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**FEASIBILITY STUDY ON THE CREATION OF A
MEDITERRANEAN MONITORING CENTRE
ON DRUGS AND DRUG ADDICTION**

EXECUTIVE SUMMARY

The aim of the feasibility study was to determine whether a Mediterranean monitoring centre for drugs and drug addiction would reflect the needs of the region's policy-makers, and define the prerequisites for its establishment.

The feasibility study was carried out through documentary research and fact-finding missions by a team of experts in four countries (Algeria, Egypt, Lebanon and Morocco).

The main outcomes of the feasibility study are:

1. All four countries cited the value of a Mediterranean observatory but emphasised that in the first instance national observatories should take pride of place.
2. The development of such national observatories should be accompanied by activities that address the needs of each country for the establishment and implementation of national drug policies.
3. As a first step, national observatories should be envisaged in those countries where conditions are favourable for the establishment of such focal points. In the first phase, data collection should be coordinated at national level. Support programmes should take into account those working in the field of supply and demand in order to develop methods to collect and collate data in a systematic manner at national level.
4. With respect to data from law enforcement, it is suggested that joint methods are introduced through which national data may be collected.
5. In response to the needs of the practitioners in the field of "demand reduction", such as treatment, it is recommended that various treatment options are introduced.
6. The activities cited above in collecting and collating information on supply and demand could provide the foundations for the development and implementation of a national drug observatory to develop and implement drug policy.

INTRODUCTION : BACKGROUND TO THE STUDY

The Pompidou Group started its activities in the Mediterranean Region with a conference on "Co-operation in the Mediterranean region on drug use: setting up networks in the Mediterranean region", organised in 1999 in Malta. Following this conference, activities started in the Mediterranean region in the context of the MedSPAD project. The "Mediterranean School Survey Project on Alcohol and Other Drugs" provides insight into drug use in non-European countries in the Mediterranean region. The school surveys generated information about the attitudes and behaviour of young people in respect of alcohol consumption, smoking and drug use. Surveys were carried out in Algiers and Rabat in 2005, Lebanon in 2008 and Morocco in 2009.

In 2006 at the initiative of the Franco-Dutch group, a feasibility study concluded that a Mediterranean network (NetMed) should be set up and coordinated and run by the Pompidou Group in the initial phase (2006-2007).

In 2006 also, Algeria and Morocco, for the first time, sent observers to the Pompidou Group Ministerial Conference (27 and 28 November 2006). The Mediterranean network was presented to the 35 member countries of the Pompidou Group and the international organisations present. On that occasion, contact was established with several delegations who were interested in supporting the development of the network, in particular Spain, Italy, Malta and Portugal. Since then, the Pompidou Group has continued to coordinate the network and its work programme has been steadily growing to cover all the areas of work covered by the Pompidou Group.

Etienne Ataire, President of the *Mission Interministérielle de Lutte contre les Drogues et les Toxicomanies* (Inter-Ministerial Unit for Combating Drugs and Drug Addiction in France) proposed that a **feasibility study** be carried out in the context of MedNET on the establishment of a **Mediterranean Drugs and Drug Addiction Monitoring Centre** that could serve as a common tool for all the participating countries and thus provide the data needed by policy makers.

The Pompidou Group Secretariat elaborated a proposal for the feasibility study, which was adopted at the 6th MedNET meeting (10 June 2009, Paris).

It was also proposed that the decision concerning the possible establishment of such a centre be taken during a **high level MedNET conference** on the basis of the feasibility study results. The proposal to hold this high level conference was therefore presented to the MedNET participants along with the proposal of the feasibility study in June. The Secretariat then started the preparations for the Conference (1st December, Strasbourg).

The purpose of the feasibility study was to determine whether a Mediterranean drugs and drug addiction monitoring centre attached to the MedNET network would correspond to the needs of the region's policy makers and, if so, what would be the conditions for its establishment.

The aim of the centre would be to provide policy makers with an overview of the facts regarding drug use, as essential information for the orientation of the drugs policies in the countries concerned. It was decided that, in an initial phase, the focus would be on the countries of the southern rim of the Mediterranean: Algeria, Lebanon, Morocco, Jordan, Tunisia and Egypt. The information was to be shared with the MedNET member countries.

The long-term aim would be to provide information that would help to improve anti-drugs policies in all the participating countries in the Mediterranean basin.

1. METHODOLOGY

After acceptance of the proposal, the feasibility study was launched. The Study itself consisted of documentary research and fact-finding missions by a team of experts, seconded by the Secretariat of the Pampidou Group.

1. Expert Team

The team consisted of the following senior experts with extensive experience in the Region :

- **Abdalla Toufik** (Head of the European and international Department, **OFDT**, France) was in charge of the feasibility study in Algeria and Morocco.
- **Richard Muscat (PG Research coordinator) and Jean-Michel Costes** were in charge of the feasibility study in Egypt and Lebanon.
- **Jean Michel Costes (OFDT Director)** was in charge of the feasibility study in Tunisia. The mission however could not take place

2. Documentary Research

Prior to the fact-finding missions, a **documentary search** was undertaken on the target countries by the Pampidou Group Secretariat and the OFDT to research published studies.

The MedNET correspondents in each country were asked to research available information in their country including unpublished reports and reports by other international organisations and NGOs. This was carried out for three countries: Algeria, Egypt and Lebanon. The individual country reports are available on request at the Secretariat.

3. Fact-Finding missions

The MedNET Secretariat assisted the experts in the documentary research and the fact-finding missions, which were carried out on the following dates:

Algeria: 14-15 October

Egypt: 20-21 October

Lebanon: 7-8 October

Morocco: 27 October

In Tunisia, it was not possible to carry out the mission in October due to the elections taking place in the country. The visit was therefore postponed until 2010.

In order to come to a joint approach during the fact-finding missions, the expert team established a **grid for country reports** to gather information in the context of the drugs situation in each country. The team met three times : 21 July, 10 September and 4 November. The grid included requests for information on the following elements:

Legislation on drugs

National strategy on drugs

Coordination of the strategy. Existence of a national drug commission and its membership

Ministry(ies) in charge of drugs issues

Budget devoted to drug issues

Policy makers in the field

Available data. Existence of an information system

Available training in data collection, in drug treatment

NGOs active in the field

Networks of professionals acting in the field: psychiatrists, psychologists, GPs, social workers, Researchers

The MedNet correspondents were asked to organise interviews with :

- Policy-makers
- Professionals
- Researchers
- NGOs
- National Commission on drugs

The objective of the fact-finding missions were to: 1) get a clear picture of the national situation re. drugs and drugs policies and 2) identify the information needs of the country. The country reports were to concentrate on collecting, identifying evidence and determining:

the country needs in terms of :

- A regular report on the drug situation featuring the supply and demand indicators;
- Comparing the national situation with other countries in the region;
- Practices and experiences: exchange of good practices;
- Training needs.

the prerequisites for an observatory :

- National policy;
- Political interest;
- Coordination;
- Information System of collection of data;
- Budgetary resources.

2. OUTCOMES OF THE FEASIBILITY STUDY: IDENTIFICATION OF THE COUNTRY NEEDS

A regular report on the drug situation featuring the supply and demand indicators

The UN advocates that a policy cycle should reflect the needs of the country based on evidence. The evidence is thus the basis for the assessment of the policies put in place.

Thus, in order to develop and implement a national policy, it is vital that evidence is collected to provide the rationale for the policy elaboration and assessment.

All four countries expressed an interest at governmental level in being able to produce a country report that reflects the drug situation. There were however some reservations as to the impact such a report should have. This model is based on the concept of an integrated Drug Information System as promoted by UNODC and amended by the Pompidou Group in the context of the Local Monitoring Project. Based on this model, the National observatory is primarily perceived as a co-ordinating agent of national data providers and data users responsible for the organisation and maintenance of supporting functions for national drug policy. The role of the National observatory thus involves co-ordinating its national information network in order to collect, verify and synthesise raw and/or aggregate data on an annual basis.

Comparing the national situation with other countries in the region

Comparisons of the drugs situation for the region as a whole was welcomed by all interlocutors and the longer term goal of a Mediterranean Monitoring Centre was welcomed.

Overall, most countries showed at this point in time little interest in comparing national experience with regard to data with neighbouring countries. However, with respect to specific aspects such as the treatment options available in the region, Egypt was keen to exchange within the region on substitution treatment and its implementation.

Practices and experiences: exchange of good practices

All countries expressed an interest in pursuing exchanges of experience and good practice irrespective of whether they were from government or non governmental organisations in the different fields (prevention, treatment and law enforcement). Moreover, exchange of experience and of good practice in the treatment field was highlighted by all four countries.

Training needs

With regard to the training needs, these would appear to exist in all spheres and in all four countries. More specifically in relation to drug epidemiology, Algeria requested training in investigative methods, development of databases and methods of analysis in both supply and demand.

In respect of Lebanon, it was suggested that the establishment of a national observatory and the training in collecting and collating data that go hand in hand with such an observatory, would facilitate the functioning of public authorities in the field. The training in turn would provide the means to introduce methods to ascertain the size of the drug problem and the number of drug users before the government sets forth with its intention to establish a public drug treatment centre.

As for the training needs expressed by Egypt, these are related to the analysis of information at national level as a number of studies already exist but also with the introduction of different treatment modalities that are not available in Egypt to date.

In Morocco, following the introduction of Opiate Substitution Treatment, training in the treatment centres will be required.

3. OUTCOMES OF THE FEASIBILITY STUDY : PREREQUISITES FOR A MEDITERRANEAN MONITORING CENTRE

Political interest

All officials interviewed from the governments of Algeria, Egypt, Lebanon and Morocco supported the concept of setting up a Mediterranean Monitoring Centre whilst reasserting the need of instituting first a national mechanism for data coordination and collection.

Moreover, from the view point of Lebanon and Morocco, the national observatory may be the vehicle through which national drug policy may be developed or better implemented. The national observatory may also be the body that could provide training opportunities for the country as a whole.

National policy

In three countries (Algeria, Egypt, Morocco), a national drugs policy is in place. In Lebanon, a “drug law” was enacted in 1998 but so far this has not led to the establishment of a National Drugs Policy.

In the countries which have a National Drug Policy, the officials view the installation of a national observatory as a positive step in furthering the implementation of their policy. Egypt added that a national drug observatory could provide evidence of the success of the implementation of the drug policy already in place.

Coordination structures

In all countries, the coordinating structures are in place to facilitate the implementation of a national drug policy.

In Algeria, the Office National de Lutte contre la Drogue et la Toxicomanie (ONLCDT) is a joint Ministerial coordination body under the Ministry of Justice which was created by an Executive Decree in 1997 and became operational in 2002. The Office thus has a legal basis and its own budget.

In Morocco, a Drug Commission is composed of representatives from all Ministerial departments concerned with the drug issue.

In Egypt, a Drug Council under the auspices of the Ministry for Population and Family coordinates the activities in the field of prevention and treatment. The council meets regularly.

In Lebanon, the structures are in place but they have not been implemented to coordinate the activities. However, the presence of a national observatory may be the vehicle through which such activities may be coordinated.

Information systems

So far, no national drug information system has been developed in any of the countries to any significant extent. All countries have some information related to the supply side through law enforcement statistics, but these data need further refinement. Some information is available in respect of the demand side, through treatment statistics, but this information is not shared across the treatment centres and it is not collected systematically or regularly. All interlocutors agree that this aspect needs further attention.

Budget

Two countries (Algeria and Egypt) seem to be in a position to provide the necessary resources to set up and sustain a national observatory. In Morocco and Lebanon, budgetary resources may be limited but expertise and facilities could be made available.

4. CONCLUSIONS

- The importance of a Mediterranean drug observatory has been recognised by all interlocutors but needs to be preceded by the establishment of a national drug observatory in each of the countries concerned. The observatory will give policy-makers the information needed on the drug situation to develop a drug policy in countries which do not have one or improve the existing information in countries which already have a drug strategy.
- As a first step, national observatories could be established with the objective to systematically gather data and refine the criteria used to gather these data in view of their harmonisation with international standards. Data collection could comprise: supply data, those related to law enforcement, the treatment demand indicator (to enable each country to have a national perspective of those drug users entering and leaving treatment). Other indicators may be developed to respond to a country's specific needs (for example, prevalence estimates in Algeria).
- The needs expressed by the interlocutors in the countries visited, go well beyond the need to start a systematic data collection and monitoring at national level. Further support in capacity building is required in all of the countries, particularly on the following issues: (i) a balanced approach to the development of drugs policies; (ii) support in the development and implementation of national drugs strategies; (iii) support for the development of novel treatment options. These could include in-patient, out-patient, therapeutic communities and in some countries substitution treatment. These different treatment options, in turn need to be linked to reporting methods and thus collect and collate information on the drug users entering treatment at national level. Training on treatment could also be organised in conjunction with training on the treatment demand indicator.
- MedNET could support the establishment of national observatories to collect data on supply and demand in the Mediterranean region. In doing so, it will take into account the principle of complementarity and will avoid unnecessary overlaps with other international organisations. The specific expertise of Pompidou Group will be used to develop these activities in cooperation with all to ensure the best benefit.

5. PROPOSALS

- The MedNet contact points, which have been in operation for three years in some of the countries and which have been formally recognised as such by their national authorities, could become the national observatories for data collection. This would have to be formalised by the respective authorities.
- Exchange of experience of good practice in all countries should continue to take place within the framework of the MedNET network. A review will take place on an annual basis to look at the progress towards the establishment of the national drug observatories with the long term aim to contribute to the establishment of a Mediterranean Monitoring Centre.
- The activities of the MedNET network should be extended to other southern Mediterranean countries, starting with Egypt and Jordan, which have shown an interest in joining the Network.

- The 2010 Work plan of the MedNET network should focus on those activities that enable the establishment of the national drug observatory in each of the countries. These activities will include drug epidemiology (supply and demand indicators), drug treatment and advocacy towards a balanced drug policy.

APPENDIX 1

COUNTRY REPORTS IN CHRONOLOGICAL ORDER

1. Lebanon country report

Report on the study visit to Lebanon from 7 to 10 October 2009

Evaluators: Jean Michel Costes, Richard Muscat
Secretariat: Florence Mabileau-Whomsley, Kheyra Mokeddem

Meeting with (name and functions):

- General Michel Chaccour, Drugs Division, Ministry of the Interior
- Dr Mohammad Khalifeh, Minister of Public Health
- Dr Mustafa Nakib, National Aids Programme
- Elie Aaraj, MENHARA Lebanon
- Dr Nasser Yassin, Dr Lilian Ghandour, Department of Epidemiology, American University, Beirut
- Dr Elie Karam, IDRAC, St-George Hospital
- Renée Sabbagh, UNODC-Lebanon
- Salim Adib, Department of Social and Family Medicine, St Joseph University
- Father Hadi Aya, AJEM, prison social welfare centre

Sources of information about this country

Rapid assessment "Substance use and misuse in Lebanon", IDRAC-UNODC
 Report to MedNET, Chantal Chedid, Souha Bawad, SKOUN
 MedSPAD Lebanon, 2009

Do you have a government plan on drugs?

Not in the framework that is currently perceived as Europe but there is a law issued in March of 1998 that makes reference to drug users that they should be treated as patients and not as criminals. No National Strategy or Government Plan.

Do you have a drug commission?

Again not in place but in principal there is what is known as a Narcotics Committee made up of representatives from, Ministry of Health, Ministry of Justice, Ministry for Social Affairs, Directorate for Internal Security,

Does this drugs commission meet regularly?

No as the narcotics Committee has not meet for a number of reasons, the main one being that of suggested restructuring of departments which has not taken place, namely the implementation of a Directorate for Drugs.

Do you have resources to implement the government plan on drugs and fund the activities of the commission?

Financial resources limited but said to be available but human and space seem not be an issue.

Did you set up a Drug Administration, or an institutional body in charge of drug issues?

As stated above this was meant be put in place but to date has not materialised.

Rapid Assessment Survey:

Conducted in 2002-2003 with the aid of the UN office in Cairo and also funded by UNODC.

Population Surveys:

No population surveys to date have been conducted but one related to pre-university students

School surveys

In 1996 and 2002 but not with a representative sample at national level
MEDSPAD 2009

Treatment Data

Some NGOs have an internal information system. Two of them are taking part in a project funded by an NGO "C4 recovery solution" with a patient questionnaire on admission and a follow-up questionnaire at 3, 6, 9 and 12 months: Oum El Nour and Skoun. One has withdrawn from the project (AJEM), while two others are expected to join it (SIDC and IDRAC).

University of Beirut project to prepare treatment data information scheme among 12 NGO centres looking after drug patients. In addition, another NGO involved in patient outcome project in collaboration with partners from America.

This is worth underlining as it is a good basis for setting up a national standardised system on requests for treatment.

Drug users studies

Case studies carried out under the National Aids Programme: knowledge about sexuality and sexual behaviour, HIV and sometimes drug use; studies on specific populations: prisoners, prostitutes.

Mortality Data

No

HIV/Hep C Data

Aggregate data on cases in which HIV/AIDS has been declared

Police arrest data

Exist but do not appear to distinguish between drug use and drug trafficking. The number of arrests per type of drug needs to be checked.

Police drug seizures

Are available

Drug price & Purity

No data to date

Drug Convictions

Exist but no details on how they are sorted.

Consumption of drugs in prison

Unpublished study carried out by an NGO working in prisons - AJEM

The above data if available, are used in the ARQ (Annual Reporting Questionnaire of the UNODC)? Have you completed the ARQ? Who completes the ARQ? Are the data used in your country in Parliament?

It would appear that from the supply side aspect of the drug problem information is said to be inserted into Part 3 of the ARQ. As to part 2 of the ARQ that to do with the Demand side, this was not inserted as little or no information was available.

1. WHAT ARE THE COUNTRY NEEDS?

Would you find it useful to receive regular reports on the drug situation in your country? Such a report would include information on supply and demand indicators. Would you give your support to such a report?

The decision-makers, professionals, administrators or members of NGOs agree that such a report would be useful. The need was expressed by the Minister of Health to have in hand the size of the drug problem if they wanted to put in place treatment facilities to deal with the problem. The issue of evaluation was also brought to the fore by the National Aids Programme.

Would you find it useful to compare your situation with other countries in the region?

There seems to be less interest in this possibility. Perhaps because of the specific geographical situation of the Lebanon. Indeed the persons encountered think it is unlikely that the Lebanon's two direct neighbours (Syria and Israel) would be able or willing to exchange information on such a subject.

Although several persons were genuinely interested in (and some even enthusiastic about) the idea of setting up a national drugs observatory, they were more sceptical about the possibility of a regional observatory. Where there was support for such an observatory, it was proposed that it should be situated in the Lebanon because the other countries would find this acceptable given the Lebanon's geopolitical placement.

Are you interested in comparing experiences and good practices with other countries of the region or European countries?

Everyone expressed interest in this aspect, irrespective of their status (public official or NGO) or the sector in which they worked (treatment, law enforcement, prevention).

What are your training needs in the field of drugs and drug addiction?

Needs existed in all spheres. However, in view of the current context, it was agreed that there was one main priority and that was treatment. The Lebanon faces a major difficulty in implementing its drugs legislation, which was amended some ten years ago (1998 ?) and of which one of the main aims was to provide for an alternative to legal proceedings (mandatory methadone treatment) for addicts: the multi-agency committee responsible for managing such treatment has been established but cannot take any action because there is no corresponding public health facility.

2. WHAT ARE THE PREREQUISITES FOR AN OBSERVATORY?

Political will

The idea of setting up a drug and drug addiction observatory has the support of all the Lebanese stakeholders encountered – public officials and members of civil society.

National policy

The real priority is to set up a national drug strategy in the Lebanon. There is currently neither a drug prevention strategy nor a governmental drug prevention plan.

Co-ordination

The bodies responsible for co-ordinating governmental drug prevention activities, provided for by law (national committee for drugs, general directorate for drugs) are ineffective. One of these bodies could include an observatory or an "observation" role. There is no convergence of views on the nature of the ministry to which such an observatory should be attached. The majority did however mention the Ministry of Health.

Information System for the collection of data

Apart from the information obtained from the first MEDSPAD national school survey carried out in 2009, virtually no indicators on the drug problem are available; this should, however, be confirmed by a more detailed investigation. The two main sources of existing data are: the statistics provided by the Ministry of the Interior on drug-related arrests and sentences and the internal data of NGOs working in the field of drug addiction. The former are not systematically and regularly processed. The level of detail needs to be more closely investigated. The data concerning NGOs' activities are neither standardised nor made public.

Budgetary resources

This is the main reservation with regard to the establishment of an observatory. It is obvious that the Lebanese government is not in a position to finance such a project. At the best, it might be able to make premises available and provide human resources. An appeal for private funds (sponsors), which would be a feasible solution for financing directly operational projects such as treatment centres, cannot be envisaged either.

Such an initiative can only be achieved through international funding.

Conclusion

The idea of setting up a national drug observatory with participation in a regional body was welcomed in Lebanon.

The main advantages would be the broad-mindedness of all the stakeholders encountered and civil society's commitment to this issue. The problems are the paralysis of the public authorities as a result of the political situation and the lack of funding. The public authorities' priority in the drugs field is clearly not an observatory but the introduction of operational solutions with regard to the treatment of drug addicts.

There is one possible organisational scenario for a national observatory: to entrust an observation mission to an NGO or a university department, cover the costs out of international funds and make it part of a public administration (Ministry of Health or an interministerial commission, if such a commission can be established). A good example of this type of model is the National Aids Programme.

2. Algeria country report

Report on the study visit to Algeria from 14 to 15 October 2009

Evaluator: Abdalla TOUFIK
Secretariat: Kheyra Mokeddem

Meeting with (name and functions) :

- National Office for combating drugs and addiction (ONLCDT): Mr Aissa Kasmi, director of international co-operation; Ms Hadjira Lezzar, deputy director for prevention,
- Ministry of Foreign Affairs: Mr Med Salim Samar, head of office in the Directorate General for Europe; Ms Kenza Bendali, head of “transnational crime” office,
- Ministry of Health, Population and Hospital Reform: Mr Benamar Rahal, director of regulative controls; Dr Ghania Merbout, deputy director; Dr Djamel Slimi, head of office,
- Directorate General of National Security: Mr Azzedine Merazka, in charge of the central anti-drug department.
- National Gendarmerie: Major Mounir Merouche, head of organised crime office; Major Kadri Zouagri, head of narcotics section.
- National Customs Service: Arezki Hennad, head of contraband control office.

Sources of information about this country (Check each if Yes)

Site visit	National Office for combating drugs and addiction
Telephone interview with key informant	
Responded to email survey if applicable	
Documents (background document is the drug law)	<p>Yes</p> <ol style="list-style-type: none"> 1) P-PG/ResMed (2008)1, Study on drug addiction in Algeria, consolidated interim report, September 2007. 2) Ministry of Justice, <i>Annual stock-taking of seizures of narcotics and psychotropic substances by the prevention services in 2008</i> (languages: French and Arabic), 64 pages. 3) Algerian anti-drug legislation (languages: French and Arabic).

Do you have a government plan on drugs?

National Master Plan for preventing and combating drugs and addiction 2004-2008, 15 pages (in French). The plan is currently undergoing assessment.

Do you have a drugs commission?

The National Commission for combating drug addiction is answerable to the Minister for Health. It is made up of representatives of the parent Ministry’s various directorates. It is responsible for

prevention, victim support, and analysis of epidemiological health data. The Commission does not publish reports.

Does this drugs commission meet regularly?

Yes.

Do you have resources to implement the government plan on drugs and fund the activities of the commission ?

Through the ONLCDT, financing of the bulk of activities is assured.

Did you set up a Drug Administration, or an institutional body in charge of drug issues?

The ONLCDT is a joint ministerial co-ordination body placed under the authority of the Justice Ministry. The office was created pursuant to Executive Decree No. 97-212 of 9 June 1997. The ONLCDT has been operational only since October 2002.

The office is constituted as a public agency of an administrative nature (E.P.A), having legal personality and financial independence.

Does your country participate in the following activities :

Pompidou Group Activities	Yes
UN Activities	Yes
WHO activities	
EMCDDA Activities	No
Regional Network meetings (LENA for example)	
Local training (law enforcement or harm reduction and treatment)	Yes
Other training	Prevention
Bilateral cooperation with European countries	<ul style="list-style-type: none"> - The Ministry of Health does not participate in any bilateral co-operation project with European countries. - Staff of the Ministries in charge of law enforcement (Interior, Police and Justice) have attended training courses in France, Germany and Italy. - The ONLCDT for its part has had bilateral exchange/training schemes with France, Spain and Portugal.

Do you have any information system in place? Yes – No – I don't Know

Type of information system	Check if Yes	Funded	Regular or punctual basis
Initial Needs Analysis	No		
Rapid Assessment	No		
Population Surveys	Yes	ONLCDT +PG	The first inquiry is being conducted.
School surveys	Yes	ONLCDT +PG+ technical assistance of OFDT	MEDSPAD, occasional
Treatment Data	Yes	(Ministry of Health),	Regular (Ministry of Health),
Drug users studies	Non		
Mortality Data	Non		
HIV/Hep C Data	Yes	(Ministry of Health),	National register of declared AIDS sufferers and seropositives.
Police arrest data	Yes	Ministry of the Interior	Regular
Police drug seizures	Yes	Ministry of the Interior	Regular
Drug price	Yes	Ministry of the Interior	Regular
Purity	Yes	Ministry of the Interior	Regular (but not centralised)
Customs seizures	Yes	Customs	Regular
Drug Convictions	Yes	Ministry of Justice	Regular
Consumption of drug in prison	Yes	Ministry of the Interior	Regular (only concerns cases of drug-taking inside prisons which have been dealt with)

The above data if are available, are used in the ARQ (Annual Reporting Questionnaire of the UNODC)? Have you completed the ARQ? Who completes the ARQ? Are the data used in your country in front the Parliament?

The ARQ is completed and transmitted regularly to the UNODC. The ONLCDT also co-ordinates its completion and ensures its transmission to the UNODC. The questionnaire is completed at a joint ministerial meeting of the ONLCDT to which all official data suppliers are invited, particularly the chief ministerial departments concerned.

You said you have an information system,		
Indicators	What is your overall assessment of level of support for indicator	Key evidence (for example publication, report...)
Population Surveys Specify stakeholders and rate for each	1. Strong support ONLCDT	Report on the test phase
School Surveys Specify stakeholders and rate for each	1. Strong support ONLCDT	MEDSPAD report
Treatment Data Specify stakeholders and rate for each	1. Strong support Ministry of Health	
Drug users Specify stakeholders and rate for each	1. Strong support Ministry of Health	
Mortality Data Specify stakeholders and rate for each	3. Neutral/Not sure	
HIV/Hep C Data Specify stakeholders and rate for each	1. Strong support Ministry of Health	
Police Arrest Data Specify stakeholders and rate for each	1. Strong support Ministry of the Interior	Annual stock-taking of seizures of narcotics and psychotropic substances by the prevention services, 2008, Ministry of Justice.
Police Drug Seizures Specify stakeholders and rate for each	1. Strong support Ministry of the Interior	Annual stock-taking of seizures of narcotics and psychotropic substances by the prevention services, 2008, Ministry of Justice.
Drug Price and Drug Purity Specify stakeholders and rate for each	2. Some support Ministry of the Interior	
Customs Seizures Specify stakeholders and rate for each	1. Strong support Customs	
Drug Convictions Specify stakeholders and rate for each	1. Strongly supports Ministry de la Justice	Annual stock-taking of seizures of narcotics and psychotropic substances by the prevention services, 2008, Ministry of Justice.
Consumption of drugs in Prison Specify stakeholders and rate for each	2. Some support Ministry of the Interior	

1. WHAT ARE THE COUNTRY'S NEEDS? :

- **Will you find it useful to get regular reports on the drug situation in your country? Such a report will include information on supply and demand indicators. Will you give your support to such a report?**

The officials encountered unanimously recognise the value of such a proceeding and the importance of having a regular report on the position regarding drugs in Algeria.

- **Will you find it useful to compare your situation with other countries in the Region?**
Yes, with the two adjacent countries and more widely with the other countries in the region and Europe.

Are you interested in exchanging experiences and good practices about data collection with other countries of the region or European countries?

Yes, particularly in the fields of treatment and care for users.

- **What are your training needs in the field of drugs and drug addiction?**

Ministry of Health: Ministry of Health representatives have identified three areas where the need for training appears paramount:

- the epidemiology of drug addiction;
- investigative methods to employ with drug users;
- building up databases.

The Ministry of the Interior and the Gendarmerie:

- development and harmonisation of the relevant criminal justice indicators;
- methods of data analysis.

2. WHAT ARE THE PREREQUISITES FOR AN OBSERVATORY?:

Favourable aspects:

- existence of a political will at the highest level of the State (Presidency of the Republic);
- cross-sectoral practice and absence of competition between the different Ministries and institutions concerned;
- spirit of co-operation and consensus between ministries already present thanks to the ONLCDT;
- absence of budgetary constraints.

Foreseeable difficulties:

- recruitment and training of persons with the requisite proficiencies for setting up an Algerian observatory.

Conclusion:

The creation of an Algerian observatory of drugs and addiction and its affiliation to the Mediterranean observatory will form a significant contribution to efforts to prevent and combat drugs in Algeria. All the prerequisites for the speedy establishment of a national drugs observatory seem to be met.

3. Egypt Country report

Report on the study visit to Egypt from 19 to 22 October 2009

Evaluator: Richard Muscat
Secretariat: Florence Mabileau-Whomsley

Meetings with (name and functions):

- Dr Nasser Loza, Secretary General for Mental Health, Ministry of Health,
- Dr Eman Sorour, Consultant Psychiatrist, Director of International Affairs, General Secretariat of Mental Health, Dr Wael Mansour General Director of Addiction Services,
- Dr Tamer El Amrosy, Psychiatrist,
- Dr Tarek M S A Gawad, Prof of Psychiatry, Addiction Unit, Faculty of Medicine, Cairo University, Director of Cairo University Hospital for Psychiatry and Combating Addiction,
- Mr. Wadih Maalouf, UNODC Regional Office Cairo,
- Mr. Ernest Rebello, UNODC project coordinator for Jordan.

Information sourced from Egypt:

Rapid assessment "Substance use and misuse in Egypt", UNODC.

Report to MedNET, Overview on the drug control situation in Egypt, General Secretariat of Mental Health, Addiction Services General Administration.

Do you have a government plan on drugs?

National Strategy or Government Plan is in place and evidence based treatment approaches are now the current policy.

Do you have a drugs commission?

Yes this is in place and has been for number of years but did not function appropriately. However, with the re-organisation of the Ministries, it is chaired by the new Minister of the Population and is now functioning accordingly.

Does this drugs commission meet regularly?

Yes the Council meets regularly.

Do you have resources to implement the government plan on drugs and fund the activities of the commission?

Funds are diverted to the National Trust Fund from monies confiscated by the Ministry of Interior in relation to drug offences.

Did you set up a Drug Administration, or an institutional body in charge of drug issues?

Ministry of Interior handles supply side whereas Ministry for Population handles prevention and treatment..

Rapid Assessment Survey:

Conducted with the aid of the UN office in Cairo and also funded by UNODC.

Population Surveys:

Some types of Surveys to date have been conducted and reported in the ANGA .

School Surveys:

No known such surveys..

Treatment Data:

No information provided..

Drug Users Studies:

No Information on this indicator was provided except for the drug use in prison study to be conducted in the new year.

Mortality Data:

No data provided with respect to this indicator.

HIV/HepC Data:

No information provided.

Police arrest data:

Data are collected on a yearly basis and is made available in the ANGA report.

Police drug seizures

Again on this measure data is available and reported by ANGA

Drug price & Purity

No data to date.

Drug Convictions

Data available on this measure are collected but how they are sorted was not ascertained.

Consumption of drugs in prison

No evidence was obtained for the formal collection of such information.

The above data if are available, are used in the ARQ (Annual Reporting Questionnaire of the UNODC)? Have you completed the ARQ? Who completes the ARQ?

It would appear that from the supply side aspect of the drug problem information is said to be inserted into Part 3 of the ARQ. As to part 2 of the ARQ that to do with the Demand side, this was not inserted as little or no information was available.

1. WHAT ARE THE COUNTRY'S NEEDS?**Would you find it useful to receive regular reports on the drug situation in your country? Such a report would include information on supply and demand indicators. Would you give your support to such a report?**

Most of the representatives interviewed stated that they would find such a report useful only if it really provided the appropriate context.

Would you find it useful to compare your situation with other countries in the region?

Comparison of the situation among countries nearby was not a major issue but with other countries within the region was seen as a step forward.

Are you interested in comparing experiences and good practices with other countries of the region or European countries?

All representatives interviewed were of the opinion that it would be positive to be in a position to compare and more importantly be informed of good examples of good practice and the experiences involved.

What are your training needs in the field of drugs and drug addiction?

One main issues arose following the interviews with the main protagonists in the drug field in Egypt; the issue of the introduction of opiate substitution treatment. Though it was felt that with regard to information this needs to be addressed.

2. WHAT ARE THE PREREQUISITES FOR AN OBSERVATORY?**Political will:**

All officials interviewed from the Government side supported the concept of setting up an observatory to collect and collate drug information as well as provide a centre for such information and for training needs.

National policy:

National policy at present but the observatory may provide the means through which data collection will inform Government of the success of policy

Co-ordination:

Structures now in place and functioning appropriately.

Information System for the collection of data:

At present the information system as regards to the drug problem is very limited as can be deduced from above. All seem to appreciate the need for such a system but that this needs to be done in a co-ordinated way as to provide quality data. Suggested that national observatory is hosted in the Ministry of Health.

Budgetary resources:

Have the funds for the observatory.

Conclusion:

Egypt seems positive to the concept of the development of a national observatory in that it may provide the means through which information is collected at a central repository as well providing the training needs.

4. Morocco Country report

Report on the study visit to Morocco from 27 to 28 October 2009

Country: Morocco

Evaluator: Abdalla Toufik
Secretariat: Thomas kattau

Meeting with General Secretary of Ministry of Health : Rahhal Mekkaoui

Do you have a government plan on drugs ?

Morocco has two plans :

A plan on drug addiction : Ministry of Health, DELM, National Programme of fight against addictions : 2006 national Strategy on drug addictions

And a plan on risk reduction: Ministry of Health, DELM, National programme of fight against drug addictions, HIV Harm reduction programme among injecting drug users, Action plan 2008–2011, 55 pages, October 2008.

Do you have a drug commission?

Yes : all the Ministerial departments have a seat in this drug commission

Does this drug commission meet regularly?

Yes

Do you have resources to implement the government plan on drugs and fund the activities of the commission ?

Yes, one part of the funding comes from external sources, in particular the activities linked with the reduction of infectious risks (HIV and hepatitis). The main funding bodies are :

The Global fund

Unaid

cooperation with Catalonia

UNODC

Pompidou Group

WHO (MENAHR)

Did you set up a Drug Administration, or an institutional body in charge of drug issues?

No. However, the Drug Commission may be considered as an interministeriel coordination body since several ministries are represented

Does your country participate in the following activities :

Pompidou Group Activities	Yes
UN Activities	Yes
WHO activities	Yes
EMCDDA Activities	No
Regional Network meetings (LENA for example)	Yes Menahra and the network RdR North/South which is being built at the moment
Local training (law enforcement or harm reduction and treatment)	Yes
Other training	
Bilateral cooperation with European countries	Spain and France

Do you have any information system in place? Yes – No – I don't Know

Type of information system	Check if yes	Funded	Regular or punctual basis
Initial Needs Analysis			
Rapid Assessment	Yes (linked to drugs and HIV). Two surveys : 1 – Tanger, Tétouan, Rabat-Salé and Casablanca (2005-2006) 2- Nador, Hoceima, Oujda and Fès (2008-2009)	ONUAIDS and Global Fund	punctual
Population Surveys	Yes, National survey on the prevalence of mental diseases and abuse of substances, published in 2006		punctual
School surveys	Yes, 1 - MEDSPAD, Pilot survey on the use of drugs among school children (Lycées) Rabat-Salé, 2005, 2 - MEDSPAD at national level, in progress		punctual
Treatment Data	Yes, collected by the centers but they are neither harmonised nor centralised at regional or national level		
Drug users studies	Yes		punctual
Mortality Data	No		
HIV/Hep C Data	Yes, for the HIV only	UNAIDS and Global Fund	
Police arrest data	Yes		Regular
Police drug seizures	Yes		Regular
Drug price & Purity	????		
Customs seizures	Yes		Regular
Drug Convictions	Yes		Regular
Consumption of drug in prison	NO		

The above data if available, are used in the ARQ (Annual Reporting Questionnaire of the UNODC)? Have you completed the ARQ? Who completes the ARQ? Are the data used in your country in front the Parliament?

Each ministry fills in the part which is relevant . The drug commission is in charge of coordinating the filling of the questionnaire and communicating it to the ONUDC.

Other significant programmes/projects/activities :

Two university diplomas in drug addiction in the University of Rabat and Casablanca funded by MEDNET

Regional stakeholders with an influence in this country:

UNAIDS (Regional Office, Cairo)

UNODC (Regional Office, Cairo)

1. WHAT ARE THE COUNTRY'S NEEDS? :

Will you find it useful to get regular reports on the drug situation in on supply and demand indicators. Will you give your support to such a report?

The General Secretary clearly expressed his total support to the project and his wish that the setting up of the monitoring center takes place as quickly as possible.

The approval by Morocco of this project is obvious. The involvement of the representative of MedNET/ Pompidou Group, Prof Jalal TOUFIQ is a testimony of the support of this country in this project.

APPENDIX 2 :
**PROPOSED FEASIBILITY STUDY ON A MEDITERRANEAN DRUGS AND DRUG
 ADDICTION MONITORING CENTER ATTACHED TO THE MEDNET NETWORK**

The purpose of the feasibility study is to determine whether a Mediterranean drugs and drug addiction monitoring centre attached to the MedNET network would reflect the needs of the region's policy makers and, if so, how it might be established.

The aim of the observatory would be to provide policy makers with an overview of the drug use situation, as essential information for the framing of their drugs policies. The focus would be on the countries of the south: Algeria, Lebanon, Morocco, Tunisia and Egypt. Contacts were also taken with Jordan following the MedNET meeting in June which expressed the willingness to cooperate with MedNET. The information could be shared among the MedNET network's member countries.

The long-term objective would be to provide information that would help to improve anti-drugs policies in all the participating countries in the Mediterranean basin.

The five-month feasibility study would comprise:

1. Establishment of a team to carry out the study. Proposed membership: two members of the French drugs and drug addiction office (OFDT), two/three members of the MedNET network secretariat and the research co-ordinator of the Pompidou Group responsible for the establishment of MedSPAD. The members of the team would require sufficient time to devote to the study. Other proposals on the setting up of the team and other elements to be included in the grid will be discussed at the MedNET meeting on 10 June. The first meeting of the feasibility study took place in Strasbourg on 21 July.
2. Finalisation by the team of an assessment grid of the feasibility study: issues to be covered and investigation methods. Meetings in Strasbourg, 21 July and Paris 10 September 2009.
3. Compilation of existing information: quantitative and qualitative data: July-November 2009

The MedNET correspondents in each country would assist the feasibility study team to compile and review existing information on the various indicators and exploratory studies in the five countries: four MedNET countries - Algeria, Lebanon, Morocco and Tunisia, plus Egypt, which is not a member of MedNET but supports the establishment of a monitoring centre.

The five southern Mediterranean countries have various type of information:

- UNODC reports: rapid situation assessments
- WHO reports
- national mental health surveys with an addiction component

They may also have information on the key indicators requested by UNODC in its annual reports:

- indicators of demand;
- prevalence of drug use in the general population (18-64), (population survey in Algeria in 2009);
- prevalence of drug use among school children (15-16); (MedSPAD surveys in Lebanon (2008) and Morocco);
- treatment demand, problematic use of drugs*;
- drug related morbidity (HIV, hepatitis c)*;
- drug related deaths*;

Information on demand for treatment, morbidity and mortality may also be obtained from doctors receiving drug users

- indicators of supply: these indicators are requested by Europol and UNODC;
- persons arrested by the police;
- persons stopped by the police;
- convictions
- seizures;
- price and purity of drugs;
- seizures by customs;
- drug use in prison;
- drug convictions.

4. Two/three day fact-finding visits in October to:

- identify the needs of policy makers;
- identify in each country the person responsible for gathering information and acting as a focal point;
- The MedNET correspondents would assist the team during the fact-finding visits.

5. Development and financing of the pilot study

Details of the budget were finalised after the MedNET meeting on 10 June, where a feasibility study was presented to the MedNET network.

6. MedNET meeting (30 November 2009). This would consider the results of the feasibility study and a pilot project for a one year trial period.

7. High level MedNET conference (1 December 2009) to decide on the pilot project.

APPENDIX 3
PROPOSAL FOR A HIGH LEVEL MEDNET CONFERENCE
(1 December 2009)

A. THE MEDNET NETWORK FROM 2006 TO 2009

1. Establishment of the MedNET network

It was at the meeting of the "high-level Franco-Dutch Group on drugs", in May 2005, that the Netherlands and France agreed to explore the possibility of developing machinery for co-operation in the Mediterranean region. This initiative was partly based on recommendations made at the first conference on "co-operation in the Mediterranean region on drug use: setting up networks in the Mediterranean region", organised in 1999 in Malta by the Council of Europe's Pompidou Group. Following this conference, activities were embarked on in the Mediterranean region in the context of the MedSPAD project¹, which is continuing to this day.

Following the meeting of the Franco-Dutch group, the Foreign Affairs and Public Health Ministries of the Netherlands and the French Joint Ministerial Task Force to Combat Drugs and Drug Addiction (MILDT) funded fact-finding visits from January to April 2006 to three North African countries, focusing on the feasibility of the network and local capabilities and needs in the area of knowledge and expertise.

The feasibility study exercise ended with a conference in Amsterdam² on 8 and 9 May 2006, to which the relevant officials of the countries concerned and the Pompidou Group were invited. The proposal to set up a network was approved, and an undertaking was secured from the Pompidou Group, in the development phase (2006-2007), to co-ordinate and run the network. The first meeting of the network was held at the Council of Europe office in Paris on 18 September 2006.

Algeria and Morocco sent observers, for the first time, to the Pompidou Group Ministerial Conference on 27 and 28 November 2006, where the Mediterranean network was presented to the 35 Pompidou Group member countries and the international organisations represented. Contact was made on that occasion with several delegations interested in supporting the development of the network, in particular Spain, Italy, Malta and Portugal.

2. Participating countries: there are now eight member states: Algeria, Spain, France, Italy, Lebanon, Morocco, Portugal and Tunisia.

3. The objective of the network is to foster co-operation, exchange and the two-way transfer of knowledge between the Mediterranean region and European countries which are members of the Pompidou Group and donors (North-South and South-North) as well as within the countries of the Mediterranean Basin (South-South). Independent experts provide the benefit of their expertise and experience.

The ultimate aim is to improve the quality of implementation of drugs policy in all the participating Mediterranean countries, both North African and European, with the emphasis on greater awareness of cultural factors.

1 The "Mediterranean School Survey Project on Alcohol and Other Drugs" gives some insight into drug use in non-European countries in the Mediterranean region. The school surveys generated information about the attitudes and behaviour of young people in respect of alcohol consumption, smoking and other forms of drug use. Surveys were carried out in Algiers and Rabat in 2005, Lebanon in 2008 in Morocco in 2009.

2 Financed by the Netherlands Foreign Affairs and Public Health Ministries.

4. Target groups

The network is designed for professionals working on the ground: doctors, social workers, representatives of NGOs and associations, researchers, policy-makers and administrative managers. It is geared to promoting interaction between the political, practical and scientific aspects.

5. Development and funding of the network

The network was launched in late 2006 for a period of one year, after which it was evaluated. The flexibility of its operation, for which the Pompidou Group Secretariat was responsible, was acknowledged, and the network has since continued its activities under the co-ordination of the Pompidou Group. The budget has been based on voluntary contributions, from the Netherlands and France in 2006, from Italy, France, Portugal and Spain in 2007 and from France and Portugal in 2008.

6. Preparation of the MedNET work programme

The MedNET's activities were launched on the basis of the MedSPAD project. Since 2007 the programme has covered the same fields as the Pompidou Group, namely reducing demand and reducing supply. It is adopted by all the members at the end-of-year meeting on the basis of proposals submitted by the member countries in the light of their needs.

7. Administration and co-ordination of the MedNET network

The network is run by the Pompidou Group Secretariat at the Council of Europe and has a correspondent in each country. The correspondents meet twice a year to present the work programme for their country and identify participants for the various activities. The correspondents are authorised to enter into commitments on behalf of their respective countries.

8. Activities of the MedNET network

The network takes measures to reduce both demand and supply, providing training in treatment, including opiate substitution treatment, organising joint seminars, sharing expertise for the purpose of population surveys, exchanging information on legislation and organising study visits. A list of activities is appended. The activity reports are available from the Secretariat.

9. Evaluation of the MedNET network

The activity reports show that the participants were satisfied with the activities carried out in 2007 and 2008 and with the flexible management and efficiency of the Secretariat. While all the participants take a positive view of 2008, some indicate in their assessment that they expect an improvement in respect of certain countries, where political developments have prevented the programme from being carried out, whereas the most of the countries have a highly favourable evaluation and wish to become increasingly involved in the co-operation process in the future.

Against a background of varied political situations and human and financial resources that differ greatly from one southern country to the next, the co-operation process is making progress. Its success is partly due to the way in which the Secretariat operates and to the adaptability of the network to political change in partner countries. It is the countries' determination to make progress, despite the obstacles, that helps make the MedNET network a success. The establishment of the network has had a favourable impact on co-operation among the organisations working in the region: UNODC, WHO and UNAIDS.

B. THE MEDNET NETWORK IN 2010 AND BEYOND: INVOLVING POLICY-MAKERS MORE CLOSELY AND SETTING UP A MONITORING CENTER

A high-level conference of policy-makers responsible for drug use and drug trafficking issues

After this three-year period and in the light of its acknowledged success, MedNET is to take the initiative in organising a high-level conference of policy-makers responsible for drug-use and drug-trafficking issues in the countries participating in MedNET. Other European countries that have expressed an interest in the MedNET network at the meeting of Permanent Correspondents or other meetings will be invited to attend. Egypt will be invited to take part because of contacts through the UNODC Regional Office in Cairo.

The main objective of the conference will be to bring together high-level policy-makers in the eight MedNET countries for the first time with a view to putting the MedNET network on a permanent footing. The conference will enable them to find out more about the achievements of the MedNET and extend the fields of co-operation. So far, the MedNET network has involved professionals working on the ground and has not always succeeded in involving policy-makers from all the countries participating in the network. The idea behind the conference is to improve co-ordination with policy-makers and officials working on the ground, and to enlarge the network to include other countries.

This enlargement should take place gradually, and the Secretariat should be given the human and financial resources needed to carry out the new activities spawned by the enlargement.

Venue of the conference: **Strasbourg, the headquarters of the Council of Europe**

Date of the conference: **1 December 2009**

Participants:

- **Member countries of the MedNET: Algeria, France, Italy, Lebanon, Morocco, Portugal, Spain, Tunisia**
- **Non-member countries interested in the MedNET: Malta and Egypt**
- **Independent experts, who will provide the benefit of their expertise: evaluation consultant and MedSPAD consultant**
- **International organisations active in the region and collaborating with the MedNET: UNODC Vienna headquarters and Cairo Regional Office, WHO/EMRO in Cairo, UNAIDS, Menahra**
- **Foundations active in the region: Mentor Foundation, etc**

Draft programme of the conference: morning, preceded by an official dinner the day before the arrival of the representatives of each country. The conference will be followed by an official lunch.

- **Opening of the conference by the Secretary General of the Council of Europe or his representative and presentation of the objectives of the conference**
- **Statement by the Minister or representative of each participating country on the drug-use and drug-trafficking situation and its policy on drug use and drug trafficking, international co-operation and co-operation with the MedNET**
- **Conclusion and proposal to enhance the MedNET's work by setting up a Mediterranean drugs and drug addiction observatory. Decision by the conference participants to set up the observatory and signature of a letter establishing it**
- **Invitation to attend the Pompidou Group Ministerial Conference in late 2010**

NB: the MedNET conference will take place at the same venue on 30 November

- **Evaluation of the MedNET network by the participants**
- **Intentions as regards contributions for 2010**
- **Presentation of the study of the feasibility of setting up a Mediterranean observatory**
- **Discussion and adoption of the 2010 work programme**

APPENDIX 4
FEASIBILITY STUDY ON A MEDITERRANEAN MONITORING CENTRE
Meetings of the project team
Strasbourg, 21 July 2009
Paris, 10 September 2009

1. Background of the feasibility study on a Mediterranean drugs and drug addiction observatory

Etienne Apaïre, President of the *Mission Interministérielle de Lutte contre les Drogues et les Toxicomanies* (Inter-Ministerial Unit for Combating Drugs and Drug Addiction) had suggested that a **feasibility study** be carried out in the context of MedNET on the establishment of a **Mediterranean drugs and drug addiction monitoring centre** that could serve as a common tool for all the participating countries and thus provide the data needed by policy makers. Patrick Penninckx, Pompidou Group Executive Secretary had asked Florence Mabileau-Whomsley to draft a proposal for such a project (P-PG/Med (2009) 14 Rev).

The feasibility study proposal was presented at the 6th MedNET meeting on 10 June 2009 and accepted by the participants.

2. Purpose of the feasibility study

The purpose of the feasibility study is to determine whether a Mediterranean drugs and drug addiction monitoring centre attached to the MedNET network would reflect the needs of the region's policy makers and, if so, how it might be established.

The aim of the centre would be to provide policy makers with an overview of the drug use situation, as essential information for the framing of their drugs policies. The focus would be on the countries of the south: Algeria, Lebanon, Morocco, Jordan, Tunisia and Egypt. The information could be shared among the MedNET network's member countries.

The long-term objective would be to provide information that would help to improve anti-drugs policies in all the participating countries in the Mediterranean basin.

3. Establishment of a team to carry out the study

The team is made up of the following persons :

- **Abdalla Toufik (OFDT, France)** will be in charge of the feasibility study in Algeria and Morocco.
- **Richard Muscat (PG Research coordinator)** will be in charge of the feasibility study in Egypt and Lebanon.
- **Jean Michel Costes (OFDT Director)** will be in charge of the feasibility study in Tunisia
- **Contacts have also been taken with Jordan** and if the need arises, Richard Muscat will start work in this country.

The MedNET Secretariat will accompany the consultants during the fact-finding missions :

Algeria: Kheyra Mokeddem

Egypt: Florence Mabileau-Whomsley

Lebanon: Florence Mabileau-Whomsley and Kheyra Mokeddem :mission organised next to a MedNET event

Morocco: Patrick Penninckx

Tunisia: Patrick Penninckx

Jordan: Florence Mabileau-Whomsley

4. A grid/template for country reports

Prior to the mission, a documentary search on the 5 target countries will be undertaken by the OFDT to find out published studies.

The MedNET correspondents in each country will be asked to find out all the available information in their country including unpublished reports (grey literature) and reports by other organisations.

The report should give information on the context of the drugs issue in the country :

Legislation on drugs

Is there a national strategy on drugs ?

How is it coordinated ? Is there a national drug commission ? Who are the members ?

Ministry(ies) in charge of drugs issues

What is the budget devoted to drug issues ?

Policy makers active in the field

Available data. Is there a start of an information system ?

Available training in data collection, in drug treatment

NGOs active in the field

Professionals acting in the field: psychiatrists, psychologists, GPs, social workers

Researchers:

This report by the local correspondent will help the team to give a good picture of the country before the visit. It should be prepared before the next feasibility meeting team on 10 September and certainly before the missions to these countries.

The local correspondents should organise interviews with :

- Policy-makers
- Professionals
- Researchers
- NGOs
- National Commission on drugs

The objective of the mission would be to check what the country wants. The template for the country reports should be filled with a view of collecting identifying evidence and determining **what are the country's needs** in terms of :

- Policy Formulation and Implementation
- Epidemiological data : state of play : supply and demand indicators.
- Practices and experiences: exchange of good practices
- Training

what are the prerequisites for an observatory ? :

- National policy
- Political will
- Coordination
- Information System of collection of data
- Budgetary resources

5. The final consolidated report

The final consolidated report will be prepared by Richard Muscat

6. Final list of missions :

- **Lebanon: 7-8 October:** fact-finding mission by Richard Muscat (PG Research coordinator), Jean Michel Costes (OFDT Director) with Florence Mabileau-Whomsley
- **Algeria, 14-15 October :** fact-finding mission by Abdalla Toufik (OFDT, France) with Kheyra Mokeddem: still waiting for confirmation.

- **Egypt: 20-21 October:** fact-finding mission by Richard Muscat (PG Research coordinator) with Florence Mabileau-Whomsley .
- **Morocco: 27-28 October:** fact-finding mission by Abdalla Toufik (OFDT, France) with Thomas Kattau
- **Tunisia:** no reply from this country at the time of the meeting
- **Contacts have also been taken with Jordan** and if the need arises, Richard Muscat will start work in this country.