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Summary report on the

# Regional capacity-building workshop for management and care of substance use disorders

Abu Dhabi, United Arab Emirates  
5–7 November 2019



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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## 1. Introduction

According to the *World drug report 2019* an estimated 271 million people have used drugs at least once in the preceding 12 months. About 35.3 million of those drug users suffer from substance use disorders. The number of deaths attributable to drug use is estimated to be 585 000 and an estimated 42 million disability-adjusted life years (DALYs) are lost annually worldwide as a result of the premature death and disability caused by drug use. Of those years lost, about half are attributable solely to drug use disorders across all drug types. Moreover, an estimated 11.3 million drug users inject drugs, of whom 1.4 million are living with HIV and more than 5.6 million are living with hepatitis C. Several studies also show close links between illicit substance use, crime, sexual abuse and interpersonal violence.

Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) has a specific target on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 3.5). In 2016, a resolution of the United Nations (UN) General Assembly Special Session on Drugs highlighted the need to support countries through “specialized, targeted, effective and sustainable technical assistance for training, capacity-building, equipment and technological know-how”.

Despite these high-level commitments, knowledge about the magnitude of the problem and the availability of cost-effective and affordable interventions, fewer than 1 in 7 persons with substance use disorders, globally, are provided with evidence-based treatment. In the WHO Eastern Mediterranean Region, the figure is only 1 in 13. In an effort to strengthen the public health response to substance use in the Region, a regional framework has been developed through consultation with concerned stakeholders and entities, including UN agencies.

The framework, which aims to promote public health interventions in line with WHO's constitutional mandate and role under international drug conventions, was endorsed at the 66th session of the WHO Regional Committee for the Eastern Mediterranean in October 2019.

In this context, and following technical developments, the WHO Regional Office for the Eastern Mediterranean and the National Rehabilitation Center (NRC) in Abu Dhabi, United Arab Emirates, held the third regional capacity-building workshop for management and care of substance use disorders on 5–7 November 2019 in Abu Dhabi.

The objective of the workshop was to enhance the technical and managerial capacity of participants in:

- leadership in development of legislation, policies and plans for setting up substance use programmes;
- setting up substance use management services across the spectrum of prevention, treatment and rehabilitation, based on the existing evidence;
- monitoring and evaluation of substance use disorders care and treatment programmes;
- developing information systems for substance use disorders;
- conducting operational research; and
- strengthening collaboration across countries of the Region.

The workshop was attended by national programme managers/focal points for substance use from 12 countries of the Eastern Mediterranean Region, as well as focal points from WHO collaborating centres for mental health and substance use, and staff from UN agencies, including the United Nations Office on Drugs and Crime (UNODC).

## **2. Summary of discussions**

### *Regional framework for action to strengthen the public health response to substance use*

Participants were introduced to the newly-endorsed framework, including the rationale for its development, evidence for the proposed interventions and indicators to monitor the implementation of the framework.

### *Introduction to ICD-11 classification: development, field testing, validation and implementation*

The different phases in the development of the 11th revision of the International Classification of Diseases (ICD) were presented. The new revision reflects advances in medical science, and includes some key innovations for disorders due to substance use and related conditions. The preliminary results of the field-testing of ICD-11 were also discussed.

### *Governance issues in setting up systems for the management and prevention of substance use disorders*

Governance challenges were discussed, including the absence of national plans/strategies for the management of substance use disorders, and the lack of legislative frameworks and capacities to promote coordination between the criminal justice and public health sectors. Ministries of health often do not have specific units/directorates to deal with substance abuse or no specified budget lines for this area of work, making it difficult to coordinate between different sectors for the implementation of substance abuse strategies.

*Health sector response*

Participants were introduced to the benefits of adopting a system-approach to setting up services for substance use disorders, the characteristics of an effective health and social care system, and the tools for developing competency frameworks and training models for medical workforce development for substance use disorder treatment services.

Challenges identified included the absence of standardized treatment strategies and protocols among different service providers, a shortage of rehabilitation centres and bed capacity in some of the countries, a lack of specialized personnel, weak linkages with primary health care, and a lack of services for women and addiction medicine specialists in some countries.

*Health promotion and substance use prevention*

WHO/UNODC prevention and treatment standards were presented to participants, and interventions for different age groups reviewed. The results of field testing of the International Standards for the Treatment of Drug Use Disorders in nine countries were shared, along with the main changes made based on these results and the barriers to implementation identified. An implementation toolkit is in the process of development.

A key challenge identified was the lack of national strategies for the prevention of substance use. Another issue noted was that most substance use prevention initiatives in the Region are provided by nongovernmental organizations and are not necessarily based on the available evidence.



### *Monitoring and surveillance*

Participants were introduced to methods for setting up national drug monitoring systems and building drug observatories, as well as the available technical tools and resources developed by WHO and UNODC. Furthermore, progress on SDG indicator 3.5.1 (on coverage of treatment interventions for substance use disorders) was shared, and implementation research discussed, including basic definitions, its strengths and purpose, the key steps involved and priority setting.

Challenges identified included: the scarcity of surveys with robust methodologies and monitoring/surveillance systems; a lack of trained personnel responsible for surveillance and data management across different sectors; a lack of coordination between ministries of health and interior for exchange of information; and the need to develop centralized information system software.

## **3. Recommendations**

### *Governance*

1. Develop multisectoral coordination and collaboration mechanisms for developing and implementing evidence-based national substance use-related policies and legislation.
2. Allocate specific budgets for substance use prevention and treatment.
3. Engage the public, academia, judiciary and police in developing policies for substance use.
4. Establish units for substance use prevention and management in ministries of health.
5. Develop programmes offering alternatives to the incarceration of drug offenders and seeking their re-integration into society.

*Health sector response*

6. Integrate substance use disorder services into primary health care to decentralize services, in line with the mhGAP Intervention Guide.
7. Develop multidisciplinary teams of psychiatrists, addiction specialists, psychologists, social workers, nurses and general physicians to provide care for substance use disorders.
8. Strengthen the capacity of health and social care professionals to incorporate psychological interventions into treatment plans for persons with substance use disorders.
9. Incorporate substance use disorders management in curricula for medical, nursing and paramedical students (pre-service training).
10. Ensure the availability of essential medications and harm reduction measures, including buprenorphine and methadone for opioid maintenance treatment.
11. Facilitate and promote the establishment of self-help/mutual aid groups and rehabilitation centres, taking into account specific populations (including young people and women).
12. Establish continuous training for health care professionals providing substance use disorder services.
13. Develop guidelines for the management of substance use disorders for specific populations (children, adolescents, and women).

*Health promotion and substance use prevention*

14. Develop and implement evidence-based, multi-component universal substance use prevention intervention programmes across all age groups, such as parent skills training and life skills education, and using digital technology/portals.
15. Integrate life skills education programmes into school curricula.
16. Involve multiple sectors in the planning and implementation of substance use prevention programmes.

17. Introduce screening, brief intervention and self-care programmes in primary health care services.
18. Identify national research priorities in substance use prevention to provide evidence to support advocacy for new initiatives.

#### *Monitoring and surveillance*

19. Identify a core set of indicators for substance use disorders to be incorporated into national health management information systems, including population/school surveys providing data on drug use incidence and prevalence, focused assessments for estimates of regular and high-risk users, and registers reflecting data on treatment demand, and drug-related mortality and morbidity.
20. Develop national substance use monitoring and surveillance systems, and maintain an active data collection process, through setting up national drug networks/observatories, to guide policy and research.
21. Develop a robust registration system for prescription drugs and improve drug-related death registration and reporting.
22. Introduce wastewater analysis to monitor emerging drugs and trends.

#### *International cooperation*

23. Establish regional and international networks to promote the active sharing of information and evidence, and coordinate the activities of health professionals and civil society organizations at both a national level and at international policy forums.
24. Ensure coordination between UNODC and WHO country offices on providing technical support to countries.



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