

HUMAN RIGHTS AND PEOPLE WHO USE DRUGS IN THE MEDITERRANEAN REGION



MedNET Committee

2022 update

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Cover design: Documents and Publications Production Department (SPDP), Council of Europe
Layout : Jouve, Paris

Photo: “Human Rights”
by Mariano González Beltrán,
gift from Spain to the Council of Europe

Council of Europe Publishing
F-67075 Strasbourg Cedex
<http://book.coe.int>

ISBN 978-92-871-9283-7
ISBN 978-92-871-9284-4 (PDF)
© Council of Europe, November 2022
Printed at the Council of Europe

Contents

PREFACE	9
INTRODUCTION	11
CHAPTER 1 – ALGERIA	13
CHAPTER 2 – CROATIA	19
CHAPTER 3 – CYPRUS	31
CHAPTER 4 – EGYPT	43
CHAPTER 5 – FRANCE	51
CHAPTER 6 – GREECE	57
CHAPTER 7 – JORDAN	59
CHAPTER 8 – ITALY	61
CHAPTER 9 – LEBANON	65
CHAPTER 10 – MALTA	71
CHAPTER 11 – MOROCCO	79
CHAPTER 12 – PALESTINE	83
CHAPTER 13 – PORTUGAL	89
CHAPTER 14 – SLOVENIA	97
CHAPTER 15 – SPAIN	103
CHAPTER 16 – SWITZERLAND	113
CHAPTER 17 – TUNISIA	119
CHAPTER 18 – TURKEY	123

Pompidou Group

The Pompidou Group provides a multidisciplinary forum at the wider European level where it is possible for policy makers, professionals and researchers to exchange experiences and information on drug use and drug trafficking. Formed at the suggestion of French President Georges Pompidou in 1971, it became a Council of Europe enlarged partial agreement in 1980, open to countries outside the Council of Europe. On 16 June 2021, the Committee of Ministers of the Council of Europe adopted the revised Pompidou Group statute that extends its mandate to include addictive behaviours related to licit substances (such as alcohol or tobacco) and new forms of addictions (such as internet gambling and gaming). The new mandate focuses on human rights, while reaffirming the need for a multidisciplinary approach to addressing the drug challenge, which can only be tackled effectively if policy, practice and science are linked.

To better reflect both its identity as a Council of Europe entity and its broadened mandate, the Pompidou Group changed its official name from the “Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs” to the “Council of Europe International Co-operation Group on Drugs and Addictions”. In 2022, it encompasses 38 out of 46 member states of the Council of Europe, plus Mexico, Morocco and Israel.

MedNET

MedNET is the Mediterranean network for co-operation on drugs and addictions of the Pompidou Group. MedNET activities are a permanent feature within the Pompidou Group work programme. It promotes co-operation, exchange and mutual transfer of knowledge between countries on both sides of the Mediterranean, respecting human rights and gender equality. It was created in 2006 following a feasibility study carried out at the initiative of France and the Netherlands. The group was assessed positively and has developed ever since, geographically and thematically, to promote effective and appropriate responses to addictions. Its terms of reference are adopted within the framework of the Pompidou Group Work Programme.

The network consists of 18 countries: Algeria, Croatia, Cyprus, Egypt, France, Greece, Italy, Jordan, Lebanon, Malta, Morocco, Palestine,¹ Portugal, Slovenia, Spain, Switzerland, Tunisia and Turkey. Of these, 11 countries are Pompidou Group members. Of the 18 countries, only France, Greece and Tunisia did not provide an update to the 2020 “Human rights and people who use drugs in the Mediterranean region” report. Since 2006, MedNET countries have worked together to initiate and conduct ambitious projects. To ensure their success, they are based on South-South, North-South and South-North co-operation. MedNET aims to promote interaction between policy, practice and science, to adapt their implementation to the context of different countries. The European Commission and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) participate as observers to MedNET’s meetings.

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

The question of addictive behaviours represents a critical issue for our societies and calls for a global response, taking into account human rights and combining prevention, health, the fight against drug trafficking, law enforcement and training and research. It is therefore crucial to develop dynamic co-operation that includes civil society, and that reflects the commitments made by all members of the network.

Acknowledgements

We would like to thank the following respondents

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- ▶ Slovenia: Dr Joze Hren, Secretary – Directorate for Public Health, Ministry of Health;

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Preface

Substance use is a very complex phenomenon. It is perceived in so many different ways depending on whether you are the person using substances, a parent, relative, neighbour, community member, religious leader, health professional, scientist, public health official, policy maker, law maker or media professional – as well as the country and culture you live in.

Substance use, especially drug use, is very often seen as “illicit behaviour” involving an illicit substance. And because the behaviour of use is considered illicit, so is the person who uses. Thus, the person who uses becomes the person to punish for it. This is how stigma has built up over decades and become, in many countries, the only window through which persons who use are viewed. Not until recently has the world started to move towards an understanding of the mechanisms and factors behind substance use. Addiction as a chronic relapsing brain condition is now, more than ever, being treated as a medical condition rather than “deviant behaviour”. But because substance use tends to become recurrent and addiction takes its toll physically and mentally on the person, criminal offences are common under the influence of the drug or the addiction itself. At some point in their tumultuous lives, persons using drugs are likely to encounter arrest, prosecution, sentencing, incarceration and probation. Is there any alternative to imprisonment? Is there proportionality during sentencing? Is appropriate science-based care available, before, during and after imprisonment? Are the conditions of imprisonment decent with regard to the basic human needs of the person, their gender, health condition and other vulnerabilities? Do prisons provide the path to real recovery? Are in- and after-prison rehabilitation programmes effective? Are post-release rehabilitation programmes into the community accessible? This remains a grey area in many parts of the world. Beyond the issue of alternatives to imprisonment for people using or possessing drugs, there is a need for a broader approach encompassing the right to access and the availability of treatment programmes; the right to proper and evidence-based treatment and care; the right to rehabilitation and harm reduction programmes; the right to information; the right to be heard and listened to when it comes to policy making; and, first and foremost, the right to science-based prevention targeting youth.

Moreover, human behaviour is always complicated, for it involves internal and external factors. Most internal factors are not under one’s self-control and pose the philosophical issue of attributability. Many external factors, especially environmental ones, lie heavily on us, and often there is no way out. All these factors contribute to a balance of vulnerability versus resilience that cannot always be predicted or even influenced.

All these issues of human rights for people who use substances are crucial and need to be taken seriously, and urgently, into consideration. The main objective of the United Nations conventions, which all our countries are parties to, remains, after all, the well-being and welfare of humankind. Hopefully, this document will be an eye-opener for the many stakeholders working on both sides of the Mediterranean

Sea, and will trigger a new dynamic to compare situations, share practices, and inspire each other for the good of all those who use drugs and suffer in our region.

*Professor Jallal Toufiq
MedNET Representative for Morocco*

People with a history of dependence often experience the stigma of the “drug addict” and social marginalisation. This stigma leads to feelings of fear and isolation, and often means substance-dependent people feel unwelcome at social engagements and in work environments, resulting in marginalisation, confinement and social exclusion in general. Stereotypical prejudices, discriminations and negative social traits are often attributed to substance-dependent individuals, who may be labelled dangerous, criminal, weak, and lacking skills or interests. The consequences of this unfair treatment are mainly social and professional, but are also psychological, both for substance users and for their families. The stigma experienced by substance-dependent people may have a negative impact on their mental health, as well as on their rehabilitation, leading to unemployment and housing problems.

Stigma may directly affect people’s self-confidence. People with a history of dependence may internalise stigma, feel devaluated and ashamed, and conceal their substance use. In addition, the fear of being confronted with stigma affects their interactions with other people. Fearing rejection, substance users may isolate themselves or hide their situation in order not to be judged. Consequently, people with a history of dependence find it difficult to seek help. And even when they do receive the appropriate help, they face the same difficulties all over again in their reintegration into society, in finding a home, in finding a job or in sustaining a normal social life.

It is for these reasons that the Pompidou Group, MedNET and its member countries promote drug policies and comprehensive actions based on human rights that aim to eliminate stigma. The development of comprehensive drug systems in prisons; the training of policy makers, health professionals, and professionals from the police and the legal sector; the exchange of knowledge and experiences among neighbouring countries; the establishment of a network to facilitate change and in effect ensure the availability of care, treatment and rehabilitation services in prison settings as well as in the community – these are fine examples of actions facilitated by MedNET. The aim is to ensure that the human rights of people facing drug-related problems are protected and that healthcare and support are available at all times, even if they are deprived of their liberty as a result of incarceration.

It is vital that we all continue to join forces to eliminate stigma and otherwise support substance-dependent individuals. MedNET and its members are committed to these goals through their continued co-operation to promote human rights in all policies, and the establishment of new actions, programmes and interventions, so we can gradually create a society of zero discrimination against substance users.

*Leda Christodoulou,
National Addictions Authority of Cyprus and MedNET Chair since 2022*

Introduction

In 2019, a discussion entitled “Human rights and people who use drugs in MedNET countries: current situation, challenges and the future” was carried out by the Pomicidou Group Secretariat during the 25th MedNET meeting. It was chaired by Professor Nabil Ben Salah, MedNET Representative for Tunisia and chair of the MedNET network (2019-21).

In preparation for this discussion, research was conducted by the secretariat, resulting, in 2020, in the report P-PG/MedNET (2020) 4, “Human rights and people who use drugs in the Mediterranean region: current situation in 17 MedNET countries”. This was made possible by a response rate of 70% from MedNET representatives following the secretariat’s request for information.

Professor Jallal Toufiq, MedNET Representative for Morocco, proposed the topic and facilitated the discussion, framing the multidimensional scope of a human rights approach for people who use drugs.

- ▶ Drug use must be rightly considered a medical condition to be treated by qualified health professionals.
- ▶ Treatment must be available, accessible, affordable and science-based, and should use best practices.
- ▶ Prevention must be grounded in science, facts and best practices.
- ▶ Data collection must be considered a part of the right to access information for the community of practice and professionals involved.
- ▶ Rehabilitation and social reintegration must be provided.
- ▶ Access to treatment and care must be available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly.
- ▶ Combating stigma and raising social awareness is key.
- ▶ A human rights approach, especially for minors and non-trafficking users, should be incorporated into law.
- ▶ People who use drugs should have the right to form their own associations and self-help groups.
- ▶ People who use drugs should have the right to access treatment for all the consequences of drug use.
- ▶ All strategies aiming at reducing the health, economic, social and legal consequences of drug use should be promoted.

In the country research, the aim was to gather information on the above-mentioned topics. The results presented were not intended to be exhaustive but to provide an overview. The main objective of the discussion was to better understand the meaning of human rights in drug policy and to exchange best practices and ideas. This is consistent with the 2018 “Stavanger Declaration” of the Pomicidou Group’s

17th Ministerial Conference, which reaffirms a focus on “human rights as a fundamental cornerstone in drug policy”, in line with the Council of Europe’s core mission.

Due to the importance of the topic, and the focus on human rights within the Pompidou Group work programme, it was decided to proceed in 2022 with a second round of data collection from the MedNET countries. The exercise requested MedNET country representatives to update their replies from 2020 by responding to the following questions.

- ▶ How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.
- ▶ How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?
- ▶ An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?
- ▶ Is the question of the LGBTQI community considered, in terms of the stigma they may face?
- ▶ Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?
- ▶ From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?
- ▶ What is the involvement of people who use drugs in the process of decision making regarding drug policies?
- ▶ What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

The following sections summarise the situation in each MedNET country.

Chapter 1

Algeria

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

The Algerian Law 04-18 on the Prevention and Suppression of the Illicit Use and Trafficking of Narcotics and Psychotropic Substances of 25 December 2004 considers drug use to be a medical condition in its own right that requires therapeutic treatment. The “therapeutic injunction as an alternative measure to imprisonment for cases of drug addiction” provided for by the law is a step towards the recognition of drug addiction as an illness.

The law marks an essential step in changing the status of (drug) users: it no longer considers them to be criminals who must be punished, but as sick people who must be cared for. The law emphasises the therapeutic injunction, which it presents as a care and prevention measure and an alternative to a penal response. It thus constitutes a significant development in Algerian legislation.

Article 6 of the same law cited above stipulates that: “Public action shall not be taken against persons who have complied with the medical detoxification treatment prescribed to them and followed it to its conclusion.”

Similarly, public action is not taken against persons who have made unlawful use of narcotic drugs or psychotropic substances when it is established that they have undergone detoxification or medical supervision since the date of the offence committed.

2. Treatment to be available, accessible, affordable and science-based, using best practices

Following the promulgation of Law 04-18, the Algerian Government launched a multi-year programme in 2007 aimed at setting up a vast network of centres specialising in the therapeutic management of drug users.

The residential treatment programmes offer reception and counselling services, motivational interviewing, and assessment of the most problematic drug use habits (early onset, cumulative use, excess use and repetition) and risk factors (personality traits, risky behaviour, and school, family and environmental context, etc.).

Several Algerian doctors have taken part in training on substitution treatment, organised by the Pompidou Group in several countries in the region as part of the activities of MedNET. On 5 January 2021, Algeria introduced opiate substitution treatment (OST) with methadone. Two centres for the treatment of drug addiction were selected, and 100 patients benefited from methadone treatment that year. This number will increase to more than 320 patients by 2023, according to the Ministry of Health. Under the work programme established by the ministry in 2007, 44 intermediate care centres out of the 53 planned and 4 drug treatment centres out of the 15 planned are operational.

The health sector is making constant efforts in the following areas:

- ▶ information provision and awareness raising on social problems, including drugs, as part of the activities carried out by screening and monitoring units in co-ordination with the Ministry of Education;
- ▶ a continuing education programme for professionals specialising in the fight against addiction.

A certificate of specialised studies in addictology was launched in 2017 for two groups composed of more than 40 doctors from the intermediate care centres in the medical faculties of Algiers and Blida. Furthermore, 40 more doctors and psychologists were trained in 2021 in motivational interviewing with the support of the Pompidou Group. Thirty general practitioners working at the level of Centres Intermédiaires de Soins (CES) spread throughout the country, constitute a third group, and are currently undergoing training at the Faculty of Medicine in Badji Mokhtar Annaba University to obtain a diploma in addictology (specialised study certificate CES in addictology). Meanwhile, the provision of healthcare to drug users seeking care fell from 24 424 in 2018 to 23 416 in 2019 and 21 638 in 2020.

The national sexually transmitted infection (STI)/HIV/Aids strategic plan includes the following two objectives:

- ▶ to include injecting drug users (IDU) in priority target groups classified as vulnerable or at high risk of exposure to HIV;
- ▶ to develop measures to prevent and reduce the risk of STIs and/or HIV/Aids among this population group, with a view to encouraging the adoption of less risky behaviour.

3. Prevention grounded in science, facts and best practices

The ONLCDT has developed a new strategy for the period 2020-24. The National Strategy for the Fight against Drugs in Algeria emphasises prevention and asks all actors to focus their activities on information, education and communication. A sub-committee on “preventing addiction in schools and among young people” has been created under the ONLCDT’s evaluation and monitoring committee, along with a second sub-committee to address “addiction prevention for vulnerable groups (women and children)”. An epidemiological survey on drugs in universities was conducted.

Training courses are also available on the prevention of and fight against drugs and drug addiction in Algeria. Support has been regularly requested on this subject and requests have been made to international bodies for capacity building. To this end, the ONLCDT has made it possible for senior representatives of the Directorate General of Customs and doctors specialising in drug addiction to participate in training courses abroad.

4. Data collection a part of the right to access information for the community of practice and professionals involved

The ONLCDT centralises data on the prevention and control of drug use and the treatment of drug users. An annual report and the Office’s website present statistics on drug seizures, the processing of drug offence cases by the courts and the care of drug users.

The ONLCDT collects data from different sectors, such as the Ministry of Justice, the Ministry of Health, the General Directorate of National Security, the National Gendarmerie and the Directorate General of Customs, and ensures that they are processed and used across sectors.

5. Rehabilitation and social reintegration provided

The ONLCDT has two objectives: to organise training and information seminars on the fight against illicit trafficking and the abuse of drugs and psychotropic substances, and to provide for the therapeutic care or rehabilitation of drug users. A substitution programme has enabled the start of psychosocial support for IDUs in a treatment centre with the support of civil society. In Algeria, rehabilitation and reintegration schemes are offered to former prisoners convicted of drug-related offences or to prisoners who use drugs.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The Ministry of Health has opened treatment centres, as foreseen in its 2007 multi-annual action programme to improve the systems of therapeutic care for drug users. Addiction treatment centres are regularly evaluated by the authorities. Detoxification centres in hospitals are run by qualified professionals and civil society actors. In order to prevent infectious diseases, the Ministry of Health provides different services to drug users and they are cared for in a way that preserves their dignity and physical integrity. The therapeutic services provided to drug users are free of charge, as is all healthcare in Algeria.

7. Combating stigma and raising social awareness prioritised

In the early stages of the Covid-19 pandemic, awareness-raising and anti-stigmatisation activities were reduced to their simplest form. Prior to the pandemic, however, the ONLCDT had been conducting information and awareness-raising activities. It regularly organised conferences and seminars at the local level in order to raise awareness among local authority officials and residents in general on the danger of stigmatisation of drug users and the obstacle this poses to their proper treatment and social reintegration.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

Law 04-18 is a comprehensive law in that it addresses the issues of drug abuse and addiction from the perspective of both prevention and control. With regard to drug use, it distinguishes between the victim and the criminal and does not prosecute persons who accept the therapeutic injunction provided for in the law. In addition, the provisions of Articles 6 to 11 allow for the termination of criminal proceedings against drug users, provided that they agree to undergo detoxification treatment in a specialised institution, as ordered by the competent court.

9. People who use drugs have the right to form their own associations and self-help groups

Although drug users are not forbidden to create their own associations, there is no evidence that this has actually happened in Algeria.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

In Algeria, risk reduction is based on preventive actions as well as on measures for the care and rehabilitation of drug users. The expansion of OST will contribute to the fight against the spread of infections among IDUs. The prison health system provides care for prisoners addicted to opioids, and co-ordination with pilot OST centres should be considered as soon as possible. An objective of the National STI/HIV/Aids Strategic Plan 2020-24 is to ensure universal access to prevention, diagnosis and treatment. Specifically, it aims to:

- ▶ reduce the number of new HIV infections by 500 new infections per year by 2024;
- ▶ stabilise HIV-related mortality at less than 5%;
- ▶ keep 90% of HIV-positive mothers and children alive;
- ▶ intensify prevention efforts with a special focus on key populations, vulnerable individuals and pregnant women;
- ▶ accelerate HIV and other STI testing activities with particular focus on key populations, vulnerable individuals and pregnant women;
- ▶ ensure gender integration at all levels of the implementation of the national HIV response programme.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

The health consequences of drug use can be reduced by carrying out as many preventive actions as possible. For example, a programme on prevention in the educational environment is being considered by the Ministry of Health. In terms of risk reduction, a programme is being implemented for HIV/Aids. The ONLCDT is working to develop a programme to reduce drug use.

Furthermore, the national action to increase the number of care centres for drug users and bring them closer together, and to facilitate access to care for all applicants, will undoubtedly help to address the drug issue.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

A preventive approach is taken towards the issue of drugs among children in Algeria. The Ministry of Education has programmes designed to address the issue, including specific preventive actions.

A national survey on the phenomenon of drugs in schools was carried out by the ONLCDT in 2016. It showed that the rate of drug use (of cannabis) among school-children in the 12-15 year age group was 0.9%. This jumped to 3.61% for the 15-17 year age group. However, the percentage of drug-using children under 15 years of age who seek care was just 4.69% in 2018, 3.55% in 2019 and 4.3% in 2020, according to the Ministry of Health's annual report on care seekers.

Pupils who use drugs are treated by multidisciplinary teams within the structures dedicated to the treatment of addiction under the Ministry of National Education (Unités de dépistage et de Suivi – UDS). The issue of children whose parents are drug users is not yet on the agenda in Algeria.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

There are specific hospitalisation units for women drug users. Particular discretion is ensured during their therapeutic treatment.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Pregnant drug users are treated equally to other women who come to the gynaecology department for childbirth. Their number is unknown because they do not generally declare that they use drugs. There are no specific services dedicated to this category of women, nor to the newborn babies of addicted mothers.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

This category of people is received in addiction treatment centres like all other drug users without any distinction, with all the necessary discretion and confidentiality.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

Every individual entering prison goes through a medical-psychological intake process that screens and treats them, as necessary. If a prisoner is diagnosed as being addicted to one or more substances, they are referred to a multidisciplinary team of doctors, psychologists, educators and managers with the prison's rehabilitation service to assess the case and integrate them into the treatment programme. A medical-psychological, educational, sporting and cultural programme is then offered to the prisoner. In line with Article 61 of the Penitentiary Organisation Code, outpatient care centre teams take over upon the prisoner's release, and the prisoner is referred to the Ministry of Health for follow-up and support.

In addition to a medical-psychological programme, the person who uses drugs benefits from the same reintegration programmes as other prisoners, without any stigmatisation. If their physical and mental health allows it, they will be referred to the external rehabilitation services of the General Directorate of Penitentiary Administration.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

Law 04-18 introduced an alternative to criminal prosecution in the event that the person who uses drugs agrees to treatment. At present, 44 of the 53 intermediate care centres planned by the Ministry of Health and 4 of the 15 drug treatment centres are operational.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

This category of people can express themselves and participate in prevention and awareness raising, but they are not directly involved in the decision-making process in Algeria.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

The pandemic greatly disrupted the provision of care and the collection of data, particularly in the beginning. This situation led some managers of addiction care centres to reorganise their operational structures in order to provide better care for drug users, while ensuring compliance with the health measures required by the public authorities.

During the Covid-19 pandemic, the provision of care in certain health centres was organised as follows:

- ▶ maintaining face-to-face interviews for people in urgent situations;
- ▶ maintaining social links with patients and their families through telephone calls; for patients who had new information and communication technologies at home, in addition to the telephone, consultations were carried out via teleconsultation at the usual consultation fee rate;
- ▶ continuation of distance care, which is the preferred approach, by opting for the telephone, as phone calls remain an effective link, especially if they are video consultations, and facilitate exchange while reducing the risk of isolation;
- ▶ proposal of relapse prevention therapy telephone or teleconsultation for cases that required it.

Chapter 2

Croatia

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

Keeping in mind that a coherent policy approach is critical to tackling addictions, Croatia is developing a new eight-year national strategy and a four-year national action plan as part of a unique strategic framework to unify national goals and priorities aimed at combating all forms of addiction and addictive behaviour. The main vision of the national strategy and action plan is to significantly reduce health and societal risks and damages related to addictions and behavioural addictions by 2030, as well as the demand and availability of illegal substances. This will improve health and safety within the population and ensure that addiction prevalence is limited to the level of socially acceptable risk. The priorities and specific objectives set out in the national strategy support the implementation of Strategic Objective 5, “Healthy, active and quality life”, and related priority areas of public policy defined by the National Development Strategy. Therefore, the key interest in the field of healthcare is to establish a comprehensive, integrated and efficient approach to treatment and rehabilitation for all forms of addiction and other high-risk behaviours, as well as addiction-related disorders and diseases, especially infectious diseases and psychiatric comorbidities. In order to ensure the sustainability of the treatment system for substance and behavioural addictions, it is necessary to prevent shortages of professional staff, especially psychiatrists, within the healthcare and prison system.

2. Treatment to be available, accessible, affordable and science-based, using best practices

Treatment of people who use drugs or people with substance use disorders (SUD) within the healthcare system is completely free of charge and is divided into inpatient and outpatient treatment. Outpatient treatment is the main type of drug addiction treatment in Croatia: it is conducted by services for mental health protection, addiction prevention and outpatient treatment within the county institutes of public health. Outpatient services promote mental health practices as well as science-based methods including OST, psychotherapy, medication-based treatment, detoxification, drug-free programmes, and individual and group psychosocial treatment.

In order to enter outpatient treatment a person does not need to present the services with a referral letter, but they do need to have a regulated right to healthcare in the Republic of Croatia. This is provided for all [people who use drugs] under the 2002 Ordinance, which provides the right to health insurance to all [people who use drugs] through treatment in a healthcare institution or participation in the implementation of special measures for helping people who use drugs in a therapeutic community

or other organised forms of assistance as long as these circumstances are in place. It can therefore be said that addiction treatment in Croatia has a low threshold for entering treatment.

Certain forms of psychosocial treatment are conducted within the social welfare system, therapeutic communities and associations, as well as in prison and probation systems. In addition, treatment of minors or young adults who use drugs (and occasionally alcohol) is conducted in homes for children who do not have adequate parental care, and for children and youth with behavioural disorders.

3. Prevention grounded in science, facts and best practices

Prevention of drug abuse and addiction in Croatia is implemented across various systems (education, healthcare, social welfare, the police) with strong support from civil society organisations operating at the local level.

Preventive interventions in Croatia are carried out universally, selectively or as indicated, alongside context-specific strategies. Most programmes at the universal preventive level are implemented in the school environment, and typically involve activities aimed at the positive development of young people, strengthening their resilience, developing social and emotional skills, and advancing their rights. All projects implemented in schools and other educational institutions must first be granted consent by the Ministry of Science and Education, and meet the requirements of the minimum standards for addiction prevention among children and youth in the educational system. Among the universal programmes evaluated to be cost-effective, the Life Skills Training programme, implemented in seven counties, may be singled out as aiming to build competences and reduce risk factors at the individual level.

The science-based, cost-effective “I have taken a stand” (Unplugged) addiction prevention programme (2020-23) is a comprehensive programme for the universal prevention of alcohol, cigarette and drug use in a school environment, targeting elementary school sixth graders and their parents. The programme is being implemented in an area of 12 experimental and 12 control schools across a single county, and the plan is to expand implementation to all counties. Twelve national educators have been trained for the purpose of sustainable implementation.

Another good example is the Who Really Wins?² Croatian youth gambling prevention programme – a science-based, universal programme for the prevention of youth gambling, implemented primarily in the school environment, and designed within the broader Youth Gambling in Croatia research project. Its primary, overarching goal is to prevent gambling and betting among minors, while specific objectives include the development of the right attitude towards games of chance, as well as personally responsible behaviour in this area, and developing and strengthening students’ socio-emotional skills. The programme is designed for first and second-grade high school students (ages 14 to 16 years) and is delivered across a series of nine workshops.

Selective and indicated prevention programmes for at-risk groups of children and youth are most often implemented within the social welfare system, and typically

2. Available at www.bib.irb.hr/913444.

in co-operation with pre-school and school institutions, as well as with healthcare and judicial institutions, courts and non-governmental organisations (NGOs).

No less important is the implementation of the RESCUR: Surfing the Waves programme, a structured European programme for reinforcing resilience in children aged 4 to 12 years. It seeks to build their social, emotional and cognitive competences by teaching them how to use their strengths and tools to overcome obstacles and thrive in different areas of development. The goals of the programme are to develop and enhance children's social and emotional learning, encourage healthy relationships and positive and prosocial behaviour, promote the mental health and well-being of children (especially those at risk), and improve academic involvement and motivation to learn.

With the aim of improving the quality of preventive activities over the past decade, numerous activities and projects are being implemented at the national level. The Republic of Croatia promotes prevention in keeping with the European drug prevention quality standards (EDPQS) and the International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime (UNODC)/World Health Organization (WHO)) through a series of interrelated activities:

- ▶ collecting data on implemented prevention programmes (www.programi.uredzadroge.hr/Public/Prevencija, accessed 10 July 2022);
- ▶ providing and conducting training on planning and creating addiction prevention projects in accordance with the EDPQS standards for prevention practitioners;
- ▶ providing and conducting training for decision makers aimed at improving the competences and skills needed in the area of prevention work, specifically in relation to quality standards and science-based prevention (according to the European Prevention Curriculum). As a result, the European Union's "Building effective drug prevention results across Europe" project, based on prevention systems analysis and widespread professional education (ASAP Training), provided training to four national "master" educators;
- ▶ correlating quality criteria with project financing, and identifying cost-effective programmes for the purpose of their dissemination.

In accordance with the EDPQS standards, ethical prevention of drug addiction is advocated. This focuses on the lawful conduct of service providers; respect for participants' rights, autonomy and actual benefits, avoiding any harm to them; provision of accurate information; obtaining participants' consent; voluntary participation; guarantees of confidentiality; adapting interventions to the needs of participants; involving participants as partners; and, finally, health and safety.

4. Data collection a part of the right to access information for the community of practice and professionals involved

The National Drugs Information Unit was set up in 2006 at the Office for Combating Drug Abuse of the Government of the Republic of Croatia. It also acts as the national focal point of the EMCDDA. Since 2019, the unit has operated within the Division for Prevention of Drug Abuse with the Croatian Institute of Public Health as the

reference point on drugs and drug addiction information in Croatia. Its core task is to provide the general public with factual, reliable and comparable information concerning drugs and drug addiction. The National Drugs Information Unit closely collaborates with relevant national stakeholders, who are perceived as partners, including the scientific community and civil society organisations. Besides routine data collection, the unit initiates and conducts surveys in areas of specific interest. Based on situation analyses, it proposes measures with the aim of improving the quality of drug policy interventions, and it also issues timely responses to emerging trends. Reporting outputs attempt to meet the needs of policy makers, professionals and researchers, but also to serve the interests of the general public.³ The unit employs the Early Warning System on new psychoactive substances in the Republic of Croatia. This collects data and information from various sources in order to obtain in-depth insight into the actual situation, emerging trends within drug markets, and potential risks for the safety and health of communities. Besides the emergence of new psychoactive substances, the unit also monitors the composition of more traditional drugs, patterns of drug use, and other factors relevant to issuing warnings and alerts to populations at risk.

5. Rehabilitation and social reintegration provided

Rehabilitation and social reintegration treatment for outpatients is provided by some associations. They provide psychosocial treatment alongside social reintegration interventions in general hospitals. Outpatient treatment services are primarily provided within the healthcare system, while certain forms of psychosocial treatment are also provided by the social welfare system, therapeutic communities and associations, as well as the probation system. As regards their organisation and scope of work, these services combine the activities of healthcare, social protection and education with the aim of carrying out continuous monitoring, education, psychotherapy, family therapy, HIV and hepatitis infection prevention, and the provision of assistance in solving the other life issues of people who use drugs and their families, including those who occasionally use drugs. Outpatient treatment services also include substitution therapy and various forms of psychosocial treatment and psychosocial interventions. Interventions at the psychological level include supportive psychotherapy, psychoeducation, behavioural psychotherapy and family psychotherapy.

Since 2007, Croatia has implemented a project of social reintegration of people with SUD. This encompasses interventions aimed at the social inclusion of people with SUD into community life upon completion of treatment in a healthcare institution, withdrawal from a therapeutic community or completion of prison sentence. The project includes psychosocial support; completion of education, retraining and employment; assistance with housing or organised housing for treated people who use drugs; and other forms of social interventions aimed at integrating people who use drugs into society. These projects are provided by NGOs in the areas of treatment of re-socialisation.

The project has generated a number of positive outcomes. In particular, public awareness about the project has grown and people have shown interest in the further

3. Available at www.hzjz.hr, accessed 10 July 2022.

training and employment of recovered addicts. Active labour market measures have been extremely successful in that respect (in particular, with public works and re-qualification measures covering this segment of the population). However, negative public perceptions of addiction persist, including for persons being treated for drug addiction, and there is stigmatisation and lack of sensitivity on the part of potential employers. Both implementers and beneficiaries perceive this as the biggest barrier to successful social integration.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

Addiction treatment in the prison system includes medical, psychosocial, educational and occupational components as part of the healthcare programme. General and special treatment programmes and available intervention in the field of healthcare are available to all prisoners who use drugs, the quality and scope of which are specified in the public healthcare system. Addiction treatment in the prison system is aimed at preventing addiction and, by extension, criminal recidivism, by mitigating and eliminating dynamic criminogenic factors.

7. Combating stigma and raising social awareness prioritised

In order to reduce the stigma faced by persons treated for addiction, numerous educational events and media campaigns on the problem of addiction have been conducted, targeting the general public and professionals working on addiction. Training sessions for the Project of Social Reintegration of Drug-Dependent Persons were conducted with these individuals to encourage employment, education and social integration during and after treatment within the healthcare, social welfare and prison systems. Training for professionals and the public has attempted to raise awareness about all forms of stigma unjustly attached to people treated for drug addiction across different contexts. Ways to reduce stigma at the local community level were also discussed at these sessions, including whether better co-operation between associations and state institutions in the implementation of the project could contribute to this. Special attention was paid to the extent to which the implementation of the social reintegration project has contributed to reducing stigma, and how the concept of rehabilitation in national and local strategies might contribute in this regard. The health sector aimed to strengthen education and training programmes in 2021 through educational activities related to psychosocial treatment and the social reintegration of women with addiction, as a group that is particularly vulnerable to societal stigma. To this end, in 2021 the Croatian Institute of Public Health participated in the Pompidou Group's project "Responding to drug-related challenges for refugees, migrants and internally displaced persons" (IDPs), and contributed to drafting a handbook and guidelines on working with refugees, migrants and IDPs who have not sought refuge abroad due to substance use and drug addiction. Accordingly, a special focus group was convened to design prevention and treatment programmes for said groups, and to define socially sensitive subgroups needing specialised programmes, such as minors, unaccompanied children, women and LGBT persons. Also, during 2021 and 2022, the institute actively

participated in the Pompidou Group report *Children whose parents use drugs*, with the aims of contributing to the future strategy for children's rights of the Council of Europe and creating effective prevention and treatment programmes for these groups, with a special focus on destigmatising policies. In order to protect the rights of children whose parents use drugs and (pregnant) women drug users with small children, protocols of co-operation and operation are being drafted involving the healthcare, social welfare and penal systems.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

Respect and protection of human rights falls within the jurisdiction of every public authority, while the protection of the human rights of persons who use drugs is a core principle of all strategic and expert documents in the field of drug addiction, as well as legislation regulating the healthcare, social welfare and penal systems. In order to ensure the human rights of persons who use drugs and are undergoing treatment in therapeutic communities, the Programme Standards document has been developed for the evaluation and verification of programmes implemented in social welfare homes, therapeutic communities and other social welfare service providers for people fighting alcohol, drug, gambling or any other form of addiction. The key priority of the document is the human rights of persons who use drugs during treatment, as guaranteed by the Constitution of the Republic of Croatia and international conventions.

The Croatian Parliament, the Constitutional Court, the Ombudsman, the Ombudsman for Children, the Ombudsman for Gender Equality, and other institutions are responsible for protecting and advocating for human rights in Croatia. The importance of human rights and freedoms is protected by the constitutional provision according to which the Croatian Parliament enacts laws on human rights and fundamental freedoms established by the constitution by a simple majority vote, rather than the usual relative majority. By ratifying the Convention for the Protection of Human Rights and Fundamental Freedoms, furthermore, the Republic of Croatia has acknowledged the jurisdiction of the European Court of Human Rights in assessing the claims of any natural person, civil society organisation or group of individuals filing for violation of the rights recognised in the Convention.

9. People who use drugs have the right to form their own associations and self-help groups

Civil society organisations have an important role in combating drug abuse and bring added value to the enforcement of strategic documents. Consequently, state co-operation with civil society organisations in implementing programmes to reduce the demand and supply of drugs and develop forms of institutional and extra-institutional communication and networking at all levels is fundamental. The Republic of Croatia has developed close co-operation with organisations working in the field of addiction prevention and combating drug abuse, including self-help organisations such as addicts anonymous fellowships, as well as associations implementing programmes aimed at rehabilitation. Competent ministries and state bodies provide

professional assistance to civil society organisations in planning and implementing projects, including to draft important strategic documents and legislative proposals. They also grant financial assistance to such associations via public tenders.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

The Republic of Croatia guarantees every person the right to healthcare. The right of access to treatment for all the consequences of drug abuse is also granted, as stipulated in the national addiction strategy. Harm reduction services provide sterile needles and syringes as well as other necessary equipment, and offer counselling and voluntary, anonymous and free testing for infectious diseases (HIV, hepatitis C and hepatitis B) for active intravenous drug users (recommended twice a year). Furthermore, mental health services for addiction prevention and outpatient treatment systematically encourage patients who report engaging in risky behaviours to get tested frequently, provide relevant information, and motivate them to enter treatment in case of positive test results. In addition to counselling, educational materials are offered to persons entering treatment for infectious diseases. Harm reduction services provide education on safe sexual activities and distribute condoms.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

Croatia developed guidelines for drug-related harm reduction programmes in 2015. They are currently under revision. Drug-related harm reduction services are provided by NGOs and healthcare facilities, and include the following interventions:

- ▶ counselling and psychosocial support;
- ▶ procurement, distribution and collection of injection materials;
- ▶ treatment of infectious waste;
- ▶ voluntary, anonymous and free counselling and testing for infectious diseases;
- ▶ condom distribution;
- ▶ drop-in centre;
- ▶ education and information;
- ▶ outreach programmes;
- ▶ rehabilitation;
- ▶ participation in the Early Warning System for the emergence of new psychoactive substances;
- ▶ motivation for treatment;
- ▶ the use of substitution pharmacotherapy for opiate addicts;
- ▶ vaccination.

Harm reduction services are also provided in special settings (e.g. the penal system, addicts anonymous fellowships and other contexts) for social groups with an increased health risk such as minors, women, pregnant women and mothers with newborn infants, and persons with comorbidities. Harm reduction programmes

are systematically funded by the Ministry of Health and are implemented by NGOs such as the Croatian Red Cross, Terra, Ne-ovisnost, Let, Help, Porat and Institut Pula, as well as organisations that engage in reducing the spread of infectious diseases such as HUHIV and HEPATOS. In Croatia, these mostly focus on needle and syringe replacement to reduce the spread of infectious diseases in the population who inject drugs as well as the general population.

In Croatia, harm reduction programmes are available at 51 sites in the Adriatic region, 6 sites in the central and eastern region, and 14 sites in the north-western region of the country. The fundamental principles of harm reduction programmes include:

- ▶ no charges for users;
- ▶ anonymity and confidentiality;
- ▶ a non-judgmental approach;
- ▶ no pressure to abstain from drug use;
- ▶ a pragmatic approach that is free from administrative, organisational or financial barriers to access the programme;
- ▶ complication-free, low-threshold involvement in the programme.

Croatia provides a public health alternative to the moralistic and incriminatory approach often adopted towards substance abuse and addiction, recognises abstinence as an ideal outcome of addiction treatment but also accepts alternatives that primarily reduce the harm caused by drug use and addiction, and accepts persons with addictions, seeking to respond to their needs as appropriate.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

Croatian drug policy does not recognise children whose parents use drugs, children who use drugs themselves, or other children at risk, for that matter, as a separate group. Measures for children of parents who use drugs have been implemented within healthcare and social welfare as standard operative measures.

However, a co-operation protocol is being developed in 2022 to support both children whose parents use drugs and children who use drugs themselves, by designing interventions aligned with their specific needs. This protocol will define the steps to be taken by specialists in various fields, from the point of entry into the system until the completion of the intervention.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

The healthcare system, with the aim of strengthening training and educational programmes, organises educational activities on the psychosocial treatment

and social reintegration of women fighting addiction. According to the available data, women constitute 33.6% of those seeking addiction treatment and rehabilitation in the inpatient and outpatient system and in therapeutic communities. They encounter numerous problems, such as lack of support from the primary family, scarce opportunities for social networking, unemployment, or an inability to resolve housing issues. Consequently, the Croatian Institute of Public Health has organised activities aimed at developing services for women with addiction, while networking with and strengthening co-operation among service providers.

As part of the Project of Social Reintegration of Drug-Dependent Persons, which has been running since 2007, recovery and rehabilitation programmes for women with drug addiction were implemented during the reporting period. These provide service packages aimed at successfully maintaining abstinence and social reintegration. In order to encourage the employment of socially vulnerable groups, including women treated for drug addiction, measures were implemented to further their education and employment through vocational guidance activities and active policy measures for co-financing and financing education and employment.

A significantly high number of women who use drugs are parents and a very high percentage of them live with their children. In contrast, children whose fathers or both parents use drugs are significantly more likely not to live with their parents and be separated from them, usually living with grandparents, other family members, or sometimes in foster families or institutions. As women make up a significant percentage of those treated for drug addiction with underage children, it is necessary to tailor psychosocial treatment to this subgroup, including the possibility of childcare in residential treatment centres.

As women who use drugs encounter many hurdles in the social welfare system, such as a lack of support from their family, poor social networking, unemployment and housing issues, there is an urgent need for versatile psychosocial services. Furthermore, protocols between healthcare institutions and social welfare centres should be developed to strengthen their co-operation. There should be a focus on upgrading the quality of services these institutions provide to these children and their parents, especially pregnant women drug users.

As mentioned in the previous section on subgroups of children who use drugs and children whose parents use drugs, the gender dimension is likewise not considered in policy design in Croatia. A co-operation protocol is being developed in 2022 to cover target groups such as women, pregnant women and breastfeeding women who use drugs. The protocol will specify steps in supporting and following up with said groups and co-operation methods between different systems (e.g. healthcare providers and social workers). The protocol will be designed according to the special needs of these subgroups. To date, however, the only document in Croatia defining interventions tailored to the needs of women who use drugs is that detailing the guidelines for psychosocial treatment in the social welfare, healthcare and prison systems, which briefly covers the procedures to be followed when women enter treatment.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Croatian officials are required to inform the social services if they become aware of a pregnant woman using drugs or undergoing substitution treatment, but often this does not happen in practice. When the Social Welfare Centre becomes aware of a situation involving substance abuse, it is required by law to follow up on the newborn and mother. The co-operation protocol currently under development will address this issue and will engage follow-up specialists from the beginning.

15. Is the question of the LGBTIQ community considered in terms of the stigma they may face?

In Croatia, the LGBTIQ community is not specifically addressed in national or local strategic documents related to psychoactive substance use or addictions in general. In addition, the regular process of data collection does not include questions on sexual orientation. In general, the LGBTIQ community has no more difficulty in seeking any service available than others who use drugs or other substances.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

Addiction treatment in the prison system includes medical, psychosocial, educational and occupational components, delivered through healthcare, general and special treatment programmes, and preparation for post-penal admission to treatment centres after the prison. Treatment of drug addiction in penal bodies includes a comprehensive approach that provides:

- ▶ education in the field of addiction and drug abuse;
- ▶ reducing the harmful effects of drug abuse;
- ▶ counselling activities;
- ▶ healthcare to improve general health and to treat high-risk diseases (e.g. hepatitis B and C, HIV);
- ▶ administering substitution pharmacotherapy to opiate addicts (e.g. methadone, buprenorphine/naloxone);
- ▶ treatment of psychiatric comorbidities;
- ▶ abstinence control;
- ▶ management of desirable behaviour with positive and negative reinforcement (contingency management);
- ▶ general treatment programmes (e.g. involvement in work and leisure activities, organised training);
- ▶ special psychosocial treatment programmes.

After serving a prison sentence, the person is referred for further post-penal treatment through probation offices. The Probation Service provides:

- ▶ referrals for treatment;
- ▶ supervision of the enforcement of prescribed treatment measures;
- ▶ motivation to accept and complete treatment programmes;
- ▶ co-ordination of stakeholders in the community and other activities regarding individual treatment plans.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

Since the first national drug strategy was adopted in 1996, people who use drugs have increasingly been perceived as people in need of medical and psychosocial care. If such persons commit a crime, they will still receive all the necessary medical assistance and treatment while serving their prison sentence or after having done so.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

People who use drugs are not directly involved in the process of decision making regarding drug policy. However, certain NGOs working with people who use drugs are involved in drug policy design.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

In order to ensure the continuity of basic healthcare services for drug users during Covid-19, in particular the availability of substitution therapy, it was necessary to adapt existing programmes. Services were provided under special hygienic conditions and with measures of social distancing in place. A more liberal approach to substitution therapy was proposed, and in agreement between the healthcare system, addiction prevention and outpatient treatment services, and family doctors, it was recommended to prescribe therapy without the need for check-ups at a health centre. Substitution therapy was, thus, prescribed based on recent medical history of the addiction in question. Buprenorphine could be obtained for two weeks at a time, and methadone for one week. The services, family physicians and patients communicated online or by telephone, while counselling and psychosocial support were administered in the same way. Counselling entailed sustaining user motivation and psychological reinforcement as well as assistance in crisis resolution and other specific situations. It also encouraged users to maintain regular contact with other institutions and civil society organisations, and advised protecting oneself from the Covid-19 virus.

According to service providers, difficulties related primarily to the absence of users who lacked internet or telephone connections, or who were insufficiently motivated.

Some associations observed that about 40% of their users had psychological difficulties, mostly stress and depressive symptoms. These findings emphasise the importance of online counselling for preserving mental health at the individual and system level, as well as improving the availability of said services during the Covid-19 pandemic, while organising psychosocial support in the community by engaging experts for crisis situations. Unfortunately, as part of the measures to prevent the spread of Covid-19 within the prison system, interventions of (psychosocial) addiction treatment were reduced to the minimum level necessary for the protection of the psychophysical health of drug abusers.

Chapter 3

Cyprus

The main source of information for Cyprus is the 2020 EMCDDA annual report: unless stated otherwise, all information comes from this report. The MedNET Representative for Cyprus, Ms Leda Christodoulou, prepared the responses with the assistance of the Policy Department of the National Addictions Authority of Cyprus (NAAC).

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

The National Addictions Strategy 2021-28 of the NAAC follows on from the steps taken by former national strategies and their evaluations, in its intention to set and comprehend the problem of drug use fully within the context of public health. It states that drug use and dependence should be addressed as a public health issue. It also highlights the principle that care must be equally accessible, readily available and of a certain level of quality for everyone in need. Moreover, it emphasises the human rights of drug users and other persons dealing with addiction issues, such as the right to the highest available level of healthcare, the right to a satisfactory standard of living and the right to social welfare.

The entire prevention, treatment, social reintegration and harm reduction service network in Cyprus is monitored and licensed by the NAAC, and the qualifications of health professionals are considered an important criterion in maintaining the quality of healthcare provided.

2. Treatment to be available, accessible, affordable and science-based, using best practices

The previous National Strategy on Illicit Substances Dependence and the Harmful use of Alcohol and the related Action Plan 2013-20 were already focused on making treatment more accessible. This goal is upheld by the current national strategy. Other areas of progress include adding low-threshold services to treatment centres, extending the working hours of treatment centres, introducing a new protocol referring soldiers to treatment and introducing legislation for the provision of alternatives to incarceration.

The treatment system includes specialised outpatient counselling and OST centres, inpatient treatment, a therapeutic community and a residential treatment programme. All counselling, outpatient and inpatient programmes use psychosocial interventions as their primary treatment tool.

Among new developments is a residential treatment programme for adolescents, offering treatment to young people in conflict with the criminal justice system or

young people whose problems related to drug use cannot be fully addressed at an intensive day programme for youth. Moreover, treatment addresses women's needs separately through the delivery of residential treatment for women only, with the possibility of having their children living with them in the community under their care. The lack of treatment services for women who have needs that cannot be met by the residential service has been noted and included as a goal in the new action plan.

Treatment programmes are offered by NGOs (non-profit), the public sector and a private party (for profit). The reported goals of most of the treatment centres are abstinence, prevention of infectious diseases, development of self-awareness, self-esteem and confidence, and life skills training. OST is also offered.

3. Prevention grounded in science, facts and best practices

In 2021, the new National Strategy for Addressing Addictions 2021-28 and the new Action Plan 2021-24 were approved by the Council of Ministers. They will be presented in detail in the next reporting year.

Within the framework of the new national strategy, the "prevention pillar" emphasises different types of addiction, including addictions to illicit and licit substances such as alcohol and tobacco, as well as pathological gambling. The objectives of the action plan are the following:

- ▶ raising awareness within society, and the creation of a culture of prevention in relation to addiction issues, aligned with universal prevention strategies;
- ▶ creating an environment of deterrence towards drug use/addiction, which includes all legislative measures and environmental prevention measures;
- ▶ preventing and/or delaying the initiation of substance use and addictive behaviours within specific environments, such as the family, educational system, the national guard, the community and work environments;
- ▶ supporting vulnerable groups in the population.

According to the national strategy, the following are considered to be vulnerable groups:

- ▶ children who drop out of school;
- ▶ students, soldiers and university students engaging in experimental use of licit and illicit substances and/or in pathological gambling, both online and offline;
- ▶ children of prisoners;
- ▶ children of mentally ill parents;
- ▶ children whose parents have substance use problems, including alcohol;
- ▶ children who have been subjected to any form of abuse;
- ▶ children in state custody;
- ▶ children with attention deficit hyperactivity disorder (ADHD) and learning disabilities;
- ▶ immigrant children;
- ▶ children living below the poverty line;

- ▶ delinquent children/adolescents;
- ▶ pregnant women who use alcohol or other substances.

As regards gambling addiction, the unemployed and the elderly are also considered vulnerable groups.

The overall framework of universal prevention in Cyprus is based on general health promotion. Health education was introduced as a subject in the syllabi of primary and secondary education schools in 2011. Furthermore, in 2020, 13 universal prevention programmes were licensed by the NAAC, addressing licit and illicit substances as well as gambling. The majority of these were implemented on a national level in all areas controlled by the Republic of Cyprus.

Selective prevention within the framework of the national strategy includes several actions that aim to promote healthy lifestyles among children and youth from vulnerable groups. In 2020, the NAAC funded 11 selective prevention programmes across Cyprus.

Indicated prevention is implemented through the Co-operation Protocol for the referral of young offenders by the Cyprus Police (Drug Law Enforcement Unit) or Sovereign Base Areas (SBA) Police to treatment centres; the Co-operation Protocol for referring school pupils to treatment centres through the school system; and the implementation of an early intervention programme to support students attending the preparatory apprenticeship and their families.

Concerning environmental interventions, emphasis has been placed on the importance of enacting legislation for the protection of health (e.g. tobacco control). The legislation to completely ban smoking in public places is considered an essential preventive environmental strategy for the whole range of addictive substances. In addition, with regard to crime prevention strategies, the Cyprus Police have been implementing community policing since 2003. As of 2019, this includes three main components:

- ▶ neighbourhood policing;
- ▶ bicycle policing;
- ▶ neighbourhood watch programmes (see also the “Drug market and crime workbook” 2020).

Additionally, a nightlife programme has been initiated, offering training to hospitality professionals on selling and serving alcohol responsibly. The programme involves local authorities and operates on a national level, aiming at reducing the risks and harms associated with licit and illicit substance use at festivals and in recreational settings.

In 2020, a new NAAC prevention guide was developed, based on the European minimum quality standards (EMCDDA 2011, 2013), the European Prevention Curriculum (EMCDDA 2019) and the *International Standards on Drug Use Prevention* (UNODC 2013, 2018). The prevention guide recommends guidelines, best practices and criteria for the operation of preventive programmes in Cyprus. These are based on a framework of theoretical approaches and philosophical and ethical principles in order to ensure cohesion among the various prevention agencies, and ensure the quality and efficacy of interventions. The guide is aimed at all those intending to engage in

the area of prevention, in particular state-run, voluntary or private agencies involved in the implementation of programmes that, pursuant to the law, are co-ordinated and approved by the NAAC.

In addition, with the aim of further assisting prevention key players in developing and implementing evidence-based programmes, the NAAC is in the process of preparing an evaluation manual based on the 2012 EMCDDA guidelines for the evaluation of drug prevention.

4. Data collection a part of the right to access information for the community of practice and professionals involved

The Cyprus Government provides central research funding through the NAAC's monitoring department/national focal point for the EMCDDA. This seeks to provide relevant information to professionals and the wider community in the form of both current research⁴ and feedback to data providers (systematically and on demand). In addition, data analysis of key indicators is available through the NAAC's website. Data are also being shared through a visualised interactive online platform, where both data providers and the public can access and adapt the data to their needs.

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

Information gathered through research, national surveys and European surveys on drug use in different areas across the country and among specific populations is disseminated to the public, with a focus on the network of prevention and treatment as well as law enforcement professionals.

5. Rehabilitation and social reintegration provided

The national strategy groups social reintegration with treatment and considers it one of its priorities. The action plan recommends specific interventions to ensure the adequacy of social reintegration services:

- ▶ implementing the NAAC Scheme for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons;
- ▶ establishing a reception and rehabilitation centre for drug users released from prison;
- ▶ developing co-operative actions to promote the education, training and employment of former drug users;
- ▶ supporting the social reintegration of former drug users through active participation in the community;
- ▶ promoting scholarships for former drug users from state institutes of further education and universities.

4. Cyprus National Addictions Authority's official website, available at <http://naac.org.cy>, accessed 13 July 2022.

In 2020, there were nine social reintegration programmes providing services in Cyprus. While one of these programmes was distinct from the treatment programme associated with it, the rest were considered an integral part of the treatment process:

- ▶ the “Agia Skepi” Therapeutic Community;
- ▶ the Nicosia Centre for Multiple Interventions;
- ▶ the “Perseas” Centre for Teenagers and Family;
- ▶ the “Promitheas” Centre for Teenagers and Family of the Ministry of Health;
- ▶ the “Ithaki”, “Odysseas”, “Achilleas”, “Apofasizo” and “PSEMA” counselling programmes.

In total, during 2020, 48 persons received assistance through the NAAC Scheme for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons. The total sum provided for 2020 was €41 119, covering expenses related to accommodation, basic appliances, studies, and so on.

With regard to housing, current and former drug users are entitled to apply for regular social insurance benefits, which include rent allowance. Although no targeted housing projects for drug users faced with homelessness are currently in operation, the NAAC scheme for financial assistance provides rent allowance for a maximum of two months to eligible applicants (i.e. ex-users who participate in social reintegration programmes), as well as an allowance for the purchase of furniture and/or other housing needs. In addition, the low-threshold service “STOCHOS” (see also “Harms and harm reduction 2015 EMCDDA workbook”), offers short-term housing assistance to a small number of people.

In terms of education or training, financial aid is available to cover a range of expenses, from training to obtain a driving licence to university work. Finally, vocational training and assistance to secure employment takes place both at the level of public sector programmes and through participation in social reintegration programmes as a late stage in the overall process of treatment.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The national strategy and action plan seek to provide treatment for groups such as migrants and women (the latter category is covered in subsequent responses). Under the prevention pillar, which prioritises the prevention of foetal alcohol spectrum disorders, vulnerable children and affected children and families are supported through the NAAC’s clinical guidelines for professionals working with women and children. This includes healthy lifestyle guidelines for pregnancy and breastfeeding, with training for professionals aiming to enhance their knowledge and develop and identify mechanisms for referral to treatment.

The NAAC also funds a programme offering prevention, harm reduction and treatment for migrants and refugees at reception centres. The action plan will offer harm reduction services to sex workers, working closely with NGOs from the HIV/Aids community and the LGBTQI community so as to better address their needs and ensure their access to care and drug treatment.

7. Combating stigma and raising social awareness prioritised

The NAAC is firmly committed to combating stigma against drug users, especially with respect to them being labelled criminals and being excluded from housing and employment opportunities. To this end, it has created a media guide to help journalists portray drug use and users in an objective and non-stigmatising manner. NAAC has also run its own anti-stigmatisation campaigns. Awareness-raising activities continue to be carried out in Cyprus through research, targeted prevention and the distribution of information on drug use in schools.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

In 2016, a law was passed permitting individuals to seek treatment as an alternative to imprisonment through the issuance of a court treatment decree, under certain circumstances and excluding serious felony and supply charges.

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

The Protocol of Co-operation for the Referral of Young Offenders to treatment centres that was developed between the Cyprus Police (Drug Law Enforcement Unit – DLEU), the Sovereign Base Areas Police and the Ministry of Health provides an alternative to prosecution for first-time young drug offenders. Through their referral to therapeutic programmes, young people who use drugs are given the opportunity of an early intervention or a more intensive treatment programme, according to their needs. Conditions for admission include:

- ▶ the young drug offender is being arrested for the first time;
- ▶ the seized quantity of drugs is such as to be intended for personal use;
- ▶ the person is legally responsible, and they are between 14 and 24 years of age;
- ▶ the person has not committed any other offence at the time of investigation or arrest, immediately before or immediately after, in breach of section 244 of the Criminal Code, and furthermore, at the time of their arrest, their behaviour has not incited others to commit any criminal offences;
- ▶ the person will complete a treatment programme at one of the governmental or non-governmental treatment centres.

According to the protocol, if a young offender meets the aforementioned criteria, the case does not proceed to a trial. The offender is required to complete an eight-hour psychosocial intervention programme.

9. People who use drugs have the right to form their own associations and self-help groups

The NAAC is responsible for the accreditation, evaluation and co-ordination of all programmes, actions and activities related to drug treatment, whether they are

carried out by governmental services, NGOs or the private sector. It may also provide some funding to these programmes and activities. See below for more information on this topic.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

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

Cyprus has also introduced take-home naloxone (nasal spray) and rapid tests for HIV, the hepatitis B virus (HBV) and the hepatitis C virus (HCV) at drug treatment centres. Personnel at drug treatment centres have been trained accordingly. The new action plan also introduced actions to improve access to treatment for HCV+ drug users (DAAs) and enhance access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to prevent HIV among drug-using and LGBTQI populations.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

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

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

The national strategy is an integrated strategy that addresses the use of illicit and licit substances and pathological gambling. It consists of the following pillars:

- ▶ prevention;
- ▶ treatment;
- ▶ social reintegration;
- ▶ harm reduction;
- ▶ supply reduction;
- ▶ research, evaluation and training;
- ▶ international co-operation.

An objective of the prevention pillar is to focus on identifying vulnerable groups in different settings and providing multilateral support according to the needs of each individual (e.g. psychological support, social support, access to support services, support for school lessons, and healthy activities such as sport and the arts).

The national strategy identifies groups that are considered vulnerable. Children whose parents/primary caregivers are drug users are included in this category. Other vulnerable groups are school drop-outs, students experimenting with substance use/gambling, children whose parents are imprisoned, children whose parents face mental illness, children who have faced/are facing any form of abuse, children under the care of the state, immigrant children/adolescents, children/adolescents exhibiting delinquent behaviour, children living in poverty, children with ADHD or other learning difficulties, pregnant women who use alcohol and/or other substances, the unemployed and seniors vulnerable to pathological gambling. The NAAC funds several prevention programmes that aim to support the above-mentioned vulnerable groups.

Furthermore, the action plan includes specific actions for young people who use drugs, including the implementation of new treatment programmes for minors, such as a detoxification programme for minors, and further supporting the existing residential programme for minors.

In cases of parental drug abuse and child neglect or violence, children are either closely monitored by child protection services or are permanently or temporarily removed from the parental home or custody. Social services may refer these children to prevention programmes that aim to provide support to vulnerable children and also offer parents support groups. One such example of good practice is a programme run by an NGO in collaboration with social welfare services. The programme targets families that are in contact with social services and whose children are either in the custody of child protection services or are under evaluation with regard to the parents' ability to fulfil their responsibilities to their children. Services include evaluating family dynamics, strengthening family relationships, developing communication skills, responding to family crises such as a family death, and referring family members and children to other support services.

Since children whose parents are drug users are not taken into account in treatment or by harm reduction services, the aim is to train professionals and social workers in treatment programmes to identify users' children and refer them to existing prevention programmes in their area to ensure they receive the support they need and work closely with the family to deal with other underlying issues.

To address problematic drug use among adolescents, an inpatient service for under-19s has been established to offer intensive drug rehabilitation and holistic care to young people. The service targets children who use licit or illicit substances, may be in conflict with the law, and/or do not have a supportive or stable home environment.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

The national strategy and the action plan seek to provide early intervention and treatment for women. Residential treatment is available for women, with the possibility of their children staying with them, and there are several outpatient treatment programmes available that may offer treatment for women, with a care plan tailored to individual needs. While most treatment programmes do not offer women's groups they do offer individual care, and gender-specific issues may be addressed. Shelters are also available for women who may be victims of violence in the family and other

forms of abuse, as well as their children. Women are offered housing and support, including access to treatment for substance abuse, if needed.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Based on the protocol for the prevention, detection and treatment of alcohol consumption during pregnancy and the breastfeeding period that was developed in 2021, pregnant women identified by their personal doctor, gynaecologist or midwife from a private or public clinic, dietician, psychologist, social worker, institutional worker, and/or other mental health service professional are asked about their alcohol consumption and/or other substance use to estimate the risk involved. Women who are identified as problematic users are referred to the appropriate treatment service and other support services tailored to their needs. As this protocol is yet to be implemented (as of 2022), the aim is to inform and educate professionals to liaise with the referral group so that women – and in effect their newborns – receive adequate and appropriate care. Moreover, a paediatrician will follow up identified cases of children with foetal alcohol spectrum disorders through childhood and adolescence. This protocol is still in its early stages, and implementation will be monitored annually to ensure its effectiveness.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

In 2020, the NAAC conducted a survey among the LGBTQI community to identify their needs in relation to drug use and challenges in accessing treatment that responds to their needs, including that related to chemsex. Based on these results, the action plan will enhance accessibility to treatment among this community and provide information and harm reduction measures (e.g. providing harm reduction kits and rapid testing for infectious diseases).

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

In prison, individuals can request drug treatment from two treatment programmes: DANAE provides psychosocial services and LEMVOS provides substitution services, mainly buprenorphine.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

As stated earlier, the national strategy follows in the footsteps of previous national strategies and associated scientific evaluations in its intention to comprehend the problem of drug use fully within the context of public health.

Possession for personal use is regarded as a serious criminal offence, punishable by up to 12 years in prison for class A drugs, 8 years for class B drugs and 4 years for class C drugs; however, first-time offenders aged under 25 are usually not given sentences exceeding 1 year in prison. Although in theory penalties for drug use in Cyprus can extend to life imprisonment for all classes of drugs, it is important to mention that this has never been implemented in practice. Individuals prosecuted for possession for personal use can however be given up to 12 years in prison. As already mentioned, there are exceptions for some first-time offences, and Law 41(i)/16, promulgated in 2016, allows the offender to seek out alternative treatment. This law is functional: a professional consultation committee examines individual cases and assigns persons to appropriate treatment centres.

The NAAC supports the opening of new treatment centres and provides administrative and financial support to NGO initiatives. The treatment and prevention network has grown consistently and in response to changing needs, which are regularly monitored.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

The involvement of people who use drugs in decision making is currently not high. There is an association of the friends and relatives of people who use drugs that promotes the interests of users, and the NAAC has in the recent past (2016) unsuccessfully attempted to organise drug users into an association to promote their own interests. Issues concerning the rights of drug users are very much a part of the national strategy, however, and the NAAC is keen to hear about issues raised by NGOs and users who individually contact it through its website and helpline.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

In general, demand for treatment remained quite low during the period of Covid-19 restrictions. However, access to treatment and harm reduction services was stable while there was a small number of new clients. Service users were able to attend appointments online during the restrictions and those without access to the internet could still attend in person by appointment. Some clients faced issues with regard to food supplies, so vouchers for groceries were also available for substance users as part of harm reduction services and social reintegration programmes, along with Covid-19 guidelines and disposable gloves and masks for their health and safety. Service users were offered naloxone training and were provided with take-home naloxone. The support and information hotline sponsored by the NAAC, 1402, received more phone calls than usual.

The Ministry of Health issued guidelines for Covid-19 testing of different vulnerable groups, urging treatment services to inform individuals seeking treatment to contact their personal doctor/psychiatrist for a letter of referral to prioritise

testing to enter treatment. A procedure was set in place for referrals. In addition, an evaluation was carried out for the changes that were in place in treatment centres during the restrictions.

Overall, patients accessing treatment responded positively to the changes and followed through with their treatment programmes despite Covid-19 restrictions. Professionals, having identified new ways of service delivery, continued to offer online options to ease accessibility when needed.

Chapter 4

Egypt

The main source of information for this report is the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health and Population, Egypt. The MedNET Representative for Egypt, Professor Menan Abd-El-Maksoud Rabie, declared herself satisfied with the information provided by the secretariat.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

The Mental Healthcare Law No. 71 for 2009 regulates dealings with mentally ill patients and SUD patients in Egypt. The law aims to preserve the rights and health of mental patients in light of the developments in mental health concepts and modern treatment methods as well as the international community's recognition and support of these developments. The law emphasises the importance of academic and clinical specialisation and training in the practice of psychotherapy, and the need for qualifying exams for everyone who applies to practice the profession, aligned with continuous education and experience. Accordingly, the Ministry of Health offers specialisation diplomas for addiction treatment for psychiatrists and psychologists.

2. Treatment to be available, accessible, affordable and science-based, using best practices

In Egypt, management of substance dependence takes place across a wide range of contexts, and may be residential and community based, or based in governmental, private or university hospitals. This is regulated by the Mental Healthcare Law No. 71, which grants mental patients as well as SUD patients the right to receive the best service available, including the highest standards of professional mental health practice.

The GSMHAT supervises 20 governmental hospitals offering addiction treatment with inpatient, outpatient and day-care services, and providing drug treatment services for all residents as well as special groups. The GSMHAT is also involved in the development of:

- ▶ specialised addiction services for pregnant women;
- ▶ parental training for parents with SUD;
- ▶ training and capacity building of nurses working in addiction treatment;
- ▶ a model of care for patients with dual diagnosis;
- ▶ a community-based model of care for substance use;
- ▶ an addiction emergency and intermediate care services programme.

The development of these services was financially and technically supported by the Pampidou Group through international field visits to countries providing similar

evidence-based services for vulnerable groups. Since 2018, the GSMHAT has adopted a systematic learning approach in collaboration with WHO to train healthcare providers in primary healthcare units in Egypt on the Mental Health Gap Action Programme (mhGAP) guidelines, which include a module on how to deal with SUD patients.

3. Prevention grounded in science, facts and best practices

Prevention programmes are continuously being developed in Egypt. Vaccination for HBV became available in GSMHAT hospitals for SUD patients in 2021.

The Unplugged programme, designed to prevent or delay initiation into experimental alcohol, tobacco and cannabis use, and to prevent progression from casual use to dependence in adolescents, has been adopted in GSMHAT hospitals and training for healthcare providers is ongoing. Regular awareness campaigns for school age groups and wider society are also ongoing.

4. Data collection a part of the right to access information for the community of practice and professionals involved

The GSMHAT relies on the data reporting system of its hospitals. Since launching the National Drug Observatory (NDO) project in 2015, it has been able to access information about trends related to drug use among those seeking treatment with affiliated health providers. These data are invaluable not only for decision makers at the GSMHAT, but also for national and international stakeholders concerned with drug use in Egypt. A number of surveys have taken place in Egypt, such as the mapping addiction survey, the national addiction survey and the Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD).

5. Rehabilitation and social reintegration provided

The GSMHAT and the Ministry of Social Solidarity have collaborated to empower recovered drug users and rehabilitate them in society by offering them loans to support small projects. Technical training has also been provided for specific vocations for which there is demand in the labour market. Recovered patients who have been discharged are also offered day care, after day-care programmes and involvement in rehabilitation programmes in GSMHAT hospitals.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The GSMHAT is currently developing addiction services targeting vulnerable groups such as patients with dual diagnosis; HIV-positive patients; patients suffering from addiction with need for intermediate care or emergency services; pregnant women; and other vulnerable groups who may find it difficult to access specific services, such as adolescents in juvenile institutions.

Refugees or immigrants are provided the same quality of services as that provided for Egyptians at GSMHAT hospitals. Mental health clinics for women have been set up in GSMHAT hospitals, and they address psychological disorders associated with

pregnancy and breastfeeding; hormonal disorders, and menopause; sexual disorders; sexual education before marriage; eating disorders; personality disorders; deliberate self-harm; and the psychological consequences of exposure to violence or abuse.

The Egyptian Ministry of Health has developed a broader package of preventive and curative services for mental illnesses and addiction in prisons. A memorandum of understanding was signed between the Ministry of Health, the Ministry of Interior, and the United Nations Office on Drugs and Crime (UNODC) in 2015 to provide specialised units in 10 prisons for services such as detection of and interventions for people with SUD; testing, counselling and treatment for HCV, HBV and HIV; and educational seminars in prisons to raise awareness about addiction and bloodborne viruses. In addition, medical teams working in the prison sector are trained in how to detect and intervene in addiction cases in prisons; management of emergency cases involving psychiatric and mental illnesses; and management of overdose cases among patients with SUD.

7. Combating stigma and raising social awareness prioritised

The GSMHAT launches a number of awareness campaigns through the year. These have included the “Have fun without it” campaign, and campaigns launched on the international day for combating drugs and the national day for quitting tobacco. In addition, the Ministry of Social Solidarity has joined campaigns such as “You’re stronger than drugs”, featuring Egyptian role models such as the football player Mohamed Salah.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

Mental Healthcare Law No. 71 guarantees the rights of the mentally ill by providing adequate protection for the patient against abuse and exploitation. The project was also intended to provide clear mechanisms for legal accountability in the event of a violation.

The GSMHAT, in co-operation with the Pompidou Group, has implemented a project for developing a model of care for juveniles with substance use problems in corrective facilities, adapted to Egypt. The project began in April 2019 and aimed to provide a well-structured, evidence-based model of care and rehabilitation for juveniles. The project was also to provide clear mechanisms for legal accountability in the event of a violation.

9. People who use drugs have the right to form their own associations and self-help groups

A professional, counsellor-level course for persons providing direct alcohol and other drug abuse counselling to patients seeking to recover from SUD leads to the designation of Certified Addiction Counsellor. Addiction counsellors play an important role within teams engaged in social and modified-medical model recovery programmes at homes, hospital alcohol/drug treatment units, correctional facilities, and out-patient programmes and residential treatment/care facilities. A counsellor’s primary

focus of treatment is on helping people with SUD in learning skills to control their impulses so as to maintain abstinence; developing new interpersonal skills, personal accountability and responsibility; and improving self-esteem. In long-term residential treatment programmes, counsellors set rules and undertake activities designed to help residents examine dysfunctional beliefs about the self and others, modify destructive patterns of behaviour, and assist them in adopting new and more effective ways to interact with others.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

In 2020, the GSMHAT introduced the One Window Solution Strategy in its hospitals, so SUD patients suffering from bloodborne or sexually transmitted diseases can receive treatment, both for addiction and viral diseases, in the same “window”. As noted, in 2021 HBV vaccination became available at GSMHAT mental health and addiction treatment services.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

A national strategy for combating and treating addiction for the period 2020-25 has been issued by the ministries of health, social solidarity, justice and interior. It covers four axes:

- ▶ leadership and governance;
- ▶ training, capacity building and preparation of professionals;
- ▶ treatment, rehabilitation and community reintegration services;
- ▶ early detection, preventive interventions and comprehensive primary prevention.

The GSMHAT, with the support of the Pompidou Group, is outlining a new plan for 2022-26 that targets the development of governmental addiction treatment services, as well as implementation of the recommendations of the national executive work plan to confront the illicit drug problem, including how to deal with emergency situations.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

Children are considered as part of the parental training model for parents with SUD that was implemented in 2019 in collaboration with the Pompidou Group. The GSMHAT has introduced an international Strengthening Families Program to develop a structured, evidence-based parenting programme for parents with SUD to help their children by teaching them harm reduction techniques and coping skills. The GSMHAT staff received international training and conducted subsequently training for healthcare providers in 12 hospitals offering child and adolescent mental health

and addiction treatment services. As noted earlier, a model of care and rehabilitation for juveniles with substance use problems in corrective facilities was also developed in 2019.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

The GSMHAT produced a model of care for this vulnerable group beginning in 2014, with services completely dedicated to females suffering from addiction. This evolved into open female wards in multiple hospitals. As described earlier, mental health clinics for women have been set up in GSMHAT hospitals covering a range of disorders.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

The GSMHAT, in partnership with the Pompidou Group, has developed the Specialised Addiction Services for Pregnant Women Project as a liaison service with gynaecologists and neonatologists. The project aims to raise awareness among women dependent on drugs who need help during pregnancy and labour; train health providers with appropriate knowledge and skills to help pregnant women dependent on drugs; and foster an attitude change among women with SUD and health providers, including psychiatrists, psychologists and social workers working in the addiction field as well as gynaecologists and neonatologists.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

No information provided.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

As described earlier, the Ministry of Health has developed a package of preventive and curative services for mental illnesses and addiction in prisons, aiming to provide specialised units in 10 prisons.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

Article 37 of the Egyptian law for combating drugs states that the court can order that a person proven to be suffering addiction be placed in a hospital in order to be treated medically and psychologically, as an alternative to punishment.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

The ideas of patients or clients served in GSMHAT hospitals are given serious consideration and channels of communication between service recipients, and service providers are always open, including official channels, social media and surveys.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

The GSMHAT took serious steps to combat the threat of Covid-19 in its 19 hospitals, including by promoting mental and psychosocial health among different segments of the population, such as patients suffering from addiction, the people in contact with them, the elderly, child carers, quarantine patients and healthcare providers.

A series of video messages to raise awareness, delivered by psychiatric professionals, has been published online. Furthermore, a hotline service launched in 2015 was expanded in March 2020 to offer psychosocial support for the public and patients with SUD 24/7.

The GSMHAT's efforts, with the support of WHO, have been clear and effective since the beginning of the first wave of the pandemic in Egypt. In November 2020, the following was agreed on by both parties:

- ▶ setting up a national mental health electronic platform to support and develop the services needed in Egypt, particularly in relation to the pandemic, in co-operation with WHO and the University of British Columbia, Canada which aims to provide initial examinations, counselling through a team specialised in mental health, addiction treatment and psychological support while ensuring complete confidentiality, and with an option of linking to virtual clinics;
- ▶ studying the effect of psychological treatment interventions on patients in isolation hospitals;
- ▶ assessing the acceptability of using tele-mental health services for children and adolescents, provided by GSMHAT hospitals, among both those seeking and providing child and adolescent mental health services, as well as relevant stakeholders during the pandemic;
- ▶ with the aim of enhancing its services, evaluating the data of the hotline service and psychological support provided by the GSMHAT, including during the pandemic, and determining a course of action.

Support was also provided to national efforts to enhance mental health responses and psychological support, particularly during the pandemic, through the National Co-ordination Group for Mental Health and Psychosocial Support, launched in March 2020. The GSMHAT led the co-ordination team, which includes members of UN agencies, international NGOs, academic institutions and independent experts.

The Emergency Preparedness and Planning Task Force was launched in July 2020 to draft a preliminary national plan for a mental health response to the Covid-19 pandemic through a broad consultation process with stakeholders involved in providing

different levels of mental health services. This focused on improving knowledge in relation to mental health and psychosocial support, improving access to mental health services during the pandemic and promoting early recovery activities. One of the priorities of the GSMHAT was to design a strategy to support medical staff working on the front lines by evaluating their needs, including in relation to the experiences of medical staff globally. Medical needs included medical equipment and training on how to combat the virus, but also support for staff to manage their everyday needs, including managing work pressures and meeting their psychological and spiritual needs. The purpose of the questionnaire was to assess the needs of the medical staff in isolation hospitals, fever hospitals and ambulances.

Many capacity-building activities have also been planned and implemented, and training courses are being conducted for medical staff in isolation hospitals and working in primary care units, in light of the presence of mental health groups inside isolation hospitals.

Chapter 5

France

Information from 2020 report

The main source of information for France is the EMCDDA “France: country drug report 2019”:⁵ unless stated otherwise, all information derives from this report. Comments from the MedNET Representative for France, Ms Laura D’Arrigo, are in text boxes.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

Suspension of proceedings by the court prior to passing judgment (and, usually, sentencing) is a mechanism available in many European countries. Usually with their consent, the court may require the offender to attend treatment. This suggests a potential trend towards treatment instead of forms of punishment or imprisonment for drug use.

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

2. Treatment to be available, accessible, affordable and science-based, using best practices

OST treatment is available in France, as well as pharmacologically assisted and psychosocial treatments. The social security system in France finances drug treatment. Outpatient and inpatient care is provided through Centres for Care, Support and Prevention in Addictology (CSAPAs).

Treatment under the medical welfare system in France is free of charge and anonymous. This applies, for instance, to drug consumption rooms. It is also the case with the two key categories of addiction treatment facilities, namely the CSAPAs and the Centres for Reception and Accompaniment for the Reduction of Risks for Drug Users (CAARUDs), which are available throughout France.

There are also schemes that make it possible to provide optimum care for people who use drugs, such as the treatment flats in CSAPAs or schemes such as

5. EMCDDA, “France: country drug report 2019”, available at www.emcdda.europa.eu/countries/drug-reports/2019/france_en.

“a place to call home”, through which homeless people suffering from addiction are provided with access to housing. All existing treatments for addiction are available in France. In 2019, the minister for health published a roadmap for 2019-22 to prevent and respond to opioid overdoses. This includes enhancing the accessibility of substitution treatment, involving users and their social circles, and promoting co-ordinated grassroots activities.

France sets great store by harm reduction programmes. For instance, there are currently two drug consumption rooms in France, in Strasbourg and Paris. In particular, the law of 2016 afforded protection from prosecution for inciting or helping persons to use drugs to those who run harm reduction programmes. The law also broadened the scope of harm reduction programmes, extending them to cover welfare risks in addition to health risks.

3. Prevention grounded in science, facts and best practices

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

Programmes based on psychosocial skills have been developed, particularly in schools. The examples of the Good Behaviour Game programme in primary schools and the Unplugged programme at secondary level offer the possibility of providing seamless prevention throughout school. The plan is for these two projects to be progressively rolled out throughout the country. Such projects are made possible by substantial state investment, particularly through the Fund to Combat Addictions.

The French Observatory for Drugs and Drug Addiction (OFDT)⁶ regularly publishes documents on drug-user behaviour and market trends that enable policy makers to gain a clear, up-to-date overview of drug issues and take decisions based on the latest scientific data.

4. Data collection a part of the right to access information for the community of practice and professionals involved

Data collection, using methods such as surveys, is often funded by NGOs and foundations representing practitioners. Additionally, the OFDT is the main body involved in drug-related data collection, studies and network development. It collaborates extensively with national and European drug-related research teams. Its mandate also includes the dissemination of data and research results through publication in national and international scientific journals and promoting the use of research findings in practice and policy making.

6. Available at <https://en.ofdt.fr>, accessed 19 July 2022.

The OFDT helps to promote the use of scientific data when policies are devised at national, European and international level by working closely with the inter-ministerial mission for combating drugs and addictive behaviour, MILDECA, acting as France's focus point for the work of the EMCDDA and conducting studies on systems set up in other countries to combat addiction.

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

5. Rehabilitation and social reintegration provided

The French public health law of 2004 defines further public health priorities, such as providing referral to the care system, contributing to improving the health of people who use drugs and facilitating their social reintegration.

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

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

Drug treatment for prisoners is mostly provided through hospitals.

Specialised drug treatment centres are another key element of drug treatment in France.

Selective prevention mainly takes place in at-risk neighbourhoods for illicit drugs or in urban recreational settings for alcohol. There is a focus on children within the child welfare service and the judicial youth protection service.

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

Since 1994, it has been guaranteed in law that prisoners will be treated equally to the rest of the population. Prisoners are treated in hospital and have social insurance. Harm reduction and prevention for prisoners form part of the priorities of the national Action Plan to Combat Addiction for 2018-22. Once again, the state works with associations in this field and awards grants to Narcotics Anonymous for its work in prisons. This is also a part of the health plan for persons placed under judicial supervision.

7. Combating stigma and raising social awareness prioritised

The EMCDDA has rated France level 4 with regard to its extensive provision for intervention in schools, for example by designating information days on drugs. However, it rates France level 3 for having limited provision for intervention to develop social and personal skills.

The national Action Plan to Combat Addiction for 2018-22 places emphasis on the development of programmes based on psychosocial skills, particularly in schools.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

The law of 1970⁷ states that “the use and possession of illicit drugs are criminal offences in France. The law itself does not distinguish between possession for personal use or for trafficking, or by type of substance.”

Punishment can consist of up to five years in prison and a fine, or 10 years in specified aggravating circumstances. Sentences of up to life in prison and a fine of up to €7.5 million are possible for criminal groups engaged in drug trafficking.

As noted, in some circumstances, there is an alternative to direct imprisonment: people who use drugs can receive a therapeutic injunction directing them to treatment. This suggests some adaptation towards a human rights approach. However, aggravating circumstances, such as recidivism, may lead to imprisonment.

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

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

9. People who use drugs have the right to form their own associations and self-help groups

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

7. Act No. 70-1320 of 31 December 1970 on health measures to combat drug addiction and control trafficking in and illicit use of poisonous substances, available at www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000321402&categorieLien=id

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

In the context of the fund to combat addiction, the national call for projects for the mobilisation of civil society in 2019 was intended to support the implementation of campaigns run by civil society bodies. The goal was to support national projects with the following objectives:

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

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

The law of 2016⁸ also broadened the scope of harm reduction programmes, which no longer focus solely on the reduction of health risks but also address welfare risks.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

Harm reduction strategies in France include needle and syringe programmes, advice on safer drug use and general health promotion activities. Anonymous screening is also provided for HIV, HBV and HCV.

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

8. Act No. 2016-41 of 26 January 2016 on the modernisation of the health system available at www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000031912641&categorieLien=id, accessed 19 July 2022.

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

These activities have four strategic goals:

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

In 2019, a budget of €120 million was provided to enhance action to combat addiction.

As described earlier, France values harm reduction programmes, and the law of 2016 provides legal protection for persons responsible for such programmes.

Chapter 6

Greece

Information from the 2020 report

The main source of information for this country is the EMCDDA “Greece: Country Drug Report 2019”:⁹ unless stated otherwise, all information comes from this report. The MedNET Representative for Greece, Mr Gerasimos Papanastasatos, was satisfied with the information provided by the secretariat.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

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

2. Treatment to be available, accessible, affordable and science-based, using best practices

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

3. Prevention grounded in science, facts and best practices

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

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

4. Data collection a part of the right to access information for the community of practice and professionals involved

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

9. EMCDDA, “Greece: Country Drug Report 2019”, available at www.emcdda.europa.eu/countries/drug-reports/2019/greece_en.

5. Rehabilitation and social reintegration provided

No information found.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

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

7. Combating stigma and raising social awareness prioritised

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

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

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

9. People who use drugs have the right to form their own associations and self-help groups

No information found.

10. Promoting the right to access treatment for all the consequences of drug use (such as HIV/Aids)

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

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

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

Chapter 7

Jordan

Only information based on the new identified topics for 2022 has been provided

1. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

Juveniles over 13 years of age are criminalised and charged, and detained in juvenile detention centres.

2. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available? An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

There are specific procedures for dealing with women during arrests and investigations. There are special centres to detain women and all healthcare services are available, including for pregnant women.

3. Is the question of the LGBTQI community considered, in terms of the stigma they may face?

No information provided.

4. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

General treatment is available to all drug users in prisons, but an addiction treatment centre has now been set up.

5. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

According to Jordanian law, drug users are considered criminals, except where they have requested treatment prior to their arrest. In this case, they are sent to treatment centres free of charge, in complete secrecy, and without legal complications.

6. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

They can participate in studies, which provide the evidence that informs drug policies.

7. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

No information provided.

Chapter 8

Italy

Only information based on the new identified topics for 2022 has been provided.

New identified topics for 2022

1. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

Drug policies consider the issue of children from a single perspective: the safeguarding and preservation of their health. Therefore, it is crucial to prevent children from consuming any kind of drugs, but in case they have already consumed psychoactive substances, early intervention should be implemented to introduce them to treatment services and prevent potentially more serious forms of addiction. As a general principle, safeguarding of health is critical for young people, especially individuals younger than 18 years old, since they are still developing and the damage caused by the consumption of psychoactive substances can be irreversible.

Moreover, it is appropriate to mention that Italy has already taken part in the first two phases of the Children Whose Parents Use Drugs project, supported by the Pompidou Group, and it is involved in the third phase that is currently being implemented. The project will contribute to the definition of priorities for these vulnerable categories, and it will provide examples of mechanisms that have been successful in addressing the issue. Italy has a well-connected network of therapeutic communities that aim to mitigate the negative impacts of drug addiction, as well as public social services that are activated when the treatment services identify situations that might be problematic for children.

2. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

The introduction of a gender dimension in drug policies must result in the development of treatment services that take into account gender-specific needs. For example, a gynaecologist should always be available in treatment centres to address pathologies and diseases that typically affect women; where women are receiving methadone as part of OST, the process should be supervised by a woman. Unfortunately, this is not always possible, because of logistical and financial problems, or due to a failure to ensure that the composition of staff meets the needs of patients. Indeed, the services might often suffer from a lack of staff, and this might make it impossible for female staff to always be present when required. Nevertheless, the final objective should be the implementation of a gender approach not only in the formulation of drug policies, but also in their actual implementation.

The Department of Anti-Drug Policies of the Presidency of the Council of Ministers of Italy has also been actively promoting a gender approach to drug policies, especially since 2012. It has organised ad hoc events and meetings, both at national and international level. Italy has been actively co-operating with the Pompidou Group, and the Italian Permanent Correspondent is also the Gender Rapporteur of the Pompidou Group.

3. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

With regard to policies addressing mothers who use drugs, the Italian prevention guidelines envisage that prevention should actually begin from the point at which the pregnancy is discovered, and the basic indications are that the woman should simply not use any kind of psychoactive substance, in order to avoid any possible harm to the foetus. If drug treatment services and therapeutic communities identify problems or complications related to the situation of pregnant mothers undergoing treatment, or in a phase of rehabilitation and of social and work reintegration, they can connect them with social services. However, some therapeutic communities have specific services dedicated to women in such situations, in order to prevent mother-child separation, and to support and accompany her in the early stages of child-rearing.

4. Is the question of the LGBTQI community considered, in terms of the stigma they may face?

The right to health in Italy, including the access to public and private drug treatment services, is granted to everyone, and no discrimination is allowed on the basis of sexual identification and orientation. Access to drug addiction treatment and the process that leads to rehabilitation and social reintegration must be tailored to the specific needs of the person, taking in account experienced trauma that needs to be addressed and any discrimination that the person may have faced. This is why a gender dimension must be taken into account in the development of drug policies, and it is Italy's intention to improve the training of professionals working in treatment services, since training is the main resource to fight discrimination and stigmatisation.

5. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

In Italy, the Ministry of Health is in charge of treatment and interventions for inmates suffering from addiction to psychoactive substances. Drug treatment services are of course available in prison settings in Italy for inmates suffering from psychoactive substance addiction, but there are typologies of harm reduction that are not implemented: for example, clean syringes and needles cannot be distributed freely in jail for security reasons. With regard to rehabilitation programmes, it should be noted that mechanisms of co-operation between prisons and therapeutic communities

are in place in Italy, and these offer alternative measures to detention. In this regard, the Department of Anti-Drug Policies plans to support a comprehensive assessment of alternative measures to detention for inmates with SUD, because it is believed that many are currently not actually able to access such measures, mainly due to economic reasons.

6. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

A fundamental distinction must be made between people who use drugs and those who sell them. People suffering from addiction must not be criminalised, since their criminalisation represents a barrier to access that will prevent them from seeking help. People who use drugs must be able to exercise their right to health and receive treatment when they seek it. In Italy, the consumption of drugs does not represent a criminal offence, and personal use or possession leads to an administrative penalty. On the other hand, selling and trafficking drugs is a criminal offence, and therefore falls under the jurisdiction of law enforcement.

7. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

Italy aligns itself with the Pompidou Group on this issue, and considers it absolutely important to involve and consult people who use drugs in the development of drug policies, since the decisions taken in this field will have direct consequences on their lives. This is why, on the occasion of the 6th National Conference on Addictions, “Beyond fragility”, convened by the minister for youth with the mandate for drug and addiction policies, and held in Genoa on 27 and 28 November 2021, drug consumer associations were present and part of the process of consultation that will lead to the elaboration of the next Italian National Action Plan on Addictions.

8. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

It is worth noting that the treatment services provided assistance to users even in the most difficult phases of the pandemic and under lockdown, despite all the logistical and health difficulties. Still, the pandemic revealed the need to strengthen online assistance, especially for psychological assistance and counselling services. Italy needs to enhance the provision of drug treatment services, both online and in person: to this end, the information technology available for such services must be updated, including staff training.

Chapter 9

Lebanon

The main source of information for this country is the 2017 “National report on the drug situation in Lebanon”;¹⁰ co-ordinated by the Lebanese Ministry of Public Health: unless stated otherwise, all information comes from this report. The MedNET Representative of Lebanon, Professor Ramzi Haddad, made the comments in the text boxes.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

According to Article 189 of the drug law, persons who use drugs, who earn a certificate of recovery, will be completely exempt from legal prosecution. The National Mental Health Programme (NMHP) at the Lebanese Ministry of Public Health created the first national strategy for mental health and substance use.

Circular No. 76 of 22 August 2019, issued by the Lebanese Ministry of Public Health, urged all hospitals, health workers and health professionals to abide by other circulars confirming that cases of overdose on substances do not require the internal security forces to be informed or any judicial action to be taken in this regard in order to preserve the patient’s right to healthcare and treatment, to respect the patient’s privacy, and avoid stigma and discrimination against the patient.

Also, the minister of the interior issued an official communication asking all concerned internal security forces to be informed of the content of the circular.

2. Treatment to be available, accessible, affordable and science-based, using best practices

The Ministry of Public Health reports that services for persons with SUD are provided by NGOs, private clinics and hospitals. Many of these NGOs are engaged in lobbying and advocacy to increase the availability of treatment. Additionally, NGOs are providing specialised services in more than one location, most (around 80%) located in Mount Lebanon and Beirut.

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

10. Ministry of Public Health of the Republic of Lebanon (2017), “National report on the drug situation in Lebanon”, available at www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/NODDA_2017_english.pdf.

in 2021, Lebanon faced a shortage of OST because of compounded crises, with the Ministry of Public Health not putting OST on the list of essential medications initially. As a result of the crisis, patient dosages had to be reduced and civil society had to ensure the existence of an emergency fund to ensure the continuation of OST treatment as well as detox services.

When individuals are admitted for detoxification at the expense of the Ministry of Public Health, they contribute a small share to the cost (15%). They can access rehabilitation programmes at no cost, with NGOs complementing the coverage provided by the Ministry of Social Affairs and providing additional coverage through donors and fundraising activities. However, for the past year, most hospitals have stopped accepting detoxification cases meant to be covered by the Ministry of Public Health because of the Covid-19 situation as well as the economic crisis, which means that the ministry's coverage falls far short of what is required.

3. Prevention grounded in science, facts and best practices

Various prevention programmes are being implemented, such as life skills or parenting skills education, peer-to-peer education and general awareness campaigns.¹¹

In line with the objective of the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-21 to pilot and explore the scale-up of evidence-based prevention interventions for youth, the NMHP at the Ministry of Public Health organised an evidence-based training session for trainers on life skills, "Line Up, Live Up". Prior to the training, the "Line up" manual that was developed by the UNODC was adopted and adapted to the Lebanese context. This manual aims to build the resilience of youth at risk, specifically using sport as a way to reduce risky behaviour, including harmful substance use, among people aged 14-18 years and living in adverse circumstances.¹²

4. Data collection a part of the right to access information for the community of practice and professionals involved

The Ministry of Education and Higher Education, the Ministry of Social Affairs and the Ministry of Public Health collaborate with NGOs to regularly disseminate an up-to-date list of evidence-based, community-based prevention interventions to all relevant actors.

11. UNICEF (2019), *An evidence-informed life skills education programme targeting youth at risk in Lebanon*, 30 July 2019, available at www.unicef.org/lebanon/press-releases/life-skills-education-programme, accessed 21 July 2022.

12. Ministry of Public Health, Ministry of Education and Higher Education, Ministry of the Interior and Municipalities, Ministry of Justice and Ministry of Social Affairs (2016), "Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021", Version 1.1 Beirut: Lebanon, available at www.moph.gov.lb/userfiles/files/Inter-ministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-V1_1-English.pdf, accessed 21 July 2022.

5. Rehabilitation and social reintegration provided

Treatment and rehabilitation programmes for persons with drug use disorders are usually multidisciplinary and use more than one approach, including such interventions as abstinence, Cognitive Behavioural Therapy (CBT), OST and other harm reduction interventions. These may take place in faith-based and/or therapeutic communities.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

A qualitative research report, “Needs of women with substance use disorders”, was co-ordinated and published by the Ministry of Public Health in 2019.¹³

Preventive methods that apply to specific populations include conducting capacity-building activities for staff in social development centres and collaborating with NGOs in organising preventive activities. The following programmes were implemented in 2016: a youth movement programme, a life skills development programme, parents’ awareness and education programmes, and youth awareness workshops.

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

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

Furthermore, a harm reduction awareness campaign was set up targeting prison inmates including women and juveniles in 14 prisons, in collaboration with the National Aids Program, UNODC and two implementing partners.

7. Combating stigma and raising social awareness prioritised

In order to raise awareness in society, NGOs regularly organise awareness seminars and training of trainers. Additionally, information is shared to educate the public in school settings, and through family and parenting skills training and vocational training.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

Articles 199-204 of the drug law require the Ministry of Public Health to establish or support detoxification facilities to treat persons with drug use disorders, as well as

13. Ministry of Public Health (2019), “Needs of women with substance use disorders”, Beirut: Lebanon, available at <https://rm.coe.int/2019-needswomen-sud-lebanon-eng/168093ed80>, accessed 21 July 2022.

psychosocial clinics to treat them for their psychological dependence. Additionally, the law provides the possibility for persons arrested for drug use to be referred to a ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option of treatment or sanction before, during or after sentencing (Articles 183, 189 and 198). Prosecution may be dropped if the person voluntarily presents to the DAC (Article 183), but implementation remains at a very low level in comparison to the number of people arrested yearly. In total, since 2015, the DAC has received about 1 500 cases from the judiciary, whereas every year around 3 000 people are arrested for drug use and another 6 000 or so are questioned. In 2017, only 4% of drug use cases were referred to the DAC.

9. People who use drugs have the right to form their own associations and self-help groups

A very limited number of self-help and mutual aid groups exist in Lebanon. Two groups affiliated to the international self-help movements Alcoholics Anonymous and Narcotics Anonymous are known to exist. Objective 2.1.18 of the Inter-Ministerial Substance Use Response Strategy was “Facilitate the establishment of self-help and mutual aid groups” in 2021.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

An addiction treatment plan targeted 665 inmates, a prevention and early diagnosis programme for HIV, HBV and HCV targeted 1 180 inmates, and a prevention, diagnosis and treatment programme for STIs targeted 1 214 inmates.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

No information found.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

The issue of children is mainly taken into account in prevention programmes, but insufficiently in the treatment of children who use drugs themselves.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

In recent years, the gender dimension has become particularly important. There are currently no specific services for women, but many treatment centres are trying to develop these services and to train experts in the care of women.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

There are no specific services for pregnant women who use drugs. They are monitored individually by their general practitioner.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

Several LGBT-specific NGOs and addiction NGOs are working closely together, with the help of international funds, to raise awareness of LGBT care among healthcare staff, to reduce the stigma associated with the LGBT community and to ensure adequate access to treatment.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

Only one NGO provides addiction treatment services in prisons, with limited resources, which means that treatment and follow-up in prisons is largely insufficient in relation to demand.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

This topic was addressed and updated in the 2020 report.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

People who use drugs are not involved in drug policies. There are no user groups in Lebanon.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

No information provided.

Chapter 10

Malta

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

The Maltese National Drugs Policy (2008) structures the work of governmental and non-governmental bodies in the field of service provision in relation to substance use. According to the “National report on the drug situation in Malta – 2020” (2021: 9), the policy aims to:

(i) improve the quality and the provision of drug-related services; and (ii) provide a more co-ordinated mechanism with a view to reduce the supply of and demand for drugs within society. The strategy’s main objectives are to ensure a high level of security, health protection, well-being, and social cohesion. It is primarily concerned with illicit drugs, but it also considers the abuse of prescription medications. The strategy is built around six main pillars: (i) co-ordination; (ii) legal and judicial framework; (iii) supply reduction; (iv) demand reduction, including harm reduction; (v) monitoring, evaluation, research, information, and training; and (vi) international co-operation and funding. Forty-eight different actions are set out under these six pillars.

The National Addictions Advisory Board within the Ministry for Social Justice and Solidarity, the Family and Children’s Rights is responsible for providing advice on drug-related matters. Its members are independent experts in law, youth studies, education, psychology, psychiatry, epidemiology and neuroscience.

On 15 April 2015, the government introduced Chapter 37, the Drug Dependence (Treatment not Imprisonment) Act, to provide for the treatment of persons in possession of small quantities of prohibited drugs for personal use and for other measures for the rehabilitation of persons who are drug dependent. Under this act, a person found in possession of drugs for personal use is tried in front of a Commissioner of Justice in an attempt to divert them from the criminalising impact of contact with the criminal justice system. According to the report cited above (2021: 11):

In the case of an offender who commits a limited number of offences, which are proven to be caused as a result of an individual’s drug dependence (medically proven), the Court may assume the function of a Drug Court. The Court can then refer the offender to the Drug Offenders Rehabilitation Board so that a plan, which is tailor made to meet the needs of the individual is formulated.

2. Treatment to be available, accessible, affordable and science-based, using best practices

According to the national report (2021: 35):

The National Drugs Policy emphasises the need for synergies between service providers and other health and social professionals and institutions to ensure a multi-disciplinary approach to treatment provision.

In Malta, both government and non-governmental bodies are responsible for services for persons who use drugs. Treatment includes specialised outpatient services, low-threshold services, inpatient treatment programmes, detoxification and opiate agonist treatment (OAT).

Methadone maintenance was introduced in 1987 and take-home prescription has been available from 2005. Buprenorphine was introduced in 2006 and is also available as a take-home treatment by prescription.

3. Prevention grounded in science, facts and best practices

The National Drugs Policy identifies actions in the area of substance use prevention and highlights the importance of promoting health and well-being. Both the state and NGOs provide prevention interventions. In Malta, evidence-based prevention interventions utilise a range of methodologies: environmental and universal strategies targeting entire populations; selective prevention focused on vulnerable groups; and indicated prevention focusing on at-risk individuals. These take place in schools, with families and the wider community, and also include environmental prevention efforts. In the autumn of 2021 a nationwide campaign targeted at young people was launched by the government, aiming to deliver information on illicit substances.¹⁴

4. Data collection a part of the right to access information for the community of practice and professionals involved

The Maltese national focal point collects information and annually produces comparable and scientific data on the drug situation and interventions in Malta. This feeds into the EMCDDA monitoring system across Europe. Drug-related research findings are disseminated by the national focal point through regular meetings with partners, direct mailing to interested parties, contact with the media and through the national focal point website.¹⁵

5. Rehabilitation and social reintegration provided

A number of inpatient units and therapeutic communities offer holistic, multidisciplinary interventions. OAT is provided by the Substance Misuse Outpatient Unit (SMOPU). The majority of those seeking treatment services are male. A number of harm reduction interventions have been in place for some time: distribution of injecting equipment; testing and advice on infectious diseases; sexual health information; and diversion from the criminal justice system.

14. Available at <https://justfacts.gov.mt>, accessed 22 July 2022.

15. Available at www.emcdda.europa.eu/about/partners/reitox/malta_sv?page=4, accessed 22 July 2022.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

6.1. People who use drugs in prisons

The Corradino Services Agency (CSA) includes the main prison complex, the Forensic Unit at the state mental health hospital, the Valletta lock-up within the law courts, and the Centre of Residential Restorative Services (CoRRS) for young offenders.

According to the national report (2021), on admission to prison, drug urine tests are conducted. Inmates are subjected to random drug tests during their sentence. HIV and HBV screening is also conducted and vaccination for HBV is ongoing. Inmates must undergo a psychosocial review upon entering the prison system. Most prisoners following drug treatment in prison receive OAT. The Correctional Services Agency works in close collaboration with the drug agencies through social work and reintegration interventions. Prison inmates with drug-related problems are given the opportunity to follow a therapeutic programme at one of the agencies. Employment support is provided. The CSA also collaborates with a social community agency to provide training, employment support and community assistance. Inmates are prepared for release and supported to transition into the community.

6.2. Social exclusion

The Leap Project¹⁶ consolidates resources in the community in order to address social exclusion. Aġenzija Appoġġ¹⁷ provides psychosocial services to both individuals and families, and Aġenzija Sedqa offers individual guidance and counselling and crisis intervention.

6.3. Gender

The concept of gender mainstreaming is relatively new in Maltese society. In 2019, the Ministry for European Affairs and Equality established the Gender Mainstreaming Unit within the Human Rights and Integration Directorate.

Studies show that prevalence rates for substance use are higher for males than for females, with the exception of the non-medical use of prescription drugs (Clark 2015; EMCDDA 2006). In Malta, the gender gap is clearly visible in the data collected in the 2013 general population survey. Alcohol use, tobacco use and illicit drug use was higher among males than females, but females were more likely to use sedatives and tranquillisers (Muscat et al. 2014). The gender gap has been narrowing, especially in school-based samples, but illicit drug use remains higher among males. Again, sedatives and tranquilisers are used more often by girls than boys. According to the national report (2021), most treatment service users are male – 80% of the individuals in treatment in 2018 and 2019 respectively, and 82% in 2017.

16. Available at <https://fsws.gov.mt/en/leap/Pages/default.aspx>

17. Available at <https://fsws.gov.mt/en/appogg/Pages/overview-appogg.aspx>

Data cited in the National Drugs Policy¹⁸ (2008) are disaggregated by sex. Some specific actions in the policy make reference to gender:

Action 23: analyse and seek to improve upon the various treatment options which shall not be limited to medical treatment but which shall also focus on psychological, social, family and gender aspects. Such an analysis and upgrading shall be undertaken with a view to producing a comprehensive care programme that is sensitive and adaptable to the individual needs of illicit drug users and prescription and non-prescription drug misusers and their significant others.

Action 36: ensure that treatment strategies, the availability of and accessibility to treatment services and their relative outcome are monitored and assessed, particularly with regards to pregnant women and dual diagnosis users.

Malta now has a dual diagnosis unit at its state psychiatric institution that is specifically dedicated to women. Action 41 also highlights how any evaluation needs to be conducted with “particular emphasis on gender based needs”.

The main obstacle to the integration of a gender dimension remains a dominant patriarchal society. Malta is a Mediterranean country with traditional gender norms and roles. Women face structural and cultural barriers to access interventions, and the smaller proportion of women seeking drug treatment compared to men may make it difficult for treatment providers to be mindful of challenges specific to women.

However, treatment providers are beginning to recognise that women have different needs, concerns and experiences. The narrowing gender gap indicates that prevention efforts should be developed with the gender dimension in mind. The higher rate of non-medical use of prescription drugs amongst females also requires a gender-sensitive response.

Since the groundbreaking enactment of Chapter 540, the Gender Identity, Gender Expression and Sex Characteristics Act, Malta has operated a model of self-determination for changes to legal gender and recognises a third gender (non-binary).

7. Combating stigma and raising social awareness prioritised

In recent years, there has been an increase in the public discussion of substance use and the civil liberties and rights of persons who use drugs, with a strong change in particular in the narrative about cannabis use and cannabis users. In March 2021, the Prime Minister published a White Paper entitled “Towards the strengthening of the legal framework on the responsible use of cannabis”¹⁹.

According to the White Paper:

Government recognises that cannabis use in Malta is found across numerous social groups. With a great sense of responsibility and justice, Government believes the

18. Available at http://cdn02.abakushost.com/agenzijazghazagh/downloads/Malta_Drugs_Policy_2008_en.pdf accessed 22 July 2022.

19. Available at https://meae.gov.mt/en/Public_Consultations/MJEG/PublishingImages/Pages/Consultations/TowardsTheStrengtheningofTheLegalFrameworkonTheResponsibleUseofCannabis/CANNABIS%20ENG.pdf, accessed 22 July 2022.

consumption of the cannabis plant, despite the potential risks related to one's health, should not lead to the criminalisation of the responsible cannabis user (2021: 4).

The White Paper was followed by the drafting of a bill published in October 2021. The Cannabis Bill became Act No LXVI of 2021 – Authority on the Responsible Use of Cannabis Act – on 18 December 2021. It allowed adults over the age of 18 to carry up to 7g of cannabis without the risk of arrest or confiscation. Those apprehended with between 7g and 28g of cannabis will appear before a tribunal rather than a criminal court. The act also allows home cultivation of four cannabis plants per household out of public view. Smoking cannabis in public is not permitted. The legislation allows for cannabis associations where plants can be grown for registered members. Associations are for non-profit. Previous criminal records for cannabis may be expunged on application.

One of the main aims of this new legislation is to reduce the stigma associated with cannabis and people who use cannabis.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

The Drug Dependence (Treatment not Imprisonment) Act, described earlier, provides for the treatment of persons in possession of small quantities of prohibited drugs for personal use, and for other measures for the rehabilitation of persons suffering from drug dependence. Under the new legislation minors under the age of 18 who are apprehended with cannabis shall be diverted to treatment. According to Act No LXVI:²⁰

Provided that any person under the age of eighteen (18) years found in such possession of the drug cannabis shall be subject to being summoned to appear before the Commissioner for Justice who, after taking cognizance of the case may propose that such person should submit himself to a care plan or to treatment. In making such a proposal the Commissioner for Justice may consult the Drug Offenders Rehabilitation Board and such other person or public authority as the Commissioner for Justice deems appropriate.

The National Addictions Advisory Board, recognising the gap in provision for under 18s, prepared a position paper and submitted it to the Ministry for Social Justice and Solidarity, the Family and Children's Rights. This resulted in a joint partnership between the government and the NGO Caritas Malta to establish a novel service to meet the specific needs of minors. This new service (Caritas Tal-Ibwar) provides both "day and residential therapeutic programmes for adolescents between the ages of 12 and 17 ... Caritas Tal-Ibwar also offers several psychosocial services, working in collaboration with the adolescents' caregivers and family members".²¹

20. Available at <https://parlament.mt/media/113703/bill-241-authority-on-the-responsible-use-of-cannabis-bill.pdf>, accessed 22 July 2022.

21. Available at www.caritasmalta.org/services/tal-ibwar, accessed 22 July 2022.

9. People who use drugs have the right to form their own associations and self-help groups

In recent years, a number of community-based NGOs promoting safe and sensible policies have been set up.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

Harm reduction methods include access to clean injecting equipment (needle and syringe programmes are also available), and testing and counselling for infectious diseases such as HIV, HBV and HCV, risk awareness and HBV vaccinations. Blood screening and counselling for infectious diseases are provided at the substance misuse outpatient unit, in prison and at sexual health clinics.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

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

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

In the National Drugs Policy, reference to young people is mainly with regard to reducing demand. Under Act No LXVI, minors under the age of 18 who are apprehended with possession of cannabis shall be diverted to treatment.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

Malta's approach to the gender dimension has been described earlier.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Source: Personal communication with Clinical Chair, Sedqa

Recognising that OAT improves the health of the mother, maternal nutrition and birth weight, and participation in prenatal care, and that it reduces obstetric complications, risk of foetal death and risk of HIV infection, the treatment is instituted on referral. Sedqa has a standard operating procedure for substance-misusing mothers and pregnant women. The policy is to not criminalise mothers, but rather to ensure

the well-being of the child. A multidisciplinary bio-psychosocial-spiritual model is deployed for a non-stigmatising intervention. The team is composed of:

- ▶ a medical doctor from the Substance Misuse Outpatients Unit;
- ▶ a consultant paediatrician;
- ▶ a gynaecologist;
- ▶ a psychiatrist;
- ▶ members from the Community Team from treatment providers;
- ▶ social workers from Child Protection Services and from the main state hospital;
- ▶ midwives and nursing officers.

The team aims to improve parenting and to help children be safe. The multi-agency approach addresses psychological, social and health problems and ensures close liaison between obstetric, neonatal, community and drug dependency teams.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

Chapter 540, the Gender Identity, Gender Expression and Sex Characteristics Act, was adopted on 1 April 2015 and regulates gender identification, re-identification or change of legal gender.²² As noted, Malta operates a model of self-determination for changes to legal gender and recognises a third gender (non-binary).

Service users' needs are addressed by gender, and transgender and/or intersex clients are free to choose the programme they wish according to their gender identity.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

According to an inquiry into Maltese prisons published on 9 December 2021,²³ when a person enters prison they are seen by a medical doctor and a urine test is carried out. With female detainees, a female doctor is consulted and a pregnancy test and a urine test are carried out. Covid-19 tests are also carried out.

Methadone is dispensed to drug-addicted prisoners. Assessment is done according to the Clinical Opiate Withdrawal Scale. A mental health examination is also conducted upon admission to prison.

The inquiry report highlights the essential nature of a health assessment for persons who use drugs. The report also documents how since February 2020, a core needs

22. Available at <http://fff-legal.com/gender-identity-gender-expression-and-sex-characteristics-act-faqs>, accessed 22 July 2022.

23. Inkjesta dwar l-eżami indipendenti tas-sistemi, policies u regolamenti kurrenti operati mill-aġenzija tas-servizzi korrettivi summarju tar-rapport tal-bord ta' inkejsta9 ta' Diċembru 2021, available at <https://cdn-others.timesofmalta.com/84ff7be27ac003d36c50fe060b376e513ab343b4.pdf>, accessed 22 July 2022.

assessment has been conducted by the care plan co-ordinator for each prisoner within the first four months of entry into prison.

According to the national drugs report (2021: 43):

The Correctional Services Agency works in close collaboration with Agency Sedqa, Caritas, and OASI. These agencies offer support to inmates on a one-to-one basis through social work and social reintegration interventions at the prison facilities. Collaboration also exists between the CSA and the SMOPU through psychiatric and medical interventions. Since 2007, a vaccination programme for HBV has been in place. Prison inmates with drug-related problems are also provided with the possibility to undergo residential treatment through referrals to Santa Maria Therapeutic Community, which is run by Agency Sedqa, the Prison Inmates Programme at Villa Sant' Anna provided by Caritas Malta, and the OASI Residential Programme in Gozo.

Employment support is also provided to prison inmates.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

There has been a consistent attempt to move away from the criminalisation of persons who use drugs to an approach based on a bio-psychosocial approach to the use of substances and addiction. The Drug Dependence (Treatment not Imprisonment) Act was described earlier.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

In Malta, when legislative changes are proposed, these are subjected to a period of public consultation. NGOs and other entities are able to formally register their feedback.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

Malta learned lessons about the value of technology in providing drug addiction services.

Chapter 11

Morocco

The main source of information for this country is the EMCDDA online entry on Morocco:²⁴ unless stated otherwise, all information is from this source.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

In Morocco, SUD – formerly known as addiction – is considered a brain disease subject to relapses. This perspective is present in all the action plans implemented since 2009. Thus, the care of people with SUD is de facto the business of health professionals.

Morocco's national drug action plans have clearly advocated a holistic approach based on scientific evidence, as implemented in data collection, prevention, treatment and rehabilitation.

Moroccan legislation, through the 1974 law, provides for the possibility of ordering treatment in lieu of, or in addition to, a prison sentence for drug use. This indicates a willingness to consider drug use a disease in its own right.

The national strategy to combat addiction sets out objectives in the field of addiction treatment, which involves the development of required structures and the training of those involved.

2. Treatment to be available, accessible, affordable and science-based, using best practices

Morocco has a wide range of treatment programmes: residential and outpatient care, medically assisted treatment programmes, harm reduction and OAT programmes (including OAT in prisons), self-support programmes, psychosocial support, therapy and other evidence-based methods. There are also private sector treatment centres and four university-based treatment centres. NGOs have set up harm reduction programmes and field actions.

There are treatment centres in all major cities in the country. The 16 public facilities under the Ministry of Health are accessible free of charge. Patient information is confidential. Guidelines and treatments are based on scientific knowledge.

The National Centre for Addiction Treatment, Prevention and Research, located in Rabat-Salé, is open to all Moroccans. It has 24 beds in total, 16 for men and 8 for women. In total, there are 21 treatment centres, including 5 in prisons.

24. Available at www.emcdda.europa.eu/publications/country-overviews/morocco/2016/html_en, accessed 23 July 2022.

3. Prevention grounded in science, facts and best practices

Prevention is an essential part of all national action plans; NGOs are involved in prevention, and professionals can attend science-based training. Some NGOs are grouped in national federations for optimal networking and training efforts.

Schools also make an important contribution to prevention through various actions, including club activities and information sessions. School health includes prevention programmes. In recent years, prevention policies have been based mainly on data from MedSPAD surveys.

There are also universal prevention campaigns in Morocco, initiated by the Ministry of Health, aimed at the general population through social networks, the media and public campaigns.

4. Data collection a part of the right to access information for the community of practice and professionals involved

The Ministry of Health and the National Observatory on Drugs and Addiction have recently launched several projects (e.g. REMAD, the Moroccan Network of Addiction Professionals, which was created in 2019) to set up an integrated data collection system, including a treatment demand indicator. This will facilitate the compilation of information and reporting at national and international levels. Work is underway to adapt the Treatment Demand Indicator Protocol and implement it in Morocco. All reports of the National Observatory are available to the general public.

5. Rehabilitation and social reintegration provided

Addiction centres offer detoxification programmes, after-care and rehabilitation services. Some programmes include a rehabilitation component, and several NGOs provide social support and reintegration assistance.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The Ministry of Health contributes to prevention by promoting targeted actions for young people, adults and vulnerable groups, particularly through the implementation of a social communication strategy.

There are eight therapeutic care programmes and five OAT programmes in prisons. Migrants with mental health problems, including addiction, have free access to specific programmes.

7. Combating stigma and raising social awareness prioritised

Awareness-raising activities are carried out in schools as part of information programmes on the dangers of drug use. Information campaigns are regularly launched for the general public.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

The 1974 act states that judges may order users found in possession of drugs for personal consumption to be placed in a therapeutic care centre.

Article 8 of Law No. 1-73-282 takes into consideration the interests of drug users as it recognises the importance of caring for addicts. Criminal proceedings are not instituted if the offender consents, after a medical examination carried out at the request of the public prosecutor, to undergo a treatment programme for the time necessary for recovery. Article 8 also indicates that minors should be treated in a family environment, in accordance with the conditions laid down by an order of the minister for justice, issued after consultation with the minister for health. However, this law is rarely applied in practice.

9. People who use drugs have the right to form their own associations and self-help groups

There are already NGOs in Morocco that bring together drug users. They are generally very active in field actions and harm reduction interventions. They are funded by national and international organisations and supported by the Ministry in charge of Relations with Civil Society and Parliament. Alcoholics Anonymous and Narcotics Anonymous self-support groups operate in several cities.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

Drug users can receive specific treatment for HIV or HCV free of charge and anonymously. OST, methadone maintenance treatment, and needle and syringe exchange programmes are part of the harm reduction strategy, which is part of the National Harm Reduction Programme. The centres for agonist treatment started in 2009.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

Services offered by harm reduction facilities include psychosocial support, distribution of injection kits and collection of used needles and syringes, distribution of condoms, dissemination of information, education and social support. The harm reduction strategy has been successful.

Morocco has had a National Observatory for Drugs and Addiction since 2011. This is an independent public interest grouping that works to collect and analyse data, and write reports for policymakers. Reports were published in 2014 and 2017, and the 2022 report is underway. Access to information is a basic human right, and the National Observatory makes a significant contribution to this.

New identified topics for 2022

No information provided.

Chapter 12

Palestine

The main source of information for this country is the UNODC report “Illicit drug use in Palestine”:²⁵ unless stated otherwise, all information is from this report. The MedNET Representative for Palestine, Dr Saed Balibisi, made the comments in the text boxes. His main source of information is the National Programme on Drug Control, Crime Prevention and Criminal Justice System and the Palestinian Ministry of Health, Substance Use Disorder Unit and anti-drug strategy.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

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

A new National Programme on Drug Control, Crime Prevention and Criminal Justice Reform was set up by the Palestinian Anti-Drug National Committee, in which it is considered that:

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

2. Treatment to be available, accessible, affordable and science-based, using best practices

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

The Ministry of Health initially opened a Methadone Treatment Centre in Ramallah city, and this has been working as an OAT centre since May 2014. The centre employs psychiatrists in addition to general practitioners, nurses, social workers, and pharmacy and laboratory services.

In May 2018, the Ministry of Health opened the Palestinian National Rehabilitation Center in Bethlehem, which provides tertiary care for all forms of substance addiction. All services are provided for free; patients do not need to have any health insurance to access the services.

25. UNODC (2017), “Illicit drug use in Palestine”, November, available at www.unodc.org/documents/publications/Illicit_Drug_Use_in_Palestine.pdf, accessed 23 July 2022.

3. Prevention grounded in science, facts and best practices

The Anti-Narcotics Department collaborates with Ministry of Health prevention programmes, through which it promotes awareness in co-ordination with other organisations and provides capacity building for drug use treatment. The Caritas Old City Counselling Center conducts training workshops for psychologists, social workers and students on prevention and intervention against drug abuse. The National Programme on Drug Control, Crime Prevention and Criminal Justice Reform aims to raise public awareness in co-operation with the Ministry of the Interior and Ministry of Health. These programmes target high school refugee camps and civil councils in villages in vulnerable areas (i.e. close to the Israeli border and at checkpoints).

The Ministry of Health and the Ministry of the Interior are now conducting workshops aiming for early detection and prevention of drug use among schoolchildren. Meetings with students, the general public and patients are being held to raise awareness on prevention and harm reduction, including through television and radio.

A harm reduction programme will be implemented soon that includes different activities such as team capacity building. There is also a plan to create a hotline for people who use drugs, to provide them with free consultation and information services.

4. Data collection a part of the right to access information for the community of practice and professionals involved

Al-Maqdese for Society Development produces publications addressing the problem of illicit drug use in Palestine.

5. Rehabilitation and social reintegration provided

Al-Maqdese has established a Rehabilitation and Guidance Centre, based in Jerusalem, that offers psychological support, treatment and awareness-raising services for people who use drugs and live in occupied Jerusalem.

The Palestinian National Rehabilitation Center in Bethlehem and the Methadone Treatment Centre in Ramallah provide rehabilitation services and help integrate people who use drugs into communities.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The Gaza Community Mental Health Programme, which provides comprehensive mental health services, also caters to men, women and children to address issues related to illicit drug use, including generic laboratory services for the diagnosis of addiction and community-based programming approaches to drug use.

According to the UNODC, one in every three people using drugs in Palestine is a woman. However, treatment is more limited for females than for males in Palestine because of cultural expectations and the lack of treatment services designed to meet the special needs of females.

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

The Ministry of Health launched a harm reduction programme in the Palestinian National Rehabilitation Center and the Methadone Treatment Centre, with the following universal objectives:

- ▶ ensuring universal access and continuity of care to all young people;
- ▶ identifying and screening those who are vulnerable to substance misuse and providing referrals;
- ▶ identifying risks or child protection issues.

7. Combating stigma and raising social awareness prioritised

Since its establishment, the Anti-Narcotics Department has succeeded in identifying and preventing hundreds of drug trafficking and drug abuse cases and has organised hundreds of awareness-raising sessions on the dangerous impacts of drug use.

The Caritas Old City Counselling Center organises awareness-raising sessions about drug dependency at schools in East Jerusalem and the West Bank.

The Ministry of Health, Ministry of the Interior, Ministry of Justice and Ministry of Education conduct programmes to reduce stigmatisation and provide privacy to people who use drugs. The ministries also work to raise awareness about their rights among people who use drugs.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

When abusers of drugs have committed drug offences, the authorities may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration in conformity with paragraph 1 of Article 38 of the law.

9. People who use drugs have the right to form their own associations and self-help groups

The National Palestinian Drug Control Programme is studying the possibility of allowing people who use drugs the right to form associations and self-help groups. Self-support groups for Alcoholics Anonymous and Narcotics Anonymous are available. In the meantime, self-support groups exist within the treatment centres in Ramallah and Bethlehem as part of their rehabilitation and psychological treatment programmes.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

Al-Maqdese provides harm reduction services. The Ministry of Health provides follow-up and treatment for those patients who suffer from infectious diseases related to intravenous drug use, such as HBV, HCV, HIV, STIs and other related infections. The Ministry of Health treatment protocol includes frequent screening for infectious diseases, and infected patients are treated at the infection control department at the Ministry of Health and primary healthcare units in co-ordination with SUD treatment centres.

Moreover, the Ministry of Health recently launched (May 2021) a harm reduction programme in co-operation with the Ministry of the Interior, Ministry of Education, Ministry of Justice, NGOs and other organisations and charities that provide services to people who use drugs, including activities such as:

- ▶ providing Naloxone kits to patients who are at high risk of overdose;
- ▶ providing clean syringes for intravenous drug users;
- ▶ providing additional anti-psychotic medications for patients with SUD;
- ▶ targeting youth, specially at schools and universities, for early detection and primary prevention of drug use.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

Targeted strategies:

- ▶ youth-oriented services, offered by practitioners with drug and alcohol experience and youth specialist knowledge;
- ▶ the reduction of the risks and vulnerabilities of young people in mainstream services.

Specialist strategies:

- ▶ work with complex cases requiring multidisciplinary teamwork;
- ▶ addressing the complex needs of children and young people, beyond the misuse of particular substances but working with other services;
- ▶ prescription of substitutes;
- ▶ secondary healthcare service for people who use drugs, such as that provided by OAT Unite in Ramallah (Methadone Treatment Centre);
- ▶ work towards reintegrating and including children in their family, community, school.

Inpatient strategies:

- ▶ extremely specialist forms of intervention for people who use drugs with complex care needs;
- ▶ intensive interventions for a significant number of patients, including short-term substitution prescription, detoxification and rehabilitation at

the Palestinian National Rehabilitation Centre, a Ministry of Health facility to treat people who use drugs;

- ▶ care away from home, such as that provided by the Palestinian National Rehabilitation Centre but also offered by NGOs such as Alsadik Al Tayeb, Alnoor Wa Al Huda. Such services may also be offered by residential units or special hotels.

During the Covid-19 pandemic and following the declaration of a state of emergency in Palestine, there was a decline in new patients accessing treatment at the rehabilitation centre. In the period from March 2019 to May 2019, 14 new patients were admitted to the centre. From March 2020 to May 2020, only two new patients were admitted to the centre. Methadone treatment had to be cancelled due to the imposed curfew in the Palestinian districts. The number of patients who went to prison for drug offences decreased during the Covid-19 outbreak, and many Covid-19 patients in prison were released to recover at home.

Table 1: Indicators before and during enforcement of lockdown measures during the Covid-19 pandemic

Drug use and drug services	Market, supply and criminality
Treatment: lack of HCV infection treatment, and lack of psychiatric medication in the treatment centres	The number of drug-related seizures slightly increased due to overdoses and the spread of drugs among drug users during this period (the anti-drug department and hospitals were contacted, and reported that though detailed data were not available there had been a slight increase)
Substitution medication: there is a demand for Suboxone and Naltrexone	Availability (not changed)
Harm reduction services: a new harm reduction programme was launched in June 2021	Prices: during the Covid-19 outbreak the prices of drugs in Palestine remained the same in some areas, but increased in other areas due to difficulty of access during lockdown
<p>Problem drugs: heroin, cannabis, ecstasy, opioids, Tramadol</p> <p>Method of use: smoking, sniffing, injecting</p> <p>User profile: more males than females, mostly aged 30-50 years, mostly of low socio-economic status</p>	Drug supply methods: this took place by phone though in some areas social media was used, according to some patients

Drug use and drug services	Market, supply and criminality
	Quality/purity: drugs were sold pure, except for heroin, which was sometimes mixed with flour or Paracetamol because of supply issues during the lockdown. Smokable plants were also mixed with non-narcotic plants to cheat consumers because of similar supply issues
	Drug-related crimes: according to the police, the level of drug-related crimes remained the same, but several cases were reported in vulnerable areas

The main challenges of the Covid-19 pandemic with regard to drug-related service delivery were:

- ▶ drug overdoses;
- ▶ relapse of patients due to long stays at home;
- ▶ temporary closure of the national rehabilitation centre while it was converted into a centre to treat patients with Covid-19 complications;
- ▶ sub-optimal therapy due to the cessation of motivational interviews and group therapy.

Chapter 13

Portugal

Only information based on new identified topics for 2022 has been provided.

New identified topics for 2022

1. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

In terms of drug policy, it should be said that in situations where children/adolescents are exposed to the consumption of psychoactive substances by parents, and in situations where children use drugs themselves, there is a protective response device, which can be triggered when it is not possible, within the framework of family and/or communities, to remove the danger in which they are. A process of promotion and protection for children/adolescents is then established, which aims to put an end to the situations of danger they may be encountering in different life contexts. The intervention carried out must be adjusted to the existing threat and can only interfere in their life and in the life of their family to the extent that it is strictly necessary. It requires the establishment of a plan in which all the concerned actors (the child, family, school) take part, having agreed on and signed up to it. Should this agreement be impossible to attain, or if once signed there is a lack of compliance with some or all of its terms, the Juvenile Court has the power to unilaterally determine what the life plan for the child will be for the duration deemed necessary to remove the bio-psychosocial danger that they are facing. In either case, admittance to specialised care services is often an important part of the content of those agreements; nevertheless, it is possible for youngsters and families to resort to services freely and of their own accord, without the need for the institution of a process of promotion and protection.

- ▶ Children whose parents use drugs: as a routine procedure during the admittance phase in the public outpatient centres (Centres of Integrated Responses, or CRI), clients are questioned about whether they have children living with them. If the answer is positive, they are asked to bring these children to be assessed by staff, and according to the results of such an evaluation, several responses may be mobilised, the most common being the uptake of child, or child and family, in a specific intervention in the CRI. A referral to a child psychiatry unit or developmental paediatric consultations may be in order as part of the follow-up for infants. For older children or adolescents, a referral to the indicated prevention consultations of the CRI (which take place at a different venue) may be adequate.
- ▶ Children who use drugs themselves: considering the specificity of clients within this age group, treatment responses are delivered by the CRI depending on the degree of severity of drug use. For milder cases, indicated prevention

consultations, developed by specialised prevention teams, are crucial. Designed to deal with adolescents at risk of developing addictions, this intervention allows, if necessary, a quick referral for the treatment of clients who probably would not have taken the initiative to come, by themselves, to an addiction treatment service. For severe drug use, treatment is a priority, either at the CRI and/or followed by specific responses for adolescent clients, of the kind to be found in therapeutic communities, within the framework of the Children and Adolescent Specific Programme. For therapeutic communities willing to deliver this programme, specific programmes have to be designed for two sub-age groups: 11-14 years old and 15-17 years old, as well as mandatory child psychiatry interventions, the involvement of the client in schooling, and a specific process with the child support services, the courts (if it is the case of an adolescent undergoing a legal process of promotion and protection) and the social security services.

2. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

To better understand the Portuguese approach to gender in addressing addictive behaviours and dependencies, it is critical to consider the historical trend that framed the evolution of policies and responses to this phenomenon. This longstanding trend has favoured the implementation of gender-sensitive strategies to deal with drug issues, as defined by the European Institute for Gender Equality, “Policies and programmes that take into account the particularities pertaining to the lives of both women and men, while aiming to eliminate inequalities and promote gender equality, including an equal distribution of resources, therefore addressing and taking into account the gender dimension”,²⁶ instead of gender-specific strategies that promote the creation of services and responses targeting only males or only females. This established, cross-cutting orientation manifests in all matters regarding gender-oriented responses in Portugal.

This does not, however, preclude the development of criteria that are gender specific, as in the case of pregnant women and/or women with children, as detailed in the next response.

3. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Within the framework of the gender-sensitive approach, responses and interventions targeting women’s treatment needs are detailed in the main guiding documents on policy and interventions for addictive behaviours and dependencies, principally the National Plan for the Reduction of Addictive Behaviours and Dependencies. The crisscrossing of the two axes that underpin the planning and implementation of all actions in this domain – the life cycle phase and

26. Available at <https://eige.europa.eu/thesaurus/terms/1211>, accessed 23 July 2022.

contexts – highlights the relevance of attending to specific features of addictive behaviours and dependencies related to women. Several treatment contexts relevant to gender are described below.

All outpatient settings: in all CRIs of the national network of treatment, specific arrangements are in place for pregnant women and/or women with children that also involve their relatives and partners. These dispositions cover a wide spectrum of the treatment process, from priority in accessing a first consultation and admission to treatment programmes, to specific interventions involving their drug and other bio-psychosocial problems, referral to specialised healthcare, linkage to social support and rehabilitation measures.

Specific outpatient services: the Programa Integrado de Atendimento Materno (PIAM, Service of Integrated Programme for Maternity), Porto, provides specialised services for pregnant women and/or women with children, along with their relatives and partners, with drug and drug-related problems, as well as a full spectrum of services including medical/psychiatric and psychological care, HIV/viral hepatitis/other STI testing and referral, and rehabilitation.

Inpatient services: therapeutic communities may receive pregnant women within the framework of a specific mother-child programme under condition that they ensure follow-up of the pregnant woman/new mother with obstetric/gynaecological services as well as paediatric follow-up of the baby, including by securing the conditions in the pregnant woman/child's room, taking into account the space occupied by the baby's crib or bed in line with official standards; co-ordinate with nursery/day care; and report to the National Commission for the Protection of Children and Young People and the Social Security Institute on the child's birth for evaluation and follow-up, namely to assess the need for protection and follow-up in the search for nurseries.

Prisons: available for all opiate-dependent women in custody, a methadone programme takes place within the scope of general healthcare for women in custody. They also have access to medical/gynaecological/psychiatric/psychological care and HIV/viral hepatitis/other STI testing.

There is no time limit to newborn/infant follow-up and treatment in outpatient settings. During childhood, if no severe psychopathology arises, a follow-up in the CRI is warranted, under the aegis of the relatives' consultations. If developmental problems persist at adolescence, or emerge during this phase, indicated prevention consultations are available in a different venue from the CRI. In therapeutic communities, the newborn/infant will undergo follow-up there until the discharge from treatment of the mother (no more than 18 months of treatment), and both mother and child are referred to the CIR and a paediatric consultant upon completion of treatment.

4. Is the question of the LGBTQI community considered, in terms of the stigma they may face?

Specific responses addressing this question were scarce, and mainly relate to harm and risk reduction services. However, services and staff are prepared to deal with the bio-psychosocial problems related to drug use by members of this community.

5. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

It is important to mention that, in accordance with the legislation in force, prisoners are also recognised as users of the National Health Service. Healthcare should be guaranteed, as with any other citizen, in an appropriate and timely manner (Nos. 1 and 2 of Article 32 of the Law 115/2009 of 12 October). Thus, the health strategy for prisons is aligned with the national strategy and policies.

Healthcare provided to inmates is the responsibility of the Health Care Management Department (CCGCS) of the Directorate-General for Reintegration and Prison Services (DGRSP), under the Ministry of Justice. The provision of healthcare is ensured by existing resources and means in the DGRSP and through co-ordination with the SNS, particularly in emergency situations or other situations that exceed the internal response capacity of the DGRSP.

All prison establishments are equipped with facilities for general medicine and nursing, although the ability to meet demand for other specialities (e.g. psychiatry, psychology, dentistry, gynaecology, pharmacy) depends on the size of the establishment and the specificity of the inmate population. For example, the Prison Hospital São João de Deus is able to provide services for psychiatry, dermatology, infectiology, neurology, orthopaedics, radiology, clinical analysis and physiotherapy. The establishment has two psychiatric clinics.

The DGRSP, with 49 prison establishments, co-ordinates treatment programmes aimed at abstinence (drug-free wings and exit units) and pharmacological programmes (with opioid agonists and antagonists). Five inpatient units that are designated drug-free wings provide treatment oriented towards abstinence programmes in prisons in Tires, Porto, Santa Cruz do Bispo, Paços de Ferreira and Lisbon.

Referral to treatment is encouraged in the prison setting, and the continuity of pharmacological treatments initiated prior to imprisonment is ensured to all new inmates (although it can also be initiated in prison). Along with pharmacological programmes, interventions may have a focus on abstinence.

Pharmacological programmes include detoxification and maintenance programmes. Detoxification is available in one prison establishment and maintenance programmes are available either in “outpatient” settings (consultations within the prison clinic, out-of-prison consultations in the CRIs) or in “inpatient” settings, in drug-free wings (where they exist) or wings that function as therapeutic communities (where they exist).

The Action Plan for the Reduction of Addictive Behaviours and Dependencies – Horizon 2020 included, among other actions to be implemented in the prison setting, the Drug Addiction Treatment and Relapse Prevention Programme. The aims of the programme were to guarantee to inmates:

- ▶ continuity of treatment plans that they may already have been engaging in;
- ▶ the possibility of access to treatment for drug addiction problems;

- ▶ if seeking treatment, the capacity to respond to their problems;
- ▶ if completing therapeutic programmes, that supervision and control measures are available to facilitate abstinence.

Before release from prison, referral to different interventions is ensured to guarantee the continuity of pharmacological treatments and to avoid relapses.

6. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

In 2001, Portugal decriminalised possession for personal consumption of all drugs, in an attempt to reduce the problems related to the use of illicit drugs and to redirect action from criminal offence to health issues.

The Law 30/2000 of 29 November establishes that consumption, acquisition and possession for personal consumption is no longer considered a crime and is not assessed in a law court, provided that the amount involved does not exceed that necessary for the average individual consumption for 10 days. The political strategy adopted in Portugal has introduced significant changes in perceptions of the problem of drug use. We have witnessed a paradigm shift – drug consumption is no longer considered a crime.

Drug use is a public health issue. The Portuguese approach to drugs recognises drug use as a health issue and drug dependence as a multi-factorial health disorder, which needs to be treated and not punished. A drug addict is considered a sick person in need of treatment, and the shift from legal to medical intervention provides an opportunity for an early, specific and integrated interface with drug users.

Focused on the need to change the behaviours of individuals, this approach allows for quicker intervention and for the identification of risk factors or difficulties in the life of the person who uses drugs. When appearing in front of the Commission for the Dissuasion of Drug Addiction (the body responsible for the implementation of Law 30/2000), drug addicts pass through a three-phase intervention:

- ▶ evaluation of the individual and the situation in which they are;
- ▶ directed motivational intervention focused on identified needs;
- ▶ monitoring the situation and the change affected.

A psychological and social evaluation of the individual is carried out and whenever possible, referral to responses existing in the community is organised.

The availability of treatment has been extended, with a network of healthcare and socio-sanitary resources, private and public, to the population with problematic use of drugs. It is based on integrated, multidisciplinary, therapeutic approaches, articulated and complementary. It assumes the use, based on scientific evidence, of OST (i.e. methadone, buprenorphine), along with other resources such as therapeutic communities and several risk and harm reduction measures.

7. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

Portugal acknowledges the important role that civil society organisations have in the definition, implementation and evaluation of drug policies, in particular in the areas of treatment and harm reduction. Their regular involvement in the decision-making process is promoted. In fact, the various bodies of the Coordination-Related Problems for Drugs, Drug Addiction and the Alcohol-Related Problems provide for harmonisation of the competences of public administration entities, institutional partners and civil society, ensuring forums for discussion and reaching consensus on positions.

The national Council for Drugs, Drug Addiction and Alcohol-Related Problems structure is a consultative body of the Prime Minister of Portugal and is responsible for issuing opinions on the definition and implementation of key programmatic instruments, in particular national strategies and action plans.

The national council is composed of representatives from 23 constitutional organs, including public and private institutions such as the Mayors' Association, Judges' Council, General Public Prosecutor, university deans, churches and religious communities, charities and NGOs, youth council, students, parenting associations, family federations, journalists' union, and representatives from the alcohol industry and commerce. Among the civil society organisations participating in the national council, there are two representatives who use drugs.

8. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

Portugal implemented several measures during the pandemic to mitigate the impact of lockdowns and the pandemic itself in the responses available for people who use drugs.

Specific recommendations were issued for drug treatment centres, such as the increase of non-face-to-face clinical activity, namely by carrying out appointments via telephone and the internet; an adjustment to OST regulation to allow an increase in take-home dosages; and an increase in the distribution of naloxone to avoid an increase in overdoses.

Despite the difficulties created by the Covid-19 pandemic, there were developments in supervised drug consumption facilities: the pilot project for the mobile unit in Lisbon entered its second year, with increasing use and the opening of a fixed facility in 2021.

Several lessons have been learned from the crisis. First, a culture of preparedness with regard to risk management and experience in crisis communication played an important role. Organisations had the ability and flexibility to shift and relocate staff to manage monitoring of the Covid-19 health crisis and to continue the usual monitoring of vulnerable groups and their rapidly changing drug use patterns, while also adapting working processes, particularly in switching to teleworking and/or online services.

It was also important to implement rapid assessments, adapt routine tools and publish frequent updates of the situation regarding drug-related matters. The Covid-19 crisis helped to increase collaboration at the national level with other national networks, not only those related to illicit and licit drugs, but also those related to the overall (public) health system and to law enforcement.

Chapter 14

Slovenia

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

In Slovenia, substitution therapy is part of the regular healthcare system. Addiction is defined as a disease, and every patient/addict has the right to treatment. A health insurance system (basic and supplementary insurance) fully finances the treatment prescribed by medical doctors. Homeless people and all other vulnerable social groups are also well taken care of. Every citizen in social distress or need is entitled to financial support in the form of cash benefits and health insurance coverage. At the system level, a wide variety of services is available and accessible. Treatment is available at the primary level and secondary level, including in prisons.

2. Treatment to be available, accessible, affordable and science-based, using best practices

In addition to the above, in line with the Act on the Prevention of the Use of Illicit Drugs and on the Treatment of Illicit Drug Users, the Ministry of Health has established a Network of Centres for Prevention and Treatment of Drug Addiction. There are 21 such centres active throughout the country. The network has drafted guidelines for the treatment of drug addiction. It also provides training, education, co-ordination, monitoring of trends, presentation of good practices and so on, for experts within and external to the network. The Ministry of Health has evaluated the network twice in the last 15 years, and on both occasions the reports were generally very positive and included recommendations for further improvement.

3. Prevention grounded in science, facts and best practices

Currently, prevention is fragmented into different contextual areas and target groups. There is sectoral fragmentation, and different interests at play, along with different positions on the cost-effectiveness and impacts of preventive measures. Many interventions are now focused on postponing an individual's first use of drugs to later in life, achievement of which is seen as a success.

4. Data collection a part of the right to access information for the community of practice and professionals involved

A wide range of data are regularly collected within the different national institutions, primarily within the national drug focal point. However, not enough cross-sectional data exist. Some efforts have been made to integrate indicators for a more realistic qualitative assessment of the situation. The protection of personal data is a challenge, as identified by the Information Commissioner. It is also important to bear in mind that while data collection is important, the usability of the data is even more important.

In the Slovenian context, data collection is complicated by a lack of clarity about the classification of programmes and terminology used: types of organisations, users, addicts and so on.

5. Rehabilitation and social reintegration provided

Slovenia has a network of social protection programmes. They are supported financially by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. The Social Protection Institute regularly provides evaluation of this network on the level of individual programmes. Programmes, once positively evaluated, can obtain accreditation, which is a basis for state funding. Programmes funded by the state have to operate within the standards that are defined. There is also a need to better integrate the social and health systems.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

Treatment and care are accessible to all, including these groups. There is no broad availability of specific programmes, for instance for women, the elderly or migrants. Slovenia does not currently provide accommodation for elderly persons who use drugs. Regarding prisoners, and providing continuity of care, the harm reduction services that exist in the community are also available in prisons. However, specific accommodation/shelter for ex-inmates (following release from prison) is not available. Sex work is addressed to some degree through the network of harm reduction services, and research has been conducted on this topic.

7. Combating stigma and raising social awareness prioritised

In principle, stigma against drug addiction is discouraged but in everyday life, mixed attitudes may still be observed. Every act of an individual drug user is likely to be observed through the prism of their drug use. Former users face a double stigma – they do not have sufficient social support for reintegration with regard to employment and education, and wider society and drug programmes treat them in much the same manner they treat individuals still suffering from drug addiction.

Advocacy for persons who use drugs is lacking. However, users are moving from intravenous drug use to safer forms of drug use (i.e. sniffing, inhaling). Open drug scenes exist in major cities, which generates conflict between users and the wider community. Moreover, the phenomenon of homeless drug users is on the rise, which increases the stigma drug users face. More needs to be done to report on successful cases of treatment.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

Decriminalisation legislation has been passed, which means that possession of small quantities of drugs is no longer a criminal offence. Educational institutions – correctional institutions for young offenders – remain a challenge. Alternative measures are possible within the scope of the legislation.

9. People who use drugs have the right to form their own associations and self-help groups

In principle, anyone can set up an NGO, and user associations are very active in Slovenia (e.g. for oncology, rare diseases, diabetes), including umbrella associations. Indeed, the first NGOs in the drug field were founded by users. It has been shown that drug users can work as professionals, but how should tasks and responsibilities be divided among users and other professionals, in terms of their specific knowledge? There is no doubt, however, that NGOs work better when they involve users. The challenge of financing such an organisation remains.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

Treatment of infectious diseases is fully available and accessible for all. Psychotherapy, though questionable, is not very accessible. Integrated continuity of assistance is ensured, and holistic care that goes beyond purely medical treatment is being promoted.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

Different strategies exist, including for social protection, illicit drugs, youth, crime prevention and HIV/Aids prevention. The promotion of strategies and their transfer to the local level is a challenge.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

This issue is extensively elaborated in Slovenia's National Drug Programme. The programme involves different stakeholders: centres for social work, schools, health centres and NGOs. Early intervention programmes are available. Also, the Healthy Schools Network is strong in Slovenia.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

A safe house for women drug users exists only in Ljubljana, the capital. There are no other gender-specific programmes. However, policies do place special emphasis on the specific needs of different populations.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Substitution treatment and care are gender specific and age specific.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

Strong links exist between NGOs working in the field of drugs and the LGBTQI community. There are no reservations in treatment that exclude individuals by gender or sexual orientation. Within infection clinics, there is increased sensitivity to these issues.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

Healthcare such as substitution treatment continues whether or not an individual is free or in prison. Other services are lacking. There are no injection kit replacement programmes in prisons, which only provide contraceptives and information on infections and safe use.

There is a lack of care in the community, both for users coming out of prison and former users, and accommodation capacity is poor. Only a few programmes exist for integration into society, including support with employment.

Medical treatment is accessible within the forensic department of the Psychiatric Clinic in Maribor. All citizens have social rights, including financial benefits/support. There is a lack of reintegration, especially for drug users as well as for former users after coming out of a therapeutic community.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

A public health paradigm for drug addiction exists in the Republic of Slovenia: everyone has the right to medical treatment if they wish to access it. However, inequalities in terms of accessibility should be reduced.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

In the past, there were many occasions on which there was more direct contact with users, including in policy drafting and implementation. Today, the situation has changed to some extent, with perhaps a more top-down approach being taken. People who use drugs can, however, participate in discussions and contribute to every aspect of drafting and implementing drug policy through the Network of NGOs. The network has full membership status within the Government Drugs Commission.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

Programmes have adapted their operations to the measures endorsed. Substitution therapy and needles have been available at all times. New forms of co-operation were developed between NGO substitution centres and the Red Cross, with a network of vans used for distribution of foodstuff, drugs and paraphernalia. Counselling was provided online by the programmes. Although access to HIV treatment remained good, access to general practitioners was limited during the pandemic given the focus on Covid-19.

Chapter 15

Spain

The main source of information for the responses to this questionnaire is the information available at the Spanish Delegation of the National Plan on Drugs (Ministry of Health), including the Spanish National Strategy on Addictions 2017-24²⁷ and its action plans.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

Spain's approach to the drug problem is based on public health principles. Drug use is seen as a public health problem, so people who use drugs are not treated as criminals, but as sick people.²⁸ Accordingly, drug use and possession for self-consumption is not considered a crime. Possession for self-use and consumption in public places is considered an administrative infraction, if not intended for trafficking.

Prison sentences imposed for a criminal offence committed due to an individual's addiction to toxic drugs, which do not exceed five years in duration, may be remitted (annulled) if the individual previously agrees and submits voluntarily to and completes withdrawal treatment.

2. Treatment to be available, accessible, affordable and science-based, using best practices

In Spain, access to care and treatment for addiction is public, universal and free. Outpatient treatment is the most common in Spain. OST as well as inpatient detoxification are available. The Government Delegation for the National Plan on Drugs provides an online georeferencial tool²⁹ to locate Centres for Addictions Treatment (*¡Ayuda Cerca de ti: Centros de Tratamiento*) all over Spain.

3. Prevention grounded in science, facts and best practices

The Spanish portal of good practices in reducing the demand for drugs and other addictions is a tool for promoting the quality of interventions in drug demand reduction and other addictions. It allows the identification and selection of quality

27. Spanish Ministry of Health, available at https://pnsd.sanidad.gob.es/pnsd/estrategiaNacional/docs/estrategia_adicciones_2017-2024_en_ingles.pdf, accessed 24 July 2022.

28. Spanish Ministry of Health, Legislación, available at www.pnsd.mscbs.gob.es/ciudadanos/legislacion/home.htm, accessed 24 July 2022.

29. Spanish Ministry of Health, *Ayuda. Cerca de ti*, available at www.pnsd.mscbs.gob.es/ciudadanos/ayudaCerca/home.htm, accessed 24 July 2022.

programmes, and facilitates their dissemination and replication. The portal also offers advice and training to professionals.³⁰

The Spanish National Strategy on Addictions 2017-24 establishes seven general objectives for prevention that target early detection, health promotion, risk reduction and limited accessibility to drugs. Activities include psychosocial attention and the development of psycho-educational skills, and different prevention approaches are promoted: environmental, universal, selective and indicated. The effective inclusion of a gender perspective in the practice of programmes and interventions and the prevention of non-substance addictions are also new fields of action in this area. The national strategy aims for its actions to be evidence-based, efficient, realistic and quantifiably promoting best practices.

4. Data collection a part of the right to access information for the community of practice and professionals involved

Spain has a robust information system co-ordinated by the Spanish Observatory on Drugs and Addictions (OEDA), which is part of the Spanish Government Delegation for the National Plan on Drugs that, in co-operation with other ministries and the autonomous regions, offers a global vision of the characteristics and problems associated with the use of psychoactive substances (including alcohol, tobacco, hypnotosedatives, illegal drugs and new substances), as well as non-substance addictions (including gambling and compulsive internet use).

Accordingly, the OEDA collects, analyses and disseminates statistical and epidemiological data on drug use, mainly drawing on surveys of the general population, youth and specific subgroups (e.g. inmates, occupational environments),³¹ and also promotes and finances data collection on drug-related problems. Published surveys cover alcohol and other drugs (EDADES), drug use in secondary schools (ESTUDES), admissions to treatment for drug use, drug-related hospital emergencies, drug-related deaths, drug-related infectious diseases, problematic drug use and the Spanish early warning system on new psychoactive drugs (SEAT).

The information thus obtained should help to design and evaluate interventions related to drug use, and ultimately contribute to improving the health of the population, as assessed by the following: admission to treatment for use of psychoactive substances, hospital emergencies in consumers of psychoactive substances, mortality due to acute reaction to psychoactive substances, problematic use of drugs and infections in drug users.

Furthermore, several programmes developed by NGOs, scientific organisations, the autonomous regions, municipal councils and other stakeholders are funded

30. Portal bbpp adicciones, Portal de buenas prácticas en reducción de la demanda de drogas y otras adicciones, available at www.buenaspracticasadicciones.es, accessed 24 July 2022.

31. Spanish Ministry of Health (2021), "Alcohol, tobacco and illegal drugs in Spain. 2021 Annual Report of the Spanish Observatory on Drugs and Addictions. Executive Summary", available at https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/informesEstadisticas/pdf/2021_Summary_report__Informe_OEDA.pdf, accessed 24 July 2022.

in the framework of calls organised by the Spanish Government Delegation for the National Plan on Drugs.

The Centre of Documentation and Information (CENDOCU) collects, analyses and disseminates information related to addictions, and also responds to requests for documentation.³²

5. Rehabilitation and social reintegration provided

The therapeutic care network works at different levels, all of them offering rehabilitation and routes to social integration, including through housing and therapeutic communities (the biggest and most typical resource within the residential network).

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

In Spain, a wide variety of social reintegration programmes and activities is also available, including leisure and social relationship programmes, training programmes, residential support programmes and resources (both transitory and permanent) and employment grants.

The Spanish Government Delegation for the National Plan on Drugs also funds several programmes for rehabilitation and social and occupational reintegration.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

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

Comprehensive care for drug addicts is designed to be an individualised process, adapted to the characteristics of the person and their family. Along with the individualisation of treatment as the basic principle of this process, the Autonomous Region Plans on Drugs/Addictions offer a portfolio of diverse and flexible programmes adapted to certain current situations and/or groups:

- ▶ specific treatment programmes for women;
- ▶ specific treatment programmes for minors;
- ▶ dual diagnosis treatment programmes;
- ▶ pathological gambling programmes;
- ▶ overdose prevention programmes.

In addition, there are specific intervention programmes for people in prisons, ranging from urgent care in police stations and courts to programmes in collaboration with penitentiary centres.

32. Spanish Ministry of Health Government Delegation for the National Plan on Drugs. Centre of Documentation and Information, Centro de documentación, available at [Portal Plan Nacional sobre Drogas - Centro de documentación: publicaciones \(sanidad.gob.es\)](https://portal.plan-nacional-sobre-drogas.gob.es/), accessed 24 July 2022.

In Spain, prisons carry out very important activities in the treatment of inmates, both in detoxification and habit-breaking programmes and in harm reduction programmes. These activities can be continued once inmates are released through liaison programmes with the autonomous regions and municipal councils, and with the collaboration of civil society, as well as support from the Spanish Government Delegation for the National Plan on Drugs.

7. Combating stigma and raising social awareness prioritised

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

The national strategy is articulated around the belief that a healthier and better-informed society helps to prevent stigma and attitudes involving discrimination. In turns, this leads to a more secure society. An important aspect to consider is the greater stigma attached to the use of drugs by women. The gender perspective should be incorporated in all stages of treatment.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

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

If the offenders are minors, they are not subjected to the legal regime faced by persons aged 18 years or over established in the Criminal Code, and the fine imposed on them may be suspended, initially, and partially cancelled, later, if they voluntarily submit to treatment, rehabilitation or re-education programmes (Additional Provision 5 of Organic Act No. 4/2015).

If underage offenders are less than 14 years of age at the moment of committing the offence, they will be totally exempt from criminal liability, and consequently the aforesaid special measures will not apply to them.

The measure of internment in a closed regime may only be imposed for the commission of serious criminal offences, and its maximum duration will depend on the specific age of the minor at the time of committing the criminal offence. The remaining measures may not have a duration of more than two years.

Finally, in the sphere of administrative legislation, in the event that minors commit the (administrative) offence of unlawful use (or possession for personal use) of toxic drugs in public places, the fine imposed on them may be remitted or partially reduced provided that this is requested by the administrative authority that has imposed the penalty and that the minors previously submit voluntarily to treatment or rehabilitation or to re-education activities and complete them.

In cases in which the object of the offence is a very small or insignificant amount of narcotic or psychotropic substances, the tendency has been to acquit subjects

or not to judge them. However, this situation cannot be generalised in all cases, but requires a prior judicial evaluation of all the circumstances (objective and subjective) occurring in each case.

In addition, the case law of the Supreme Court has also declared on a number of occasions the non-existence of a criminal offence in other less serious cases.

9. People who use drugs have the right to form their own associations and self-help groups

NGOs are a key part of the National Plan on Drugs. Their work complements the work developed by the different administrations and the scientific community.³³

The Royal Decree 1113/2015, modified by the Royal Decree 740/2021, 24 August 2021, set up the Spanish Council of Drug Dependencies and Other Addictions.³⁴ This is a collegiate body of a technical, consultative and participatory nature, attached to the Ministry of Health, through the National Plan on Drugs. It brings together not only various representatives of all public administrations with powers in the field of drug use reduction and the State Attorney General's Office, but also an important representation of the main social agents involved in the prevention and treatment of addiction-related problems.

The council of drug dependencies develops its activities through working groups, which currently number six: on health, social integration, occupational integration, the third sector, communication and the gender perspective. In all groups, participation of civil society and academic experts is fundamental.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

In Spain, the Plan for the Prevention and Control of HIV and Other Sexual Transmitted Infections includes universal coverage for health. With regard to equity and the complementarity of its actions, the plan is addressed to the most vulnerable or key populations (e.g. young people and women) as well as the general population. A target group is people who use drugs, including IDUs.

For HIV positive individuals, antiretroviral treatment is initiated in the moment of diagnosis independent of the CD4+ number or the viral load. This is supported by actions for early HIV diagnosis, as well as vaccination campaigns for other blood-borne diseases such as HBV, HCV, HAV and Papillomavirus. The plan also provides for the treatment of HBV at any stage, and preventive measures such as pre-exposure and post-exposure prophylaxis and other STI detection and treatment. In line with Spain's social covenant, these measures are offered without discrimination or stigma.

33. Spanish Ministry of Health, Entidades del Tercer Sector que participan en el Plan Nacional sobre Drogas, available at www.pnsd.msrebs.gob.es/pnsd/entidadesTercerSector/home.htm, accessed 24 July 2022.

34. Spanish Ministry of Health, Consejo Español de Drogodependencias y otras Adicciones, available at www.pnsd.msrebs.gob.es/delegacionGobiernoPNSD/organigrama/funciones/consejo.htm, accessed 24 July 2022.

Furthermore, most harm reduction programmes include a socio-sanitary service that offers preventive educational interventions and measures, clean needles and syringes and other paraphernalia, condoms, testing for drug-related infections, vaccination against HAV and HBV, and emergency care and assistance for people who use drugs who are not usually in contact with any care intervention.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

Regulations and strategies promote the improvement of the quality of life for people who use drugs, focusing on the social determinants of health using evidence-based actions, innovation, and civil society in the creation and implementation of policies. Other programmes include residential and capacity-building programmes, training for occupational and life skills, advice on job searches and career trajectories, and family adaptation supported by the public sector and civil society.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

The specific group of children is analysed transversally through the National Strategy on Addictions, as a group with a higher risk of marginalisation, including from a gender perspective, due to the consequences for children of violence against women.

Harm reduction should also consider the health and safety of children and other members of the family in environments affected by drug use. There is significant proof that the misuse of substances by a person may have an impact on the lives of the people around that person, especially their family.

Finally, and regarding the revision of legislation, the state is responsible for ensuring that children are protected under the law whenever other measures prove insufficient. The legal system must come up with adequate responses to new challenges.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

Services addressing drug addiction are aware of differential consumption between men and women and apply a gender perspective. Although in general women consume less drugs than men, they consume more hypnotosedatives.

In Spain, the equality law was enacted in 2007. As a guiding principle, Organic Law 3/2007 of 22 March for the effective equality of women and men³⁵ (Article 20) lays down the obligation to incorporate the gender perspective as the framework for analysis and to develop the tools needed to understand and address the different

35. Full text of the Organic Law 3/2007, of 22 March, for the effective equality of women and men, available at www.boe.es/eli/es/lo/2007/03/22/3/con, accessed 24 July 2022.

ways in which addictions present in women and affect them. The gender dimension is in fact a transversal issue running through the national strategy on addictions.

Among the actions carried out in the area of demand and supply reduction, special care has to be taken to reinforce the gender perspective in social integration programmes to take into account the special needs of women (lower employability, family responsibilities, housing problems, etc.). However, better mainstreaming of the specific needs of women through all prevention and care programmes is vital. In this regard, it is important for gender violence to be taken into account when addressing addictions.

Further alignment of services and programmes to match the new profiles and gender differences in addictions is essential, as is greater population coverage in co-ordination with the healthcare, treatment and assistance network.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

Within the National Health System in Spain, there is a pregnancy monitoring programme that studies possible drug use and its impact on the woman and the foetus. One of the strategic objectives of the national strategy on addiction is to “detect problems early and prevent the highest risk uses (use by minors or pregnant women)”. Women, especially pregnant women and those of reproductive age, are highlighted as a target group.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

The current action plan addresses the problems and specific needs of different groups (LGTBIQ+, people practising chemsex, etc.), which implies an extension and improvement of harm reduction measures.

It is also important to highlight that beyond specific drug policies, other important policy instruments such as the National AIDS Plan³⁶ specify measures in relation to the LGBTQI community.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

The national strategy considers inmates in prisons to be a target population because they are a group in a particularly vulnerable situation. It establishes among its objectives the guarantee of quality comprehensive care; promoting trajectories personalised to the characteristics of each person affected by drug use; facilitating access

36. Spanish Ministry of Health, División de control de VIH, ITS, Hepatitis Virales y Tuberculosis, available at www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/home.htm, accessed 24 July 2022.

to resources; maintaining, expanding coverage of and adapting harm reduction programmes to new user profiles; expanding the supply of and adapting services and programmes (occupational services and especially work reintegration services) to the new profiles of people treated, to the differential impact of addictions on men and women and to the differential needs of older drug addicts; and improving the knowledge and training of professionals providing services in prisons.

Prisoners have the right to healthcare under the same conditions as the rest of the population.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

The Spanish drug paradigm is in line with international organisations and developed countries. According to Spanish law, consumption and possession for personal use is not a criminal offence. However, illegal traffic and illegal import or export is a criminal offence. Since the early 1990s, Spain has had a comprehensive, diverse and well-established care and treatment network for drug addiction throughout the national territory. This network (both outpatient and residential) is generally capable of satisfactorily meeting the needs of drug users. The care and treatment system for addiction is public, universal in scope and free of charge for all those who need it.

Around 20 supervised consumption rooms operate across Spain, providing a space for the consumption of substances in a hygienic environment, as well as sterile material of various types (syringes, alcohol, etc.). They have specialised staff who, in addition to attending to any medical emergencies that may occur, provide information and advice to drug users who access these resources.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

People who use drugs have a voice in the Spanish Council of Drug Dependencies and Other Addictions through the civil society organisations and other private entities representing them.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

Studies have been carried out on the evolution of drug demand and supply during the pandemic, with the results disseminated online.³⁷ In July 2020, a survey was conducted by the OEDA to analyse the impact of the pandemic on substance

37. Spanish Ministry of Health, Plan Nacional sobre Drogas, Enfermedad por nuevo coronavirus, available at https://pnsd.sanidad.gob.es/noticiasEventos/actualidad/2020_Coronavirus/home.htm, accessed 24 July 2022.

consumption and the measures taken to mitigate impact.³⁸ It showed a global decrease in psychoactive substance use, including tobacco and alcohol, except for hypnotosedatives without prescription, along with an increase in internet use for leisure. Online gambling remains unchanged, while non-internet gambling activities have decreased.

Furthermore, according to the information provided by the autonomous regions from March to May 2020, during the lockdown preventive actions were mainly carried out by means of telematics, with a drastic reduction in face-to-face actions, especially those carried out in schools and youth centres. OST programmes were maintained during lockdown by increasing take-home dosages in order to reduce the frequency of visits to collect medication. It must be noted that personalised online attention was being used before the pandemic, and increased doses of OST were provided for a certain type of patient. However, this methodology has been greatly expanded during the pandemic and adapted to therapeutic groups

The document of the EMCDDA describing the national focal points' activities during the Covid-19 pandemic may also be consulted.³⁹

38. Spanish Ministry of Health, "OEDA-COVID 2020 survey Summary Report", available at https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/COVID-19/20210326_OEDA-Covid_survey_Summary_Report_def.pdf, accessed 24 July 2022.

39. EMCDDA (2020), "EMCDDA national focal points' activities during the Covid-19 pandemic", available at www.emcdda.europa.eu/system/files/publications/13442/NFPs_activities%20during%20C19_final.pdf, accessed 24 July 2022.

Chapter 16

Switzerland

The main source of information for this country is the Swiss Federal Act on Narcotics and Psychotropic Substances:⁴⁰ unless stated otherwise, all information is drawn from this piece of legislation. The MedNET Representative for Switzerland, Ms Diane Steber Büchli, made the comments in the text boxes.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

According to Transform, Drug Policy Foundation:

In 1991, at the request of municipal authorities and state (canton) governments, a new national program was established within the Federal Office of Public Health to reconsider the problems. Reflecting previous experiences, the recommendations that emerged were public health-led, including a combination of established harm reduction interventions (OST and NSP), treatment and social support provision, and a new call to explore HAT. In 1992, a change in the law enabled such an exploration.⁴¹

The National Strategy on Addiction and Action Plan 2017-24 states that we all have our individual patterns of behaviour and consumption. Therefore, strengthening individual health literacy is an important part of addiction prevention and addiction assistance.⁴² The national strategy on addiction builds on proven solutions while at the same time promoting innovative approaches in treatment, harm reduction and prevention. It creates the basis for an effective response to new forms of addiction. In this strategy, addiction is considered an illness that is characterised by compulsive behaviour that persists even in the face of serious health and social consequences for the individual concerned and their environment.

The national strategy on addiction has eight fields of action. Four theme-oriented fields address the lines of action of the established four-pillar policy: prevention, health promotion, early detection; treatment and counselling; harm reduction and minimisation of risk; and regulation and enforcement.

In addition, there are four fields of action describing cross-sectoral tasks: co-ordination and co-operation; knowledge; awareness raising and information; and international policy.

40. Federal Council, Federal Act on Narcotics and Psychotropic Substances, available at www.admin.ch/opc/en/classified-compilation/19981989/index.html, accessed 25 July 2022.

41. Transform: Drug Policy Foundation, "Heroin-assisted treatment in Switzerland", available at <https://transformdrugs.org/heroin-assisted-treatment-in-switzerland-successfully-regulating-the-supply-and-use-of-a-high-risk-injectable-drug/>, accessed 25 July 2022.

42. Federal Council, National Strategy on Addiction, available at www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/strategie-sucht.html, accessed 25 July 2022.

2. Treatment to be available, accessible, affordable and science-based, using best practices

The Federal Act on Narcotics and Psychotropic Substances, Article 3d, states: “The cantons shall ensure the supervision of persons with disorders associated with addiction who require the medical or psychosocial treatment or welfare measures.”

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

The national strategy on addiction differentiates consumption and behaviour patterns according to their intensity and associated risks for the individual and for society. Low-risk behaviour describes the use of psychoactive substances and types of behaviour that are not harmful for the individuals concerned or their environment and are often part of social co-existence. Risk behaviour involves consumption or behaviour that can cause harm to individuals and their environment. There are three behaviour patterns with different harm potential, namely excessive behaviour, chronic behaviour and situation-inappropriate behaviour.

3. Prevention grounded in science, facts and best practices

The cantons shall promote education and advice on the prevention of disorders associated with addiction and their negative health-related and social consequences. In doing so, they shall pay special attention to the protection of children and adolescents. They shall introduce adequate general conditions and create the required facilities or support private institutions that meet quality requirements.

In addition to and as part of the Health2020 policy agenda, the Federal Council has decided to intensify health promotion and disease prevention. With regard to addiction, the agenda calls for improvements in prevention, early detection and control of addictive disorders.

4. Data collection a part of the right to access information for the community of practice and professionals involved

The Confederation shall inform cantons and private organisations of new scientific findings so they can keep track of the latest developments. Also, it is responsible for training and quality assurance.

The Federal Act on Narcotics and Psychotropic Substances, Article 3f, states:

The authorities and institutions responsible for the implementation of this Act are entitled to process personal data, and in particular sensitive personal data and personality profiles in order to review the requirements for and the progress with the treatment of persons dependent on narcotics.

They shall guarantee the protection of data ...

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

d. the rights of access.

5. Rehabilitation and social reintegration provided

The Federal Act on Narcotics and Psychotropic Substances, Article 3d, states:

The treatment is carried out with the aim of guaranteeing the therapeutic and social integration of persons with disorders associated with addiction, improving their physical and psychological health and creating conditions in which they can live a drug-free life.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The country has universal healthcare, so everyone has health insurance. The state is obliged to provide treatment services (Federal Act on Narcotics and Psychotropic Substances, Article 3d).

7. Combating stigma and raising social awareness prioritised

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

The Federal Act on Narcotics and Psychotropic Substances, Article 3j, states:

The Confederation may ... support scientific research ... [in the field of] preventive and therapeutic measures ... [and the] prevention or reduction of disorders associated with addiction.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

According to Transform, changes in policy and law, like the introduction of decriminalisation approaches in other countries, has facilitated a shift. Due to the situation in the 1990s in the country, there was a shift in the legal approach concerning people who use drugs towards human rights, though this was not directly referred to.

9. People who use drugs have the right to form their own associations and self-help groups

No information found.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

There is no limitation on medical treatment and health insurance is available for all residents, including groups such as asylum seekers.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

The Federal Act on Narcotics and Psychotropic Substances, Article 3g, states:

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

In the national strategy on addiction, it is understood that some people are unable to control their substance use or their behaviour. They manifest risky behaviour that can develop into addiction. People who are unable to restrict their consumption or change their behaviour should nonetheless be given support to minimise risk and harm.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

Presently, discussion on undertaking a study on this issue is ongoing.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

It is up to the cantons to implement drug policy as well as the national strategy on addiction, but generally, the fact that special groups have special needs is understood and accepted. This accounts also for women and their needs, especially if they have children.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

These issues are addressed within the medical consultations for pregnant women and the specialised medical doctor will decide, in consultation with the patient, if a referral to a different doctor is indicated.

15. Is the question of the LGBTQI community considered in terms of the stigma they may face?

No information provided.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

Again, it is the cantons that are responsible for prisons and other closed settings. The care that is provided for in such settings varies from canton to canton.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

Drug addiction has long been viewed as an illness, and people who use drugs are considered to be in need of assistance. This is reiterated by the national strategy on addiction.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

The national strategy on addiction was drawn up with the support of a broad-based committee of experts comprising representatives of the cantons and municipalities, trade associations and NGOs, and public health experts and other actors in the field of addiction policy. While NGOs were part of the elaboration process of said strategy, it needs to be added that people who use drugs do not have a specialised NGO in Switzerland.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

The federal law regarding heroin-assisted treatment was adjusted to allow for take-home doses so people would not have to come to the treatment centres, in order to reduce contact as much as possible. At a later stage, there will be more information on lessons learned regarding this special target group and its behaviour during the pandemic.

Chapter 17

Tunisia

Information from the 2020 report

The main source of information for this country is the Council of Europe 2014 report “Tunisia: drug situation and policy”;⁴³ unless stated otherwise, all information is from this report. The MedNET Representative for Tunisia, Professor Nabil Ben Salah, made the comments in the text boxes.

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

Law 92-52 (1992 Narcotics Act) aimed to:

introduce the following provisions: the establishment of a national drug observatory to collect data; the establishment of treatment centres, including the introduction of substitution therapy; the diversion of first and second-time offenders arrested for use, to social services (third-time offenders will serve the same terms as the current law provides, between one and five years); and the possibility for judges to decide on the most appropriate sentences.⁴⁴

These changes indicate a shift towards seeing drug use as a medical condition.

2. Treatment to be available, accessible, affordable and science-based, using best practices

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

3. Prevention grounded in science, facts and best practices

“Prevention efforts by the UNODC in prisons work to inform and reduce spread of HIV/AIDS, Hepatitis, STI, as well as providing treatment, care and additionally aiding in reintegration of inmates.”⁴⁵

43. Council of Europe (2014), “Tunisia: drug situation and policy”. Ref: P-PG/MedNET (2014) 12, available at <https://rm.coe.int/drug-situation-and-policy-by-pr-hajer-aounallah-skhiri-medecin-epidemi/168075f2a4>, accessed 25 July 2022.

44. Tinasti, K. (2018), “Cannabis and the drug law in Tunisia: a reform rooted in social justice claims”, *Global Drug Policy Observatory Situation Analysis*, Swansea University Publications, April 2018, available at www.swansea.ac.uk/media/Cannabis-and-the-Drug-Law-in-Tunisia-A-Reform-Rooted-in-Social-Justice-Claims.pdf, accessed 25 July 2022.

45. UNODC, “Middle East and North Africa: drug prevention, treatment and rehabilitation”, available at www.unodc.org/middleeastandnorthafrica/en/regional-programme-framework/drug-prevention-and-health/drugs.html, accessed 25 July 2022.

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

4. Data collection a part of the right to access information for the community of practice and professionals involved

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

5. Rehabilitation and social reintegration provided

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

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

The Tunisian Association for the Prevention of Drug Addiction (ATUPRET) conducts awareness-raising activities for target groups, free and voluntary screening, and distribution of prevention kits, while also involving sex workers in community activities.

7. Combating stigma and raising social awareness prioritised

The organisations ATUPRET, the Tunisian Association for Information on Aids and Drug Addiction (ATIOST), and the Tunisian Association to Combat Sexually Transmitted Infections and Aids (ATL MST Sida) raise awareness and educate young people on the risks and consequences of drug use.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

In Tunisia,

Chapter IV of Law 52 deals with health care and the prevention of drug use. It provides that a person using drugs will not face prosecution if, before law enforcement authorities discover his deeds, he voluntarily seeks treatment at a state rehabilitation center. This exemption applies only to first-time offenders.⁴⁶

Bill 79, Act 92-52 on the criminalisation/decriminalisation of use and possession of drugs in Tunisia refers to: “any consumer or holder of narcotics who has not agreed

46. Human Rights Watch (2016), “All this for a joint”: Tunisia’s repressive drug law and a roadmap for its reform, 2 February 2016, available at www.hrw.org/report/2016/02/02/all-joint/tunisia-repressive-drug-law-and-roadmap-its-reform, accessed 25 July 2022.

to medical, psychological or social treatment, or to be placed under medical supervision in a health establishment as provided for in Article 13 of this Act, or who has abstained from or interrupted treatment".⁴⁷ The idea of treatment here represents a move towards human rights adaptation to law in Tunisia.

9. People who use drugs have the right to form their own associations and self-help groups

No information found.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

There is a project for harm reduction that aims "to promote human rights-based, gender responsive, public health-centred, and evidence-based approaches and to build the capacities of government officials and civil society organizations to deliver a comprehensive package of HIV/AIDS services in prisons and closed settings."⁴⁸

Risk reduction programmes in Tunisia including the Middle East and North Africa Harm Reduction Association (MENAHRRA) promote needle exchange programmes, counselling for IDUs and other methods of harm reduction.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

No information found.

47. Tinasti, K. (2018), "Cannabis and the drug law in Tunisia: a reform rooted in social justice claims", *Global Drug Policy Observatory Situation Analysis*, Swansea University Publications, April 2018, available at www.swansea.ac.uk/media/Cannabis-and-the-Drug-Law-in-Tunisia-A-Reform-Rooted-in-Social-Justice-Claims.pdf, accessed 25 July 2022.

48. UNODC, "Middle East and North Africa: drug prevention, treatment and rehabilitation", available at www.unodc.org/middleeastandnorthafrica/en/regional-programme-framework/drug-prevention-and-health/drugs.html, accessed 25 July 2022.

Chapter 18

Turkey

1. Health approach at the policy level: drug use considered a medical condition to be treated by qualified health professionals

No punishment will apply if a dependent user requests treatment before being apprehended for an offence; in such cases, healthcare professionals are not obliged to report the offence.

2. Treatment to be available, accessible, affordable and science-based, using best practices

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

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

3. Prevention grounded in science, facts and best practices

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

4. Data collection a part of the right to access information for the community of practice and professionals involved

Data on drugs in Turkey, covering drug supply, use and public health problems as well as drug policy and responses are periodically provided to the EMCDDA by the national focal point. These data are also available to the public and professionals. An annually published drug report is also available online.

5. Rehabilitation and social reintegration provided

Some treatment centres provide short-term residential treatment, and some NGOs provide treatment communities.

6. Access to treatment and care available to specific populations, including people who use drugs in prison, sex workers, pregnant women, migrants, refugees and the elderly

Some selective prevention interventions focus on awareness-raising and information provision, and social assistance and referrals to treatment institutions for homeless children and young people are also provided.

7. Combating stigma and raising social awareness prioritised

Family-oriented prevention projects are carried out in co-operation with school counselling centres. At the community level, prevention activities are mainly informative.

8. A human rights approach, especially for minors and non-trafficking users, incorporated into law

There is an option of treatment and/or probation of up to five years. If people who use drugs refuse treatment or do not comply with their probation requirements, the courts can impose a prison sentence.

9. People who use drugs have the right to form their own associations and self-help groups

No information found.

10. People who use drugs have the right to access treatment for all the consequences of drug use (such as HIV/Aids)

Access to treatment for all the consequences of drug use including HIV/Aids and HCV is available to all drug users.

11. All strategies aiming at reducing the health, economic, social and legal consequences of drug use promoted

No information found.

New identified topics for 2022

12. How is the issue of children considered in drug policy? This topic could include two aspects: children whose parents use drugs and children who use drugs themselves.

All the needs of the addicted individual and their family within the scope of social work fall under the responsibility of social service centres. Those who apply to social service centres due to addiction or are identified by these units are volunteers, they are referred to treatment units. The Addiction Modules of the Anka PsychoSocial Child Support Program are implemented in institutions specialised in substance dependency in order to include children under protection and care in social work processes after short- or long-term treatment.

While brief interventions are effective in the initial period in individuals under the age of 18, psychosocial approaches such as motivational interviewing, cognitive behavioural psychotherapy and family therapy are implemented in more severe cases.

13. How is the gender dimension addressed in drug policy? Are women considered to have special needs? Are specific services available?

“Training on the Development of a Gender Sensitive Treatment Model” was held to structure the functioning of the first women’s detoxification, daughter-child detoxification and mother-baby units and rehabilitation centres in Turkey, and to increase the knowledge level of the 30 personnel working in these centres.

Women-oriented treatment programmes have been established to ease the difficulties women have in accessing and participating in treatment, and to address the social and physical problems of addicted women. An inpatient detoxification centre for women was opened within the Ekrem Tok Mental Health and Diseases Training and Research Hospital in Adana.

14. An issue for both women and children is the question of pregnant women who use drugs. Are there services available to them? Is there a follow-up for newborns (and up to what age)?

In Istanbul, work continues on the inpatient mother-baby unit for women, pregnant women and women with children. These centres are among the first examples of a woman-specific treatment model in Turkey. Infants of mothers with opioid use disorders are observed by experienced personnel for the development of withdrawal signs or any other side effects. At least half the babies born to mothers who use opioids are affected. As withdrawal symptoms usually begin within 48 hours of birth, but can also be delayed by 7-14 days, monitoring continues for at least seven days.

If the mother is likely to drink alcohol after withdrawal treatment, she has to stay in hospital for a longer time in order to protect the baby. If there is an accompanying psychiatric disease, treatments are arranged for comorbidities, and the mother is provided with psychotherapy and other psychosocial approaches.

15. Is the question of the LGBTQI community considered, in terms of the stigma they may face?

In Turkey, all members of society, even those living in settlements far from health services, have an equal right to access services within a framework of social justice.

16. Keeping in mind that treatment should not stop at the prison gate, what drug treatment services are available in prison? Is there a rehabilitation programme? Is there continuity of treatment after prison?

A holistic model of rehabilitation, which provides treatment and facilitates adaptation to social life in prison, has begun to be implemented in prisons in Ankara, Istanbul and Izmir, which were selected as pilot cities. As part of the pilot scheme, a psychiatrist is assigned to prisons on certain days of the week so that prisoners can more easily access the treatment they need for addiction. Adaptation to social life is facilitated with educational, social, cultural, sport and volunteering activities offered to individuals in addition to medical treatment under prison conditions. In addition,

prisoners serving out their final three months prior to release receive support and guidance alongside their families so the individual does not relapse into addiction and can find a job with vocational training.

Every prisoner completes a three-stage Research Evaluation Form (ARDEF) within the scope of the Individualised Improvement System (BISIS) and is examined by physicians appointed by the Ministry of Health as soon as possible following entry into prison, along with the necessary diagnosis, treatment and referral.

17. From criminalisation to illness, does policy consider drug users to be criminals or people in need of help and treatment? Has the policy evolved, for example is there an increase in the number of treatment centres?

The number and capacity of treatment centres has increased. Before the 2015 Emergency Action Plan, services were provided in 33 treatment centres, with a bed capacity of 712. The number of treatment centres has increased to 137, with a bed capacity of 1 372 as of 2022. Thus, a 357% increase in the number of treatment centres and a 92% increase in bed capacity was achieved.

Outpatient treatment programmes have been implemented to reduce the patient burden of inpatient treatment centres. Moreover, family medicine, psychiatry clinics and outpatient treatment centres have been strengthened so that people can receive services according to the severity of their addiction. Addiction training has been provided to all psychiatry specialists, and psychiatry clinics in 81 provinces were enabled to take part in addiction treatment. In-service training was held for hospital emergency workers and 112 personnel who intervene in emergencies for addicted patients.

Penal sanctions for drug-related crimes have been increased. Individuals can only avail themselves of the opportunity to take up treatment in lieu of imprisonment for first-time offences. A prison sentence of two to five years is imposed on individuals who are found to be using drugs again within five years.

18. What is the involvement of people who use drugs in the process of decision making regarding drug policies?

No information found.

19. What consequences did Covid-19 have for drug policy and what lessons can we learn with regard to the treatment offer and treatment modalities?

No information found.

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When people have a history of dependence, they often experience stigmatisation and are frequently perceived as criminals. This stigma has a negative impact on their lives, therefore the issue of human rights for people who use drugs is crucial and needs to be taken seriously, and urgently, into consideration. This publication puts into perspective different country situations and practices. It helps countries to enlarge their view on how to integrate a human right approach into the daily life of people who use drugs, in a concrete manner.

This report provides an overview of the situation of human rights and drugs policy in the 18 participating countries of the Pompidou Group's Mediterranean network for co-operation on drugs and addictions (MedNET). The research was conducted by collecting data in these countries, covering both the northern and southern rims of the Mediterranean, on specific issues linked to human rights and people who use drugs. It is the second, and more exhaustive, effort to gather information on this important topic which underlies the Pompidou Group's mission. In 2022, the research includes new topics such as the issue of children of parents who use drugs and children who use drugs themselves, the gender dimension in prevention and treatment, the treatment and care services available in prison and the impact of the Covid-19 pandemic on drug policy.

PREMS 110822

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ISBN 978-92-871-9284-4 (PDF)
€16/US\$32

