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Addiction Services and Challenges in the United Arab Emirates: A Comprehensive Mini Review

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ABSTRACT

Substance use disorders (SUDs) are increasingly recognized as chronic, relapsing medical conditions with significant social, economic, and health consequences. Although historically characterized by low prevalence due to cultural, religious, and legal deterrents, recent evidence indicates rising misuse of prescription medications, synthetic substances, and alcohol in the United Arab Emirates (UAE). Over the past decade, the UAE has implemented major reforms, including rehabilitative legal pathways and expansion of specialized treatment services. Despite these advances, persistent challenges remain, including stigma, workforce shortages, fragmented care pathways, and limited aftercare. This review synthesizes current epidemiological trends, policy developments, treatment infrastructure, and systemic barriers, and proposes evidence-based recommendations aligned with international standards to support a comprehensive, culturally responsive addiction care framework.

Keywords: Substance Use Disorders; United Arab Emirates; Addiction Services; Drug Rehabilitation; Addiction Policy; Mental Health; Stigma; Recovery-Oriented Care

INTRODUCTION

Substance use disorders (SUDs) constitute one of the most pressing global public health challenges, contributing substantially to morbidity, mortality, and socioeconomic burden. As noted in the original manuscript, "Substance use disorders are increasingly recognized as chronic, relapsing medical conditions with profound social, economic, and health consequences." This framing aligns with contemporary models that conceptualize addiction as a chronic brain disease requiring long term, integrated care rather than episodic or punitive responses [1-2].

Globally, rapid urbanization, increased availability of synthetic drugs, and shifting sociocultural norms have contributed to rising prevalence rates [3-4]. The UNODC World Drug Report 2024 highlights escalating misuse of synthetic cannabinoids, amphetamine type stimulants, and prescription medications across multiple regions. These trends are mirrored in the UAE, a rapidly developing nation with a diverse expatriate population and increasing exposure to global drug markets.

Historically, substance use in the UAE remained low due to strong religious norms, cohesive family structures, and strict legislation. However, recent reports indicate a gradual increase in both licit and illicit drug consumption, particularly among young males [5-6]. Prescription medications such as tramadol, pregabalin, and benzodiazepines have become substances of concern, alongside synthetic cannabinoids and alcohol misuse among expatriates [7-8].

Despite growing political commitment and substantial investment in treatment infrastructure, the literature reveals several gaps. Existing studies often examine isolated components legal reforms, treatment centre operations, or youth perceptions without integrating these elements into a cohesive national overview. There is a need for a consolidated synthesis of epidemiological trends, policy developments, service structures, and systemic barriers specific to the UAE.

REVIEW CONTENT

This mini review addresses this gap by providing a structured, evidence-based analysis of addiction services in the UAE, comparing them with international best practices, and identifying priority areas for future development. The goal is to support policymakers, clinicians, and researchers in advancing a comprehensive, culturally responsive addiction strategy.

Epidemiology and Emerging Trends

Substances of Concern

Patterns of substance use in the UAE reflect global shifts toward synthetic and pharmaceutical substances:

- Prescription medications (tramadol, pregabalin, benzodiazepines) are frequently misused due to accessibility and perceived safety [7,9].
- Synthetic cannabinoids and amphetamine type stimulants have gained popularity among younger users [3,10].
- Alcohol misuse remains a concern among expatriates despite regulatory restrictions [8,11].
- Illicit substances such as methamphetamine and heroin appear in forensic reports, though at lower prevalence [5].

Co-occurring Mental Health Conditions

Dual diagnoses involving depression, anxiety, and trauma related disorders are increasingly documented, complicating treatment and recovery [12-13]. This aligns with global evidence demonstrating high comorbidity between SUDs and psychiatric disorders.

Sociocultural Influences

Stigma remains a major barrier to help seeking, particularly among Emirati families where addiction is often viewed as a moral failing [6]. The manuscript notes that "stigma remains one of the most significant obstacles to treatment engagement." Global evidence confirms that stigma reduces treatment entry, retention, and recovery outcomes [14-15].

Legal and Policy Developments

The UAE has undertaken significant legislative reforms to modernize its approach to addiction. Federal Decree Law No. 30 of 2021 represents a pivotal shift, introducing rehabilitative alternatives for first time offenders and expanding judicial discretion to support treatment over incarceration [16].

Key policy features include:

- Mandatory referral to accredited treatment centres
- Reduced penalties for individuals completing rehabilitation
- Emphasis on prevention, early intervention, and community education
- Alignment with WHO recommendations advocating public health–based responses [17].

These reforms reflect a global movement toward treating addiction as a chronic medical condition rather than a criminal act [18-19].

Treatment and Rehabilitation Infrastructure

National Rehabilitation Centre (NRC)

The NRC in Abu Dhabi serves as the country's flagship addiction treatment facility, offering:

- Medically supervised detoxification
- Individual and group psychotherapy
- Family interventions
- Relapse prevention programs
- Continuing care and follow up

The NRC also contributes to research, workforce training, and policy development [20].

Al Amal Psychiatric Hospital

Located in Dubai, Al Amal provides:

- Detoxification services
- Outpatient follow up
- Court mandated assessments
- Psychiatric care for co-occurring disorders

Private and NGO Services

Private centres and NGOs offer outpatient counselling, harm reduction education, and family support. Accessibility varies due to cost, insurance limitations, and geographic distribution.

Integration Challenges

Despite progress, addiction services remain fragmented, with limited coordination between primary care, mental health services, and social support systems [21]. This fragmentation contributes to treatment dropout and relapse.

DISCUSSION

The UAE has demonstrated strong political commitment to addressing addiction through legislative reform, investment in specialized services, and alignment with international standards. However, deeper analysis reveals important contrasts between UAE practices and international benchmarks.

Comparison with International Models

Countries with mature addiction systems such as Portugal, Canada, and the UKhave adopted integrated, recovery oriented frameworks emphasizing:

- Stepped care models
- Harm reduction services
- Integrated mental health–addiction clinics
- Peer support networks
- Community based rehabilitation

These models are supported by robust evidence [2-23]. In contrast, the UAE's system remains more centralized and medically oriented, with limited community based services and minimal harm reduction infrastructure [24].

Workforce and Training Gaps

The UAE faces shortages of addiction psychiatrists, psychologists, social workers, and peer support specialists. Expanding postgraduate training programs and certification pathways aligned with WHO standards is essential [25-26].

Sociocultural and Legal Considerations

Stigma remains a major barrier to help seeking. International evidence shows that culturally tailored public education campaigns, school based prevention programs, and family centred interventions can reduce stigma and promote early intervention [15,27].

CONCLUSION

This review highlights that the UAE has made substantial progress in reframing addiction as a public health issue, modernizing legislation, and expanding specialized treatment services. However, persistent challenges including stigma,

workforce shortages, fragmented services, and limited aftercare underscore the need for a comprehensive national addiction strategy.

Key Findings

- Substance use patterns increasingly mirror global trends.
- Legislative reforms have shifted the national approach toward rehabilitation.
- Specialized services provide high quality care but remain insufficient relative to population needs.
- Stigma and fragmented care pathways impede recovery outcomes.

Practical Implications

- Policymakers should prioritize integrated, multisectoral strategies.
- Clinicians require expanded training opportunities in addiction medicine.
- Community based services and peer support networks are essential for long term recovery.

Policy Recommendations

- Establish a national addiction observatory
- Expand MAT and harm reduction initiatives
- Develop culturally tailored stigma reduction campaigns
- Strengthen reintegration pathways
- Enhance coordination between healthcare sectors

DATA AND SURVEILLANCE LIMITATIONS

The absence of comprehensive national epidemiological data limits service planning and outcome evaluation. Establishing a national addiction observatory would significantly enhance evidence based policymaking [17,28].

FUTURE DIRECTIONS

To align more closely with international best practices, the UAE may consider:

- Developing community based recovery centres
- Expanding medication assisted treatment (MAT) programs [29].
- Implementing national prevention campaigns
- Strengthening integration between primary care and mental health services
- Establishing national data systems
- Enhancing vocational rehabilitation and reintegration programs

FUTURE RESEARCH

- Longitudinal studies on substance use trends
- Evaluations of treatment outcomes
- Research on culturally adapted interventions
- Studies examining the impact of legal reforms

CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

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REFERENCES

1. McLellan AT, Lewis DC, O'Brien CP, Kleber PH. Drug Dependence, a Chronic Medical Illness. The Science of Mental Health: Compulsive disorder and Tourette's syndrome. 2001;284(13):29..
2. Han B, Volkow ND, Jones CM, Dowell D, Baldwin G, et al. Polysubstance use disorders among US adults. Molecular Psychiatry. 2026 :1-3.
3. Canton H. United Nations Office on drugs and crime—UNODC. InThe Europa directory of international organizations 2021 2021 (pp. 240-244). Routledge.
4. Degenhardt L, Hall W. Extent of illicit drug use and dependence, and their contribution to the global burden of disease. The Lancet. 2012 ;379(9810):55-70.
5. National Rehabilitation Centre (NRC) (2022). Annual Report. Abu Dhabi: NRC Publications.
6. Alhyas L, Al Ozaibi N, Elarabi H, El-Kashef A, Wanigaratne S, et al. Adolescents' perception of substance use and factors influencing its use: a qualitative study in Abu Dhabi. JRSM open. 2015;6(2): 2054270414567167.
7. Al Marzooqi F, Elkashef A & Al Ghaferi H (2020). Drug addiction treatment and rehabilitation services in the United Arab Emirates: Challenges and solutions. Eastern Mediterranean Health Journal, 26(4), 432–438.
8. World Health Organization. Global status report on alcohol and health 2018. World Health Organization; 2018.
9. Tamburello AC. Misuse of noncontrolled medications. Oxford Textbook of Correctional Psychiatry. 2025:185.
10. Peacock A, et al. (2022). Global patterns of amphetaminetype stimulant use. Addiction, 117(6), 1600–1612.
11. Carvajal F, Lerma-Cabrera JM. Alcohol consumption among adolescents—implications for public health. Topics in public health. 2015:51-76.
12. Volkow ND, Koob G. Brain disease model of addiction: why is it so controversial?. The Lancet Psychiatry. 2015;2(8):677-9.
13. Zhao X, Liu L, Zhao P, Jiang W, Nahata M. The Global Burden and Trends of Mental Disorders and Substance Use Disorders Among Adolescents and Young Adults: Findings from the Global Burden of Disease Study 1990–2021. Available at SSRN 4957498. 2024. ,
14. Livingston JD et al. (2020). Stigma and substance use disorders: A systematic review. Drug and Alcohol Dependence, 204, 107502.
15. Tsai, A. C., et al. (2021). Public stigma toward people with substance use disorders: A global perspective. The Lancet Public Health, 6(1), e9–e17.
16. Al Zaabi LA, Islam R, Rahman NA. Transnational Drug Crime: A Case Study of the United Arab Emirates' Response to Emerging Threats. International Journal of Aquatic Research and Environmental Studies. 2026;6(S3):66-75.
17. Citaristi I. World Health Organization—WHO. InThe Europa Directory of International Organizations 2022 2022(pp. 380-395). Routledge.
18. Saitz, R. (2014). Integrating addiction care into general medicine. New England Journal of Medicine, 371(7), 591–593.
19. Griffiths P, Sedefov R, Gallegos A, & Lopez, D. (2010). How globalization and market innovation challenge conventional drug policy. Drugs: Education, Prevention and Policy, 17(2), 101–111.
20. Al Ghaferi H, Ali A & Wanigaratne S (2017). Addiction in the Arab world: An overview. Arab Journal of Psychiatry, 28(2), 93–102.

21. Becker WC & Fiellin DA (2020). Provider challenges in opioid use disorder treatment. Annals of Internal Medicine, 173(1), 70–72.
22. Humphreys K & Saitz R (2019). Should addiction treatment be integrated into primary care?. New England Journal of Medicine, 381(6), 501–503.
23. Madden L, et al. (2021). Recoveryoriented systems of care: International evidence. Addiction, 116(10), 2603–2615.
24. Karamouzian M, et al. (2022). Harm reduction in the Middle East: Opportunities and challenges. International Journal of Drug Policy, 99, 103455.
25. Priester, M. A., et al. (2020). Addiction workforce development: A global review. Journal of Substance Abuse Treatment, 108, 1–10.
26. Wakeman SE, Pham-Kanter G, Donelan K. Attitudes, practices, and preparedness to care for patients with substance use disorder: results from a survey of general internists. Substance abuse. 2016;37(4):635-41.
27. Kelly JF, Westerhoff CM. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. International Journal of Drug Policy. 2010 ; 21(3):202-7.
28. Rehm J, et al. (2021). Improving national drug monitoring systems: Lessons from Europe. Addiction, 116(12), 3383–3394.
29. Larney, S., et al. (2020). The effectiveness of opioid agonist treatment: Updated systematic review. The Lancet, 395(10228), 156–167.