve that goal.

More recently and in the course of preparing the first national study on drug abuse in schools, a study by the Direction de la Médecine Scolaire et Universitaire (DMSU), in partnership with the National Institute for Public Health and Ministry of Education and financed by the Pompidou Group, led among high school students between the ages of 15 to 17, the rate of tobacco use was 17.1% over the course of the year prior to the study (22.9% among boys versus 15.1% among girls) and 14.7% in the month leading up to the study (21.4% among boys versus 12.3% among girls).

Various studies also aimed to track alcohol consumption

According to the 2005 national study by the National Institute for Public Health on young people between the ages of 15 to 19, 7.9% of those surveyed admitted having drunk alcohol, with a significant difference between girls (0.3%) and boys (15.2%).

On a regional level, the highest rate of alcohol use was in Eastern Tunisia (10.7%) and the lowest in Southern Tunisia (1.4%).

The 2008 GSHS study on students between the ages of 11 to 17 showed that 7% of those surveyed had experimented with alcohol, and alcohol use increased with age (4.1% amongst those younger than 12, 6.2% amongst those between the ages of 13 to 15, and increasing to 17.2% amongst those over 16).

According to the 2009 national study by the ATL MST SIDA on risky behaviour amongst out-of-school young people between the ages of 15 to 24, 21.1% (40.8% of men and 3.5% of women) of those surveyed had experimented with alcohol and 6.9% drank daily.

According to the 2013 study by the Direction de la Médecine Scolaire et Universitaire (DMSU) amongst students between the ages of 15 to 17 in the governorate of Tunis, 12.8% of those surveyed had used alcohol at least once (20.4% of boys and 5.2% of girls).

Drug abuse

- Availability of epidemiological data

The availability of epidemiological data depends primarily on the Ministry of Health, the Ministry of Justice, and the Ministry of Education, and various non-governmental organisations. Depending on their focus, the scale of these studies varies.

Although the available data does not allow for a comprehensive overview of the issue of drug abuse in Tunisia, its impact is felt by all actors in relevant fields (healthcare, social services, education, psychological care, safety, judiciary and prisons) and described as significant and rapidly evolving due to the unhindered circulation of drugs.

Nevertheless, there is no firm data on healthcare and social services available to drug users in Tunisia.

Crucial missing data concerns primarily the mortality rate linked to drug abuse⁸.

In the wake of the jasmine Revolution, the Tunisian government, and notably the Ministry of Health, focused on the issue of drug abuse and on the prevalence of this phenomenon in schools in particular. It is in this context that the MedSPAD (Mediterranean School Survey Project on Alcohol and other Drugs) regional (Tunis, January 2013) and national (November 2013) surveys were launched⁹.

The MedSPAD survey is modelled on the ESPAD (European School Survey Project on Alcohol and other Drugs), and adapted to the Mediterranean countries studied in the framework of the activities of the MedNET network.

The key objective of this study is to determine the prevalence of drug use (including alcohol, tobacco, and other drugs) by teenagers in school between the ages of 15 to 17. Moreover, these studies enable a better understanding of possible factors linked to drug use (knowledge and attitudes vis-à-vis drugs, socioeconomic background of students' family, mental wellbeing, social inclusion and behaviour)¹⁰.

⁸ This information is taken from the questionnaires given to the Tunisian authorities during the 2013 MedNET network roundtables.

⁹ The MedSPAD survey also includes tobacco and alcohol.

¹⁰ MedSPAD survey in Tunisia- Results from the preliminary study – June 2013.

Tunisia is also developing a national observatory whose mission will be to collect, analyse, and evaluate data on drugs and addiction, as well as making this data available to all relevant actors.

- Available epidemiological data

According to unofficial statistics, in 2012 there were approximately 350 000 drug users ¹¹.

National studies, led by the ATL MST SIDA in 2009 and 2012, on risky behaviour of young people, both in and out-of-school, between the ages of 15 and 24 showed that the most prevalent substances were psychotropic drugs (7.5%) and cannabis (7.8%).

The first study in Tunisia on HIV/Aids and Injecting Drug Users (IDU) was led in 2009 by the ATIOST in partnership with the DSSB and UN Aids, and the support of the Global Fund. The study focused on 715 IDUs (91% of which were men and 9% were women, ages ranging from 16 to 55) recruited through the “snowball” method from three locations (Tunis, Bizerte, and Sousse). According to this study, 58.2% of IDUs had begun using between the ages of 15 to 19, and almost a third of those surveyed between the ages of 20 to 24. The most prevalent drugs were Subutex and Temgesic (97.8%), heroin (15.5%), cocaine (10.5%), benzodiazepines (7%), crack (2.3%), Artane (2.2%), and ecstasy (1.1%). Over a quarter of those interviewed (46.1%) declared having shared needles over the month prior to the study. This study revealed that 3.5% of those surveyed were HIV positive, 3.5% had Hepatitis B, and 32.4% had Hepatitis C.

A second study in 2011 by the ATIOST, in partnership with the DSSB and UN Aids and funded by the Global Fund, focused on a larger sample of 800 IDUs (500 in Tunis and 300 in Bizerte, ages 16 to 45). Over half of those surveyed (55.4%) had started using between the ages of 15 to 19, approximately two thirds were injecting by the age of 30, and 13.7% had begun using intravenously between the ages of 15 to 19. The vast majority (95%) declared having used Subutex intravenously in the past month. 25.4% reported having shared needles.

According to this study, 2.4% of IDUs were HIV positive, and 36.5% had viral Hepatitis C. Further to this study, the number of IDUs in Tunisia was estimated at 8 000 to 11 000, for a total population of 10 million.

¹¹ Council of the European Union, *CORDROGUE 24, COAFR 134*, Brussels, 19 May 2014.

Another study in 2013 on a representative group of students at the Tunis El Mana university (n=1002) and belonging to a broader international study suggested that 6% of those surveyed were drug users, with a higher rate amongst men (14.2% vs 1.8%, $p < 10^{-3}$)¹².

By contrast, according to another study in 2013, from anonymously answered questionnaires distributed amongst a representative sample of senior high school students in Tunis (n=793)¹³, 17.3% of students had experimented at least once with illegal drugs (24.1% amongst boys versus 11.3% amongst girls), although current drug use was 3.2% (6.2% amongst boys and 0.7% amongst girls). Two thirds of current drug users reported using from time to time or continually.

The tables below are drawn from the regional MedSPAD-Tunis study led by the DSMU in 2013 whilst preparing for the first national study on drug abuse in schools.

For the purposes of this study, 690 students accepted to answer the questionnaires, or a response rate of 84%. A test question was included in the questionnaires to assess the sincerity of students' answers; a quarter of those surveyed (25.8%) declared having heard of the fake drug "zarga"¹⁴.

The results of this preliminary study can be found in the MedSPAD-Tunis Study Report, drafted by the consultant Aounallah-Skhirri Hajer (National Institute for Public Health) and published by the Pompidou Group in June 2013.

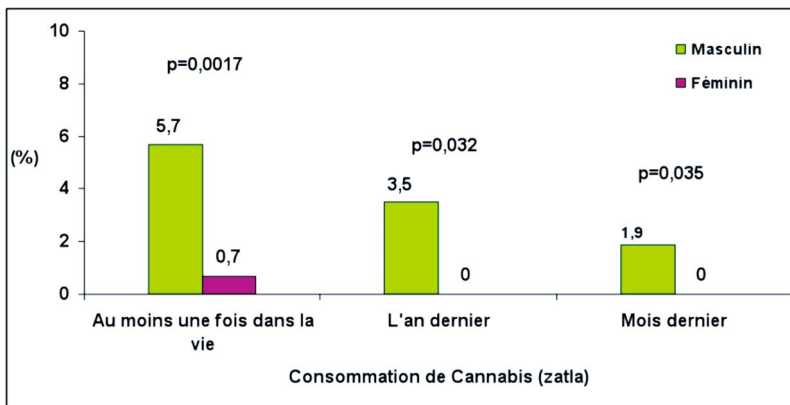
It showed that the prevalence of drug abuse amongst students between the ages of 15 to 17 (in their first and second year of high school) was 11.6%, including 3% of cannabis users (5.7% amongst boys versus 0.7% amongst girls) and 6% of psychotropic drug users (4.3% amongst boys versus 7.5% amongst girls).

¹² Study by the National Institute of Public Health in partnership with the Regional Directorate of Health in Tunis (Direction Régionale de la Santé de Tunis)

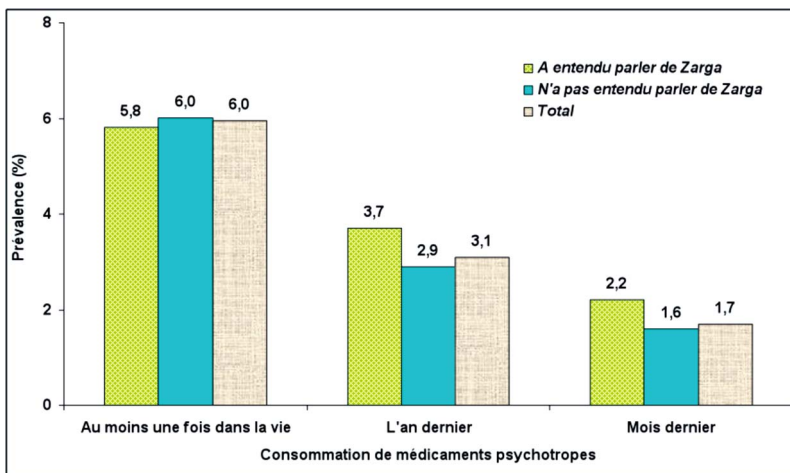
¹³ Study by the Regional Directorate of Health in Tunis in partnership with the National Institute of Public Health

¹⁴ MedSPAD study in Tunis – Results from the preliminary study- June 2013.

Cannabis (zatla) use amongst high school students (ages 15 to 17) according to gender



Use of psychotropic drugs amongst high school students (ages 15 to 17) according to their knowledge of the fictitious drug "zarga"



Data from the Ministry of Interior

The following table shows that 54 025 pills were seized in 2010 and 2011, and 485 kilogrammes of cannabis in 2011. By contrast, the quantity of cocaine and heroin seized was relatively small.

Drugs seized in Tunisia ¹⁵

Drug	Quantity	Unit	Year
Psychotropic pills	45 452	pills	2010
Psychotropic pills	8 573	pills	2011
Cannabis resin	485	kilogrammes	2011
Cocaine	20	grams	2011
Heroin	412	grams	2011

Moreover, according to the Tunisian authorities, in 2013 security forces seized 1 015 kg of hashish. The most significant drug seizures were made in the governorates of Tunis, Kebili, and Tozeur.

Data from the Ministry of Justice

On the African continent, Tunisia is ranked 9th in terms of its prison population. Total prison population in 2013 was 25 000 prisoners, or 229 prisoners per 100 000 capita. There are currently 35 prisons in Tunisia, including 28 prisons and 7 rehabilitation centres for delinquent minors ¹⁶.

Tunisian courts dealt with 4 328 drug-related cases during the 2006-2007 to 2010-2011 judicial years, a five-year period during which the number of drug-related cases has doubled ¹⁷.

The courts sentenced 5 827 defendants on charges of drug abuse in the same time period. The number of sentences for this offence has increased from 731 in the 2006-2007 judicial year to 1593 in the 2010-2011 judicial year.

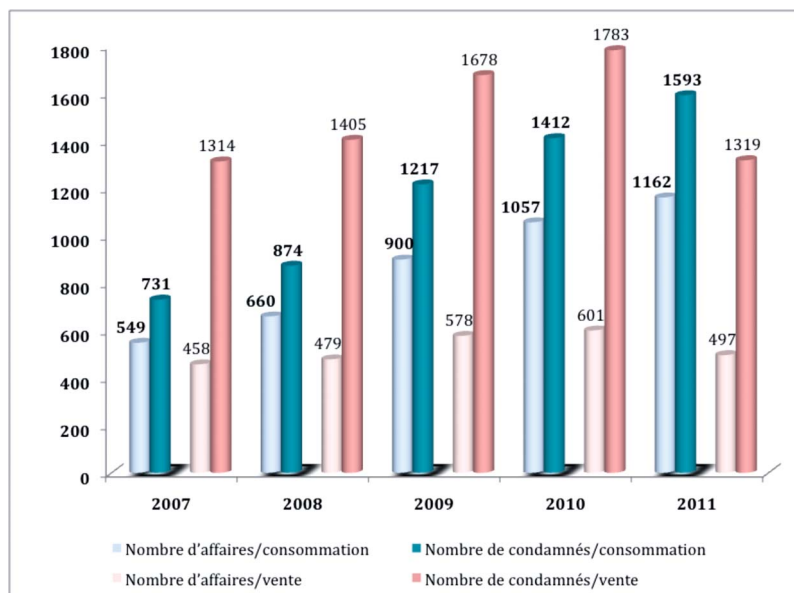
¹⁵ Ben Salah N., présentation « Usage des drogues en Tunisie, Situation en 2012 ».

¹⁶ International Centre for Prison Studies, « World Prison Brief ». Available at : http://www.prisonstudies.org/info/worldbrief/wpb_country.php?country=50.

¹⁷ Doula S. La criminalité relative à la drogue selon les statistiques judiciaires. Table ronde, Tunis- 6 avril 2013.

Moreover, in the course of this same time period, courts dealt with 2 631 cases pertaining to drug distribution and related crimes (transport, trafficking, sale...).

The majority of sentenced defendants, both amongst adults and minors, were male.



Number of drug-related (abuse and sale) cases and sentences according to the judicial year

Since the implementation of the 92-25 law on drugs, the number of defendants charged on the basis of this law has steadily increased, causing many to lose their employment or interrupt their education¹⁸.

Combatting drug addiction

Drug policy is coordinated by the Ministry of Health. There is also a National Narcotics Bureau (Bureau National des Stupéfiants), an interdepartmental

¹⁸ Article: *Drugs in Tunisia The worrying rise of addiction* – Samira Rekiq (medical journalist, Ministry of Health). Available at : <http://www.realites.com.tn/imprimee.php?t=147&a=26640&temp=1&lang=&w=>

structure designed to coordinate the action of various governmental bodies involved in combatting drug addiction¹⁹.

The National Narcotics Bureau was created by the 7 January 1986 Decree No. 86-3 (modified by the 6 November 1996 Decree No. 96-2151) and is subordinated to the Ministry of Public Health, primarily in charge of:

- Studying international conventions and protocols on narcotics and psychotropic substances and suggesting implementation modalities adapted to the country's specificities.
- Supervising the use of addictive and poisonous drugs for strictly medical and scientific purposes, and their lawful commercial distribution and production, including by drafting recommendations to limit addiction.
- Participating 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 combatting the illegal use of narcotics and psychotropic substances.
- Centralising and using data pertaining to prescription pills and abusive use of narcotics and psychotropic substances, as well as reports and information communicated by doctors who detect cases of addiction.
- Provide the commission on drug addiction, in the interest of close coordination, with all documents and information made available to the Bureau on suspected cases of addiction²⁰.

Article 3 of the Decree includes the specific composition of the Bureau, including the chairmanship by the Ministry of Public Health. The Bureau is under the obligation to meet once every trimester at the headquarters of the Ministry of Public Health (Article 4)²¹.

Tunisia also has a Narcotics Commission²², which has the authority to compel any addict to undergo treatment in a specialised unit, under the conditions decided by the Ministry of Health. The Commission further decides the length of

¹⁹ *MedNET Round tables on Drug Policies and Action Plans for representatives from governmental institutions / drug policy managers and stakeholders. Preparatory work for target countries. Reply from Tunisia by Nabil Ben Salah.*

²⁰ *N.Ben Salah et C. Hamouda, Tunis Medical School, Direction générale de la santé, Ministry of Health, and Groupe Pompidou correspondent, presentation on the « Cadre légal tunisien de lutte contre les stupéfiants ».*

²¹ *« Cadre légal tunisien de lutte contre les stupéfiants » N.BEN SALAH and C. HAMOUDA – Tunis Medical School- Direction générale de la santé, Ministry of Health.*

²² *Law 69-54, 26 July 1969 (Articles 119 to 122).*

treatment, including any extensions. Under Article 119, the Commission includes a counsellor from the Tunis Court of Appeal, a representative from the Ministry of Interior, a divisional pharmaceutical inspector, and three doctors designated by the Ministry of Public Health. The secretariat of the commission is ensured by a civil servant from the BNS ²³.

On a governmental level, a variety of strategies have been developed to prevent drug abuse.

A strategy against tobacco addiction, alcoholism, and drugs in schools has been implemented in schools by the Ministry of Education and the Ministry of Public Health.

National conferences have been organised by the Pompidou Group on the subject of, for example, prevention and treatment of addiction, designed to promote the implementation of a national strategy to combat addiction and to develop a legislative framework specific to the issue ²⁴.

Moreover, with the support of the WHO, the Mental Health Unit of the Ministry of Health organised in 2013-2014 three interregional conferences to raise awareness amongst actors on the front line in the fight against drug addiction.

The government's policy includes the development of specialised care units for drug users. Its key aims remain prevention and the promotion of a sense of accountability amongst Tunisian youth in an effort to reduce the number of drug users ²⁵.

With regards to civil society, a number of Tunisian organisations participate in prevention efforts, such as ATUPRET (Tunisian organisation for the prevention of drug addiction) and ATIOST (Tunisian Aids and addiction information and guidance organisation) with a particular focus on preventing Aids amongst drug users.

Tunisian organisation for the prevention of drug addiction

The Tunisian organisation for the prevention of drug addiction (ATUPRET) was created in 1995 and aims to combat drug abuse in Tunisia and raise awareness, particularly

²³ « Cadre légal tunisien de lutte contre les stupéfiants » N.BEN SALAH and C. HAMOUDA – Tunis Medical School- Direction générale de la santé, Ministry of Health.

²⁴ MedNET activity report by the Pompidou Group, November 2012.

²⁵ MedNET Round tables on Drug Policies and Action Plans for representatives from governmental institutions / drug policy managers and stakeholders. Preparatory work for target countries. Reply from Tunisia by Nabil Ben Salah.

amongst young people, on the risks linked to drug use. The organisation runs the main rehabilitation facility in Tunisia (a crisis centre) as well as the Espace Jeunesse et Vie (Youth and Life Space), a centre offering social services, healthcare, and sports activities to all young Tunisians, aiming to promote a healthy lifestyle and healthy sexual practices. The organisation aims to strengthen its ties to communities and works closely with schools and workplaces across Tunisia. It also participates in research on drugs and related risks and collects data on drug use in Tunisia.

Objectives:

- Raise awareness and educate young people on the risks related to drugs.
- Provide counselling to young people in crisis centres.
- Provide care to addicts (both psychological and medical care).
- Facilitate addicts' reintegration in society and their family and encourage the involvement of all relevant actors to ensure at-home care for addicts.

Activities:

- Awareness activities aimed at target groups and voluntary and free of charge screening.
- Awareness and involvement of sex workers in community activities and the distribution of prevention kits.
- Launch of a national study on the habits of clandestine sex workers.
- Provision of care to at risk groups (drug users) in a rehabilitation centre and facilitation of their later reintegration in society and their family.
- Acquisition of 3 000 prevention kits for community activities with sex workers.

Tunisian Organisation for Information and Guidance on Aids and Drug Addiction (ATIOST)

The Tunisian Organisation for Information and Guidance on Aids and Drug Addiction (ATIOST) is a not for profit organisation created in 1992 under the acronym ATIOS before its mission was extended to include addiction issues (hence the current acronym ATIOS Toxicomanie).

Objectives:

- Provide information to improve Aids and addiction knowledge amongst all social classes.

-
-
- Raise awareness in an effort to promote a sense of responsibility and solidarity with vulnerable groups by combatting exclusion.
 - Give guidance to HIV patients and drug users on solutions adapted to their situation, notably through the provision of personalised psychological care and social services.
 - Support HIV/Aids patients and drug users.

Key programmes:

A counselling centre offering free and anonymous screening in Tunis, including a team made up of two doctors, a psychologist.

Number of persons screened from 2010 to 2012: 887 (511 men and 376 women); (6 tested HIV positive).

The Chems centre: a support and guidance centre for HIV-positive persons and drug users. In 2012, the centre provided 260 counselling sessions.

A low-access-threshold centre, “Chems for young people”, created in 2011 with the following objectives in mind:

- Consolidate and widen access to risk reduction services (primarily through the “PAS distribution et/ou échange de seringues – distribution and/or exchange of needles” programme).
- Develop educational material on good practices for injecting drugs and using sterile equipment.
- Lead awareness raising activities within RDR communities directly on the streets and in prisons by peer educators.
- Provide appropriate psychological counselling and mental health services.
- Providing facilities for educational initiatives.
- Support the social and professional reintegration of IDUs by helping them develop small but lucrative projects.

Awareness raising and screening of prisoners across all Tunisian prisons: in 2012, 2 002 prisoners benefited from awareness raising initiatives (1 898 men and 304 women) and 1 225 were screened, amongst which 2 tested positive.

However, a significant number of organisations combat drug abuse in a broader context, including programmes on citizenship, family, etc.

Drug-related legislation

The 26 July 1969 law No. 69-54 on poisonous substances (modified by the 9 June 2009 law No. 2009-30) categorizes these substances in three classes: (A) Toxic, (B) Narcotics, and (C) Dangerous ²⁶.

This law provides for special rules and specific sentences with regards to class B substances. For example, Article 26 prohibits, regardless of the intended use, the growing and harvesting of all class B plants; Article 28 prohibits the production, preparation, importing and exporting of class B substances, subject to authorisation. Article 36 provides for the possible discretionary extension of the rules applicable to class B substances to substances derived from the transformation of class B substances or whose transformation leads to substances akin to class B substances ("les dispositions du présent titre pourront, par arrêté du Secrétaire d'État à la Santé publique, être appliquées, en totalité ou en partie, à des substances ou à des préparations qui, bien que ne figurant pas au tableau B, sont fabriquées à partir de stupéfiants ou donnent lieu à la formation de stupéfiants au cours de leur fabrication ou qui, en raison d'usages abusifs éventuels, peuvent nécessiter un contrôle à certains stades de leur commercialisation").

Article 48 further provides that the Secretary of State for Public Health will communicate the following statistics to the International Narcotics Control Board on a yearly basis:

- Production of class B substances;
- Use of class B substances for the production or transformation of other class B substances, or of other substances not expressly included ;
- Use of class B substances ;
- Seizures and use of seized class B substances ;
- Existing stocks of class B substances on 31 December of each year.

The list of those substances considered to be "narcotics" is appended to this law and includes over 100 drugs. It should be noted that the format of this list, as an appendix rather than as a section of the legal text itself, renders its modification by the introduction of new drugs very difficult. To this end, the content of this list may be modified by ministerial Decree.

²⁶ N.Ben Salah, permanent representative to the MedNET network and C. Hamouda, presenting « Cadre légal tunisien de lutte contre les stupéfiants ».

The 26 January 2009 law No. 2009-6 modifying and adding to the 18 May 1992 Law No. 92-52 on narcotics includes the addition of three further class B substances.

Law No. 92-52 includes an appendix listing all substances classified as narcotics (later added to in 1995 and 1998). Article 4 sanctions use and possession for personal use, Article 8 imposes sanctions on a person's mere presence in a location where classified drugs are used and confirms the non-application of "extenuating circumstances" for drug offenders (art12).

These latest amendments have brought Tunisia's law on narcotics in line with the United Nations 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances ²⁷.

Tunisia's current law on narcotics targets both those use and possession for personal use, punishable by a five year prison sentence and fine equivalent to 450 to 1 350 euros ²⁸.

Article 8, sanctioning a person's mere presence in a location where narcotics are used, provides for a prison sentence of three months to six years and a fine equivalent to 450 to 2 200 euros.

8 new chapters and a further 40 articles are currently being drafted. This draft law is coherent with the recommendations and international treaties, including the introduction of the notion of extenuating circumstances, excluded under the current 1992 law. The draft proposes to cast drug users as addicts requiring care and treatment, nevertheless subject to sanctions despite the possibility of pleading extenuating circumstances. The draft, under chapter 2 entitled "prevention and treatment of addiction" (Articles 3 to 11), further provides for:

- The possibility for drug users, prior even to outside intervention, to request access to care (parents, children, brothers and sisters, doctors) more than once.
- The creation of a national commission and regional commissions to provide treatment and follow-up care for addicts. Hospitalization and rehabilitation, with the possibility of following substitution therapy, or supervised care of any person thought to be an addict, on a regional commission's recommendation (subject to an appeal of the regional commission's decision to the national commission within one month).

²⁷ *United Nations Office on Drugs and Crime.*
Available at: http://www.unodc.org/pdf/convention_1988_fr.pdf.

²⁸ *N. Ben Salah, permanent representative to the MedNET network and C. Hamouda, presenting « Cadre légal tunisien de lutte contre les stupéfiants ».*

- Drug rehabilitation and psychological care to prevent relapses amongst minors.
- The duration of rehabilitation care to be determined by a regional commission. If the person refuses treatment ordered by a regional commission, a court may issue an order for the person to be hospitalized.
- The suspension of any judicial proceedings against an addict who voluntarily submits to treatment or who is sectioned by his parents, children, or doctor.

With regards to the lawful use of drugs, the use of narcotics is subject to the “14 and 28 days” law (law No. 2009-30 of 9 June 2009, amending law No. 69-54 of 26 July 1969 regulating the use of poisonous substances) which provides that doctors may prescribe class B drugs only for 14 or 28 days²⁹.

Risk reduction

According to the 2012 Harm Reduction report, Tunisia has adopted a comprehensive risk reduction approach. National policies expressly refer to the notion of risk reduction, and needle exchange programmes exist³⁰.

Tunisia has reiterated on numerous occasions its commitment to cooperate with the international community in the fight against Aids. The national Aids and sexually transmissible infections prevention programme (Programme national de lutte contre le Sida et les Maladies Sexuellement Transmissibles, PNLS/MST or PNLS) was started in 1987. Since 1992, the programme has benefited from the support of the National committee against Aids (Comité National de Lutte contre le Sida, CNLS), made up of four technical sub-committees covering all priority aspects of the fight against Aids. In total, between 1987 and 2005, one short-term plan and five medium-term plans against Aids have been developed and implemented, in cooperation with the PLNS’s partners.³¹ Tunisia’s commitment to the fight against Aids was recently acknowledged through its selection by the African community as host country for the 18th International Conference on Aids and Sexually Transmissible Infections in Africa (November 2015).

²⁹ Global Information Network About Drugs (GINAD).

³⁰ Harm Reduction International, *The Global State of Harm Reduction 2012 – Towards an integrated response*, London: Harm Reduction International, 2012, p. 14.

³¹ *Activity Report on Aids - Tunisia - March 2012*. Available at : [http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_TN_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_TN_Narrative_Report[1].pdf).

Since 2008, the three key Tunisian organisations campaigning on Aids awareness have focused their efforts on improving risk reduction and IDUs, in partnership with MENAHRA (Middle East and North Africa Harm Reduction) and in the context of the activities of the North African Knowledge-Hub in Rabat.

Further to these initiatives, risk reduction programmes have been developed in Tunisia, mainly in the district of Tunis:

- MANARA: an organisation created in 2009 by the Tunis ATLMST/Sida for the defence and development of programmes to reduce risks linked to intravenous drug use.
- CHEMS POUR LES JEUNES: a counselling centre created in 2011 by ATIOST to educate and give guidance to IDUs, including through the distribution of clean needles and an outpatient rehabilitation programme.
- A counselling centre for IDUs (Ezzouhour – Tunis) created by ATUPRET in 2012, including the distribution of clean needles.

In 2013 these initiatives were strengthened by the development of further activities financed by the Global Fund to Fight Aids, Tuberculosis and Malaria. Thirty peer educators (ten from each organisation) benefited from two training sessions to improve their skills in the fields of risk reduction and awareness raising.

Below is an overview of the activities developed by “CHEMS POUR LES JEUNES” running from April 2011 to December 2012:

1. Counselling IDUs:

- Number of IDUs counselled: 272.
- 2 624 IDUs dropped by the centre, or 291/month.
- Number of IDUs who benefited from a drug rehabilitation programme: 30, including 7 women.

2. Needle exchange programme :

- 19 738 needles distributed and/or exchanged.
- 10 173 sterile gauze pads distributed.
- 89 120 condoms distributed.
- 6 961 educational brochures distributed.

Tunisia's commitment to the implementation of the WHO's programmes has significantly influenced the evolution of Tunisia's legislative framework on drugs. The 27 July 1992 law No. 92-71 on transmissible diseases, amended by the

12 February 2007 law No. 2007-12,, is the national adaptation of international recommendations and guidelines on Aids. This law upholds the right to physical integrity and human dignity by guaranteeing non-discriminatory access to treatment, the right to health and by introducing the right to treatment free of charge.

Moreover, Tunisian law guarantees the right to information, including on one's HIV status. However, the criminalisation of key and vulnerable groups, including male sex workers, clandestine sex workers, men who have sex with men, and IDUs is a major obstacle in terms of those groups' access to medical and social services, and in terms of HIV awareness and prevention ³².

HIV screening

The amendment of the 27 July 1992 law No. 97-21 on transmissible diseases by the 12 February 2007 law No. 2007-12 prompted a significant development with regards to anonymous screening, with the creation of 25 counselling and screening centres, allowing for free and anonymous screening ³³.

According to estimates communicated to UNAIDS by Tunisia in 2012, only 19.5% of IDUs are screened and follow up on their test results.

There are 25 counselling and free and anonymous screening centres in Tunisia.

Training and research on drug addiction

Training

A training seminar on addiction was launched in December 2012 at the Razi hospital through a partnership between the Tunisian Psychiatry Society and the Pompidou Group. Training was organised over two semesters, in 2012/2013 and 2013/2014 (roundtable in Tunis – Evolution of Tunisia's addiction prevention strategy – 2013 evaluation by N. Ben Salah).

A university certificate in addiction (university course leading to a diploma recognised by the national medical Association), delivered by Tunis university, in partnership with the Pompidou Group, was inaugurated in November 2013. In total, 46 candidates signed up. Classes are held every Friday afternoon, until May 2014.

³² ONUSIDA, *National report from Tunisia : Revue 2010 de l'accès universel à la prévention, au traitement, aux soins et au soutien liés au VIH.*

³³ *Ibid.*

Dual pathology

Addiction is often linked to a phenomenon of psychiatric comorbidity, whether pathological personality traits or a diagnosed psychiatric condition. This comorbidity or dual diagnostic or dual pathological diagnosis implies increased care demands, and diagnosis is more reserved. This field has benefited from various, chiefly doctoral, research initiatives, mainly on cannabis and schizophrenia, the psychiatric profile of Subutex addicts, the personality of Subutex addicts, comorbidity between internet addiction and social phobia...

Treatment programmes

There are few adapted treatment programmes. The main rehabilitation facility in Tunisia is the El Amal (Hope) centre, in Jebel el Ouest, which has been closed since July 2011 for, according to the Ministry of Health, “refurbishment”³⁴. In fact, the centre has been closed to allow for revisions to be made to the funding system to cover the costs of care for drug addicts.

Moreover, several hospitals do have specialised rehabilitation wards, such as the Emergency Medical Services Centre (Centre d’Assistance Médicale Urgente, CAMU) in downtown Tunis. This centre also houses the Tunis poison control centre, the country’s only clinical toxicology unit, including a lab capable of running toxicology analyses³⁵.

This centre is in charge of treating cases of physical dependency, approximately 50 cases every year.

On average, the Commission on addiction receives 200 requests for treatment, 50% of which are for addiction to Subutex and 50% for addiction to alcohol and psychotropic drugs. Of these requests, 25% are referred to the Emergency Medical Services Unit (CAMU), and 75% to the El Amal centre.

An assessment of the CAMU’s rehabilitation protocols in cases of addiction to Subutex or opioid dependence betray the limits of the programme’s effectiveness, particularly in the long-term:

³⁴ Article : “Le centre de Jebel Oust toujours fermé”.
Available at : <http://www.lapresse.tn/15022013/47192/le-centre-de-jebel-oust-toujours-ferme.html>.

³⁵ Nabil Ben Salah, *présentation : Usage des drogues en Tunisie, situation en 2012*.

In cases of opioid dependence:

- One year after treatment : 50% success rate
- Two years after treatment: 25% success rate
- Five years after treatment : 10% success rate

In cases of addiction to Subutex, the success rate is 12% to 13% five years after treatment. However dependence to Subutex is linked to other addictions in 92% of cases (number: 792 cases).

With regards to substitution therapy to treat opioid dependency, treatment remains unregulated by any legislative framework despite strong political will to this end.³⁶

Inpatient treatment programmes

There are very few inpatient treatment programmes accessible to addicts in Tunisia. There is however the Sfax rehabilitation centre (Help and Counselling Sfax Rehabilitation Centre)³⁷.

The Centre aims to facilitate the social rehabilitation of and provide healthcare to young Tunisian addicts, as well as educating them Aids prevention. The Centre was inaugurated in 2007 and is managed by the organisation ATUPRET.

It specifically targets Tunisian youth suffering from addiction in an effort to help their recovery by providing medical care and assisting their rehabilitation into Tunisian society. The Centre constitutes a key safety net for young addicts in a country where such services, whether public or private, are rarely available.

It is also part of a wider network of initiatives funded by the United States of America, including amongst others an Aids screening centre inaugurated in Sfax in April 2007³⁸.

³⁶ Report by Professor Guillod on substitution treatment and opioid dependence. This report was prepared for the Geneva Conference of October 2012. Olivier Guillod is a professor at Neuchâtel.

³⁷ Global Information Network About Drugs.

³⁸ US Embassy in Tunis, Sfaxien-American partnership – rehabilitation Centre. Available at : <http://french.tunisia.usembassy.gov/root/ambassade/prsence-virtuelle--sfax/manifestations/le-partenariat-sfaxien-amricain-centre-de-rhabilitation-20-fvrier.html>.

Fight against corruption and money laundering

The fight against corruption and the prevention of this phenomenon feature as one of the key demands of the Tunisian revolution. Over the past two decades, corruption has become a serious issue, with negative repercussions on the country's development and social justice ³⁹.

Although several legislative and institutional frameworks against corruption exist on paper, in practise they are fairly ineffective. These mechanisms are easy to circumvent through informal strategies.

Hence, until 2011, no specific body was leading the fight against corruption, nor in charge of implementing the United Nations Convention against Corruption, ratified by Tunisia in 2008.

Today, several actors are active in this field: ⁴⁰

Governmental institutions, including:

- The Ministry of Governance and the Fight Against Corruption (*Ministère de la Gouvernance et de la Lutte Contre la Corruption*).
- The High Council for the Fight Against Corruption and Recovery of Government Assets (*Conseil supérieur de lutte contre la corruption et de recouvrement des avoirs et biens de l'État*).
- Governmental Monitoring Bodies (*Organes de Contrôle Gouvernementaux*).
- The Central Bank of Tunisia and the Tunisian Commission of Financial Analyses (*Banque Centrale de Tunisie et la Commission Tunisienne des Analyses Financières*).

Judicial bodies, including :

- Judicial authorities.
- Financial authorities.
- A national body for the fight against corruption.

Created by the 14 November 2011 decree No. 2011-120, this body replaced the prior Commission in charge of investigating allegations of corruption and money laundering which published its final report in November 2011. Under Article 12 of decree No. 2011-120, this body's mission includes facilitating coordination and

³⁹ Tunisian Republic, national website for the fight against corruption.
Available at : <http://www.anticor.tn/index.php?id=11>.

⁴⁰ *Ibid.*

cooperation in the fight against corruption: it formulates anti-corruption policies, drafts general guidelines and opinions on draft anti-corruption laws and regulations, collects data on corruption, facilitates communication between relevant actors, and promotes an anti-corruption culture.

- A National Constituent Assembly.
The National Constituent Assembly includes a number of subordinate bodies, amongst which the Commission on administrative reform in the context of the fight against corruption. The latter is in charge of studying the previous commission's reports and suggesting current reforms, including by interviewing relevant actors and conducting field visits in high risk areas.
- Civil society.
The revolution prompted the emergence of a new civil society. The network of organisations involved in the fight against corruption includes a large variety of groups from diverse fields. Today's civil society plays a key role in the fight against corruption. In the interest of transparency and efficiency, citizens are the first to be heard and have thus become major actors in this field.
- International cooperation for development with the support of :
The United Nations Development Programme (UNDP)
United Nations Office on Drugs and Crime (UNODC)
The Organisation for Economic Co-operation and Development (OECD).

Concerning money laundering, Tunisia has created a Tunisian financial analysis Commission ("Commission Tunisienne des Analyses Financières", CTAF) under Article 78 of the 10 December 2003 law on "supporting international efforts to combat terrorism and money laundering" (amended and complemented by the 12 August 2009 law No. 2009-65) ⁴¹.

The CTAF is the country's unique body entrusted with the reception, analysis, and communication of leads. All persons falling under Article 74 of the law must make a written declaration to the CTAF reporting all suspicious transactions and operations that might be directly or indirectly linked to the profits resulting from illegal activities, or to funding sources linked to persons, organisations or activities connected to terrorism, and further extending to purported transactions or operations.

The CTAF is a member of the working Group on mutual assessment, an initiative of the Middle East & North Africa Financial Action Task Force (MENAFATF), which drafts procedures for these assessment exercises and decides on the calendar for these mutual assessments between those countries which belong to the working Group.

⁴¹ *Financial analysis Commission ("Commission Tunisienne des Analyses Financières"), 2010 Activity Report.*

International and regional cooperation

International cooperation

Tunisia has ratified all three United Nations conventions on narcotics, psychotropic drugs, and illegal trafficking of these substances:

- 1961 Single Convention on Narcotic Drugs ;
- 1971 Convention on Psychotropic Substances ;
- 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Tunisia regularly cooperates with the United Nations Office on Drugs and Crime (UNODC) which raises public awareness on the risks linked to drugs and strengthens international action against the production and trafficking of illegal narcotics, and against related crimes ⁴².

La Tunisie coopère également avec l'Organisation Mondiale de la Santé. Entre 2012 et 2013, le Bureau de l'OMS en Tunisie a mis en œuvre 47 programmes, conjointement avec le Ministère de la Santé publique. Ceux-ci visent à remplir des objectifs stratégiques de santé publique, qui ont été regroupés en plusieurs catégories, notamment avec les objectifs 2 et 6 :

Tunisia also regularly cooperates with the World Health Organisation. Between 2012 and 2013, the WHO Bureau in Tunisia implemented 47 programmes, in coordination with the Ministry of Public Health ⁴³. These programmes are designed to meet specific public health targets, grouped in various categories, including objectives No. 2 and 6:

- Fighting HIV/Aids, tuberculosis and malaria ;
- Promoting health and development, and preventing or limiting harm factors linked to tobacco, drugs and the use of other psychoactive substances, to an unhealthy diet, a sedentary lifestyle, and unprotected sex ; promoting health education ; monitoring the development of risk factors linked to cancer and heart disease; promoting anti-tobacco policies; preventing and controlling substance abuse (tobacco, alcohol, drugs and other substances).

⁴² *The United Nations Office on Drugs and Crime (UNODC) is a global leader in the fight against illicit drugs and international crime, in addition to being responsible for implementing the United Nations lead programme on terrorism. Established in 1997, UNODC has approximately 500 staff members worldwide. Its headquarters are in Vienna and it operates 20 field offices, as well as liaison offices in New York and Brussels.*

⁴³ *WHO, joint programme between the Tunisian Ministry of Health and the WHO, 2012 and 2013.*

Moreover, Tunisia is a member of the MedNET network, the Mediterranean network for co-operation on drugs and addictions started by the Pompidou Group in 2009 through an enlarged partial agreement open to non-Council of Europe Member States.

Thus, Tunisia participates in the co-operation, exchanges, and mutual transfer of knowledge with network's European Member States (Cyprus, France, Greece, Italy, Malta Portugal), as well as with other countries on the Southern shores of the Mediterranean (South-South exchanges).

Organisation of science conferences

1. The different events organised by the Pompidou Group
2. On the international day against drug addiction, an event was organised on the 26th of June 2013 at the Razi Hospital on the theme of "Women and drug addiction" ("La toxicomanie au feminine"), in partnership with the United Nations Interregional Crime and Justice Research Institute (UNICRI), the Dipartimento Politeche Antidroga, the Institut Pasteur de Tunis, and the Association des jeunes médecins et résidents tunisiens en psychiatrie (young Tunisian doctors and psychiatry interns's society). Six conferences were held.

Regional cooperation

Tunisia works closely with other Mediterranean countries in the fight against drug trafficking.

Other countries belonging to this Mediterranean network (Lebanon, Morocco, Jordan) publicly support a harm reduction approach in the context of their national policies and strategies on the fight against drugs and HIV. In 2010, Tunisia drafted its first harm reduction strategy with the support of UNAIDS⁴⁴.

Tunisia also hosts the Arab League's Centre in Tunis. The Centre's key objectives are:⁴⁵

- Promote cooperation coordination between the councils, organisms, and unions in the Maghreb region, in order to support the League's activities and the initiatives of the Arab community.

⁴⁴ *The Global State of Harm Reduction towards an integrated response – Harm Reduction in the Middle East and North Africa, Policy developments for harm reduction p. 110 – Année : 2012.*

⁴⁵ *La Diplomatie tunisienne, « La Tunisie dans le monde ».*
Available at : <http://www.diplomatie.gov.tn/index.php?id=309>.

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- Strengthen cooperation and coordination with the Secretariat of the Arab Maghreb Union and promote the memorandum of understanding between the secretariats of the League and of the Union.
 - Research, study and analyse common strategies.
 - Develop ties between the Secretariat of the League and various European organisations and bodies, as advised by the Secretary General and in the framework of his strategies and programmes.
 - Provide follow-up on activities and events organised in the Maghreb in the human rights field, on women's issues, environmental awareness, beyond the coordination of communication between the Secretariat and its subordinate bodies.

2014 forecast

In 2014, Tunisia projects to develop several programmes in the field of combatting drug abuse:

- Finalising the action plan in the framework of the national strategy on preventing drug addiction.
- Developing medical training in drug addiction.
- Conducting the first MedSPAD survey in Tunisia.
- Opening an outpatient counselling centre in the governorates of La Manouba, Bizerte, and Nabeul.

Tunisia also forecasts several developments in the fields of:

- Substitution therapy.
- Legislative reform.
- Support and care initiatives.
- The National Observatory's mission and its rules.

Conclusion

Tunisia's policy on drugs is changing and evolving. Several reports highlight Tunisia's efforts in the fight against drug trafficking and addiction and the harm they generate. Concrete results have been achieved in this field, primarily through information and 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 ⁴⁶.

Moreover, one of the priorities of the Tunisian authorities is the development of specialised treatment centres and corresponding legislative reform in this field. Tunisia is keen to improve its understanding of addiction and guarantee addicts access to medical care and social services.

Even though Tunisia's current approach to addiction remains ever more punitive, there is nevertheless strong political will to remedy the situation.

⁴⁶ This information is taken from the questionnaires given to the Tunisian authorities during the 2013 MedNET network roundtables.

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