



The National
AIDS Control
Programme



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A Case Study on the AJEM Center for Drug User Rehabilitation

A Facility for Drug Addicted Inmates
at Roumieh Prison in Beirut, Lebanon



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Acknowledgments	3
Authors' Contributions	3
Acronyms	4
Executive Summary	5
Overview of the Program	8
Context	8
HIV and Injecting Drug Use	8
HIV/AIDS and Drug Use in Lebanon	9
Detoxification and Rehabilitation in Lebanon	11
Injecting and other Drug Use in Prisons in Lebanon	11
AJEM	20
Center for Drug User Rehabilitation	21
The Beginning	21
The Role of the Ministry of Interior and the Internal Security Forces	21
Justification	22
The Philosophy	23
The Center	24
Funding	25
Goals and Objectives	25
The Selection Process	26
Why Drug Users Want to Enter the Rehabilitation Center	27
Inclusion Criteria	27
Psychiatric Exclusion Criteria	28
Priority Target Groups	28
Program Components	29
Main Components of the Program	29
Psychiatric Care	29
Education	30
Psychological Care	34
Social Work	36
Legal Support	37
Nurse	38
Case Management	38
Team Management	39
Follow-Up	39
Additional Components of the Program	40
Recreational Therapies	40
Professional Skill Development	41
Monitoring and Evaluation	42
Beneficiaries and Life Testimonies	42
Ex-Drug User Who has been Released from Prison	42
Mother of Beneficiary in the Rehabilitation Center	44
Strengths And Successes	46
The Rehabilitation Program	46
The Team	47
The Residents	47
The Results and Follow-up	47
Obstacles	48
Funding and Human Resources	48
The Program, The Priorities and the Facility	48
The Residents	49
The Prison Setting	50
The ISF	51
Vulnerability to HIV Infections	51
Outside the Prison and Reintegration	51
The Judicial System	52

Ethical Issues	52
Recommendations	53
Location/Expansion	53
Alternative Therapies	54
Human Resources	54
Families	54
Financial Support	54
Drug and HIV Prevention in the Prison	55
Universal Human Rights and Increasing Awareness	55
Collaboration	56
Prison Staff	56
Universities and Schools	56
Businesses	56
Follow-Up	57
Legal	57
Conclusion/Discussion	58
Works Cited	59
Appendices	60
Appendix A: Articles 125, 126 and 127 of the Drug Code	60
Appendix B: Informed Consent Form	61
Appendix C: Center for Drug User Rehabilitation Rules and Regulations	62
Appendix D: Law on Drugs and Psychotropic Substances	63

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ABC Therapy	Action, Behavior and Cognitive Therapy
AIDS	Acquired Immunodeficiency Syndrome
AJEM	Association Justice et Miséricorde
AUB	American University of Beirut
BS	Bachelor of Science
CABC Therapy	Consequence, Action, Behavior and Cognitive Therapy
CBT	Cognitive-Behavioral Therapy
FSW	Female Sex Worker
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IBBS	Integrated Bio-Behavioral Study
IDU	Injecting Drug User
IEC	Information, Education and Communication Materials
ISF	Internal Security Forces
LL	Lebanese Lira (1500LL = approximately \$1USD)
M&E	Monitoring and Evaluation
MARPS	Most At-Risk Populations
MENA	Middle East/North Africa Region
MOH	Ministry of Health
MOI	Ministry of Interior
MOI	Ministry of the Interior
MOJ	Ministry of Justice
MOSA	Ministry of Social Affairs
MSM	Men who have Sex with Men
NAP	National AIDS Program
NGO	Non-Governmental Organization
OPEC	Organization of Petroleum Exporting Countries
OST	Opioid Substitution Therapy
PAF	Project Accelerated Funds
PLHIV	People Living with HIV/AIDS
SIDC	Soins Infirmiers et Développement Communautaire
STI	Sexually Transmitted Infection
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UNRWA	United Nations Relief and Works Agency
VCT	Voluntary Counseling and Testing

Lebanon has a low prevalence of HIV/AIDS cases. By December of 2007, the cumulative number of reported cases of people living with HIV/AIDS (PLHIV) was 1056, although the estimated number of PLHIV is around 2500 to 3000 cases (1). While there are no estimates of the total number of drug users in Lebanon, the estimated number of injecting drug users (IDU) is between 2000 and 4000 individuals (2). 5.7% of the total numbers of PLHIV in Lebanon are IDU (1).

Due to the laws, regulations and taboos regarding drug use in Lebanon, drug users are not accepted by the society and are often stigmatized and discriminated against. Drug use is also illegal in Lebanon, which creates additional problems for IDU. Many drug users are caught with drug paraphernalia and are imprisoned; drug users who are imprisoned once, tend to reenter the prison setting for a variety of reasons, with over 50% of the current population of drug users in the prison having been imprisoned at least twice (9). According to a study conducted by the NGO, Association Justice et Miséricorde (AJEM), 30.2% of individuals entering the prison have been accused of drug-related crimes (9), and on average, there are over 1000 drug using inmates within the prison at any one time. In the study, over half of the inmates interviewed acknowledged that drug trafficking occurs in the prison, and that inmates hide syringes in their belongings. Of the inmates who stated that they were drug users, over 20% used heroine, and 12.4% were IDU. Over 70% of the IDU had injected drugs on the day they entered prison. This finding is extremely important, as this increases the possibility of HIV transmission within the prison system. Especially in connection with the finding that 7% have shared needles while in the prison system (9).

Due to the above findings, and the finding that the prisons do not have regulations about drug use or management of drugs for inmates, AJEM designed a program called the Center for Drug User Rehabilitation. This pioneer program was established in 2006, and aims to serve inmates with a high index of severity of drug use. It is the only program of its kind in the MENA region. The majority of the inmates who are served within the center are IDU. The rehabilitation program is based on cognitive-behavioral therapy, and is established on the principles of justice and mercy.

There are multiple components to the program, including drug rehabilitation and education sessions, psychological and psychiatric care, alternative optional therapies, and legal and social support (Figure 1). The program is about to enroll its fifth group of beneficiaries, and has seen 22 residents of the program graduate from the rehabilitation center, and 17 of the graduates released from prison. The staff members of the center continue to offer follow-up support to the graduates before and after their release from the prison.

Strengths and Successes

Numerous strengths and obstacles have been noted for the AJEM Center for Drug User Rehabilitation. A few of the most important ones are delineated below:

- Pioneer program in MENA region
- Offering a chance for inmates who are addicted to drugs
- Multi-disciplinary approach to the program
- High level of teamwork and collaboration
- Most residents are highly motivated to make a change
- Noticeable progress made with each resident of the program, as noted by staff members, other residents and family members of the residents
- Ability of graduates of the program to remain in contact with the center staff and receive additional follow-up services

Obstacles

- Risk of infection with HIV or HCV due to high level of IDU among the residents
- Prison is a drug-contaminated environment
- There is always a need for additional financial resources for materials and staff members for establishing and maintaining the program

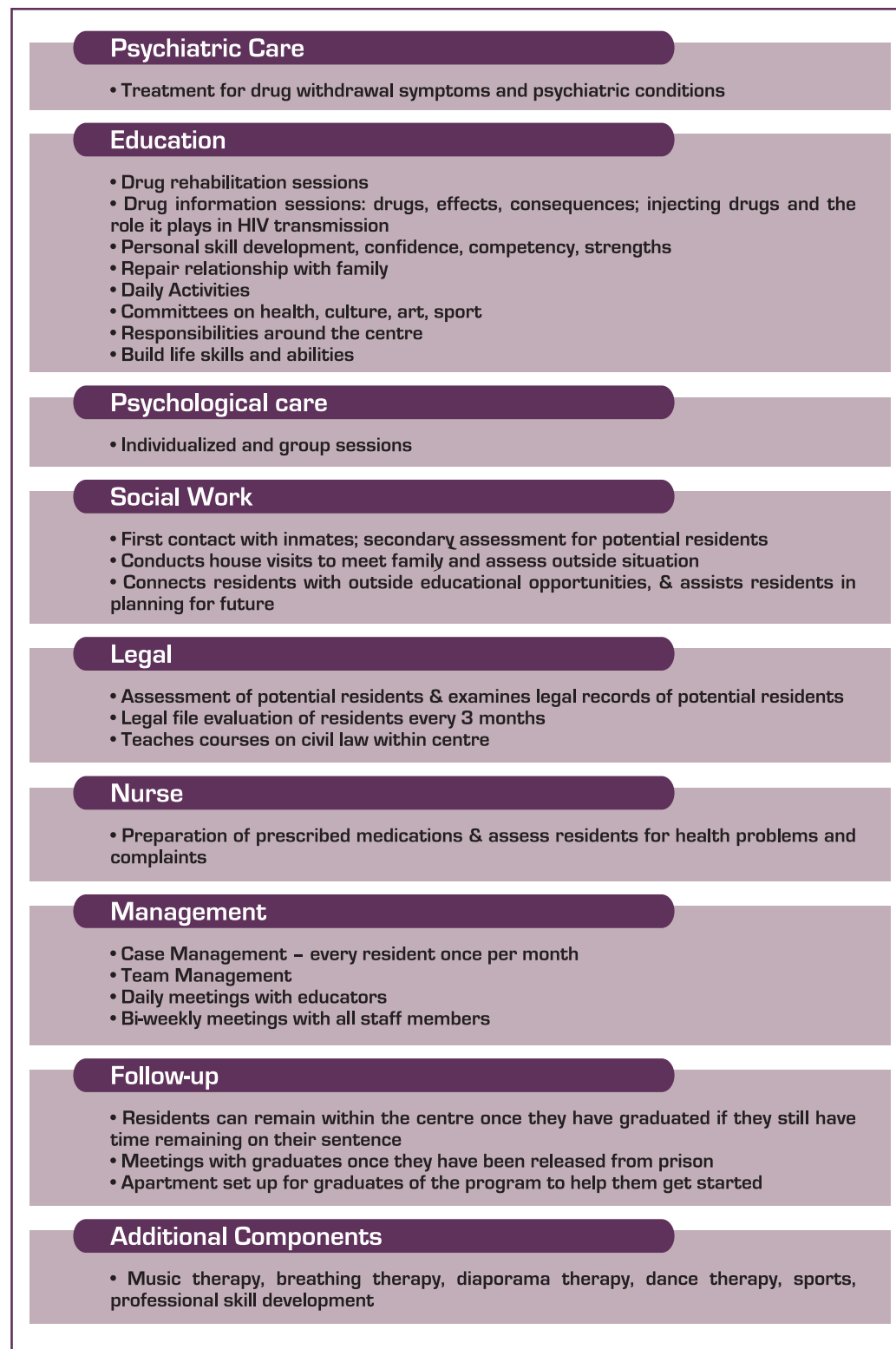


Figure 1: Components of the Center for Drug User Rehabilitation

- The program has been adapted from a Canadian program to fit the Lebanese context, and is still in an experimental stage
- Working with inmates with a high-severity of drug use creates issues as treatment and rehabilitation for these inmates is more difficult
- Difficulties of creating behavior change within the prison, without the opportunity to work on influences outside the prison context
- Many residents lack trust and have a hard time adapting to the environment of the center as they are unsure if they can trust the center staff
- Inability to use certain medications and treatments, which makes detoxification more difficult
- High level of stigma and discrimination faced upon reintegration due to being ex-prisoner and ex-drug user, including difficulty in finding jobs and being accepted by family and community
- Lack of VCT in the center and in the prison as a whole. This is one of the major obstacles that the center faces as it lacks case finding ability and prevention of HIV in a center that comprises heavy drug users including IDUs which increases the vulnerability of the residents of acquiring HIV in the center and the prison as a whole

Recommendations

Numerous recommendations have been set forth both for the rehabilitation program, and to address the issue of drug use within the wider societal context. Some of these are outlined below.

- Ensure sustained financial support from funding agencies for the program to continue offering services and to offer services to more beneficiaries
- Expand center to include the rest of the wing, and eventually expand to a full building to be able to serve more drug using inmates and decrease the residents' contact with other inmates. By expanding the center, it may also increase the cost-effectiveness of the center, as many of the start-up costs and issues have already been worked with
- Refer residents and individuals not receiving benefits from the center to drug rehabilitation organizations and programs upon release from prison
- Increase the amount of therapies available for drug rehabilitation
- Increase staff presence to 24-hours a day
- Implement face-to-face visits with family members to build the relationship of the resident to his family, also build the capacity of the family members to ensure support for the resident upon release
- Conduct HIV and drug prevention sessions within the prison context
- Within society promote universal human rights and understanding of the situation of prisoners. Increase awareness of HIV and drug-related issues
- Advocate with prison authorities to introduce VCT service in the center to prevent possible HIV transmission and allow those who may be infected the chance for obtaining antiretroviral treatment if needed
- Increase collaboration between the center, other NGOs working with drug users, the Internal Security Forces, universities, businesses, and prison staff
- Increase follow-up opportunities for graduates of the rehabilitation program
- Advocate for the decriminalization of the drug user
- Implement the 5 components of the Law on Drugs and Psychotropic Substances from 1998
- Implement opioid substitution therapy

Conclusion

Drug users, and specifically IDUs, face risks from the moment they begin to use drugs. They have lived lives saturated with stress and problems with family and society. The desolation and despondency of their lives have led some of them to drug abuse, drug trafficking and other crimes, and ultimately to prison. Imprisoned drug users endure many hardships within the prison system in Lebanon. Drugs become a necessity not only to prevent withdrawal symptoms, but to survive the prison environment, the overcrowding and difficult conditions of living inside. Every injecting experience increases the risk of contracting HIV or HCV.

The AJEM Center for Drug User Rehabilitation has offered a pause within the system, a moment for a person suffering from substance abuse to look at his options, and to determine if he is ready to lead a 'drug free' life. It is a huge leap to go from a constant drugged state to suffering the pain and symptoms of withdrawal, to realize that eventually you would have to be faced with your problems again. That step is one of the hardest steps that an inmate may take within the prison setting, but is one that should be offered to all inmates who are addicted to drugs. While the prison is not the ideal location for people suffering from substance abuse, within the current system, the rehabilitation program offered by AJEM allows a few inmates a new chance at life.

However, the question still remains as to whether drug users should be sent to prison in the first place, or if a more suitable facility exists, or should exist. In order to facilitate the rehabilitation of drug users and assist them in becoming more productive members of society, they need to be offered options other than prison.

Advocating for the decriminalization of drug use could be the solution of the problem. Admitting that drug users are patients in need of support and are not subjects to be thrown in the prisons in an attempt to "teach them a lesson" [10] is an essential necessity. Imprisoning drug users has only led to more problems with over-crowding, drug networking and increasing both the environmental and behavioral risk factors that add to the drug user's vulnerability to HIV infection [10]. The current situation is frightening for drug users, as their only options are to remain hidden or become imprisoned. This has created a fear to seek services and support. By addressing such a fundamental issue as the legality (or illegality) of a medical condition, we can become better prepared to serve this marginalized population.

OVERVIEW OF THE PROGRAM

The Center for Drug User Rehabilitation is a program designed by the NGO Association Justice et Miséricorde (AJEM) for inmates at Roumieh prison. The program was established in 2006, and aims to serve inmates with a high index of severity of drug use. The rehabilitation program is based on cognitive-behavioral therapy, and is established on the principles of justice and mercy. There are multiple components to the program, including drug rehabilitation and education sessions, psychological and psychiatric care, alternative optional therapies, and legal and social support. The program is about to enroll its fifth group of beneficiaries, and has seen 22 residents of the program graduate from the rehabilitation center, and 17 of the graduates released from prison. The staff members of the center continue to offer follow-up support to the graduates before and after their release from the prison.

CONTEXT

HIV and Injecting Drug Use

The connection between injecting drug use and HIV/AIDS has been known for a long time, and injecting drug use has been mentioned as a more efficient mode of HIV transmission than sexual transmission [16]. This is noted, the sexual transmission of HIV tends to spread silently and slowly within a population. However among IDU, once HIV is introduced to a community of IDU, the virus is spread much more rapidly [16]. Currently, around 10% of all new HIV infections globally are due to sharing or using contaminated injecting equipment [16]. This sharing of contaminated equipment is the main reason for the spread of HIV among IDU. However, sexual transmission also occurs among IDU, and their sexual partners, which increases their susceptibility to the infection, and the chance of spreading it to a wider group of individuals [16]. It has been noted that one of the three main factors that are needed in order to halt the spread of HIV among IDU is to facilitate entry into drug treatment programs. Inmates in prisons are at an increased risk of HIV, not only due to their risky behaviors of sharing needles, and engaging in unprotected sex [15], but also because they lack access to drug treatment programs and preventive services [16].

HIV/AIDS and Drug Use in Lebanon

Lebanon has a low prevalence of HIV/AIDS cases. By December of 2007, the cumulative number of reported cases of people living with HIV/AIDS (PLHIV) was 1056. Among these cases, 432 are cases of AIDS. The estimated number of PLHIV in Lebanon is around 2500 to 3000 cases. 92 new cases of HIV were reported in Lebanon in the year 2007 [1].

While there are no estimates of the total number of drug users in Lebanon, the estimated number of IDU is between 2000 and 4000 individuals [2]. 5.7% of the total numbers of PLHIV in Lebanon are injecting drug users (IDU) [1].

Due to the laws, regulations and taboos regarding drug use in Lebanon, drug users are not accepted by the society and are often stigmatized and discriminated against. This creates a situation where the population becomes hard-to-reach, especially concerning female drug users.

The National AIDS Program (NAP), with the assistance of Soins Infirmiers et Developpement Communautaire (SIDC) and other NGOs conducted three outreach programs targeting the most at risk populations (MARPS) in Lebanon beginning in 2001. This outreach was supported by UNAIDS through OPEC/UNFPA and PAF funds, and allowed these organizations to reach MARPS and to assess some of their risky behaviors.

The results of the three projects have shown a high range of risky behavior among the three populations of drug users, female sex workers (FSW) and men who have sex with men (MSM). Some of the main findings from the first outreach, entitled "HIV/AIDS Prevention through Outreach to Vulnerable Populations in Beirut, Lebanon in 2001-2002" include the following discoveries:

Out of 97 IDU reached, 64.7% had shared needles, with 59.6% having borrowed a needle within the last 6 months, and 17.2% having borrowed a needle for their last injection. The main partner(s) that IDU shared needles with included 'a friend' (56.7%) and 'a group of drug users' (26.7%). All of the interviewed IDU stated that the main source for obtaining needles or syringes was the pharmacy. In addition to the risky behaviors relating to drug use, they also took part in risky sexual behaviors. 72.6% of those interviewed had participated in sexual intercourse in the last 12 months. 27.1% had been paid for sex and 24.7% had male-to-male intercourse. There was a low rate of reported consistent condom use as only 5.8% of the respondents reported consistently using a condom with their regular partner. This number increased to 43.6% reporting consistent condom usage with commercial sex partners [3].

The second outreach, titled "HIV/AIDS Awareness among Youth and Vulnerable Groups in Lebanon in 2003-2005" reached more IDU, with 630 individuals being contacted during outreach. While a questionnaire was not part of the study, some important demographic data was obtained for the population. The IDU were reached in all five districts of Lebanon, with the majority being contacted in Mount Lebanon (48.6%) and Beirut (25.4%) followed by the Bekaa Valley (10.8%), the North (9.5%) and the South (5.7%). 55% of the IDU accessed were between the ages of 16 and 30 years, while 63% had reached the secondary level (37%) or university (26%). 9% of the IDU were illiterate, and 16% had reached the primary level [4].

The third and most recent outreach undertaken in 2005-2007 was titled "Strengthening Capacities and Performances of Local NGOs and Partners in Better Integrating and Executing Vulnerable Groups Outreach Activities and Interventions within HIV/AIDS Prevention". Over 6 months of outreach, 212 IDU were contacted, in addition to 140 other drug users. While the majority of the IDU contacted in this study were located in the Bekaa area (48.6%), individuals were also contacted in all five regions. Of the IDU, there was a high percentage of illiteracy (34.3%), and of individuals reaching the university level (16.8%) or having a technical education (16.8%) [5].



Of those individuals reached, 119 were met either in their private residences or in a group hang-out place. Their knowledge about HIV and other STIs was not very high. Only 66.4% knew about HIV, with 65.6% knowing about various routes of transmission, and 61.3% knowing methods of prevention. For STIs, the rates of knowledge were lower (54.7%), yet more individuals knew how STIs are transmitted (79.5%) and prevented (78.1%). The IDU acknowledged their risky behaviors, with 13.2% always sharing needles, and 23.3% sometimes sharing needles. Only 31.4% of the IDU used a condom every time they had sex in the last month. 35% used a condom sometimes, and 16.8% never used a condom (5).

On World AIDS Day, December 1, 2007, NAP launched 22 voluntary counseling and testing (VCT) centers throughout Lebanon. Sixty-eight participants were trained to deliver the VCT service, and 1011 beneficiaries have received this service between January and July of 2008. An additional 13 registered nurses from UNRWA have received training on VCT, and NAP has decided with UNRWA to train 30 more social workers and medical doctors to enhance proper service delivery and to prevent burn-out of staff. Once the trainings have been concluded, UNRWA, with the support of NAP, will be launching 13 VCT centers in the Palestinian refugee camps around Lebanon. In addition to the trainings conducted for VCT, NAP has developed a Standardized National Protocol with a Monitoring and Evaluation (M&E) Plan for VCT. All of the VCT centers must abide by this protocol and follow the M&E Plan. Supporting materials, advocacy brochures, posters and calendars have been distributed to each of the VCT centers; the NGOs have taken charge of additional marketing for the services they offer as suggested and agreed upon in the VCT trainings in order to increase the number of vulnerable populations reached. Phone messages were sent randomly to the general population to inform them of the launching of the VCT services.

Both the outreach programs and the VCT services aim to reach and build trust between hard to reach populations and NGOs and other health care delivery services. Out of the 500 beneficiaries that have received the VCT service thus far, 14.3% have acknowledged that they were exposed to risky behaviors, 7.3% said that they might have been exposed to HIV through a risky partner and 2.3% reported that they were IDU. We need to put more effort into our outreach programs and strengthen the referral system in order to build trust between MARPS and prevention services in Lebanon and try to assist drug users in overcoming their fear of reaching out for help.

The NAP also, partnered with researchers at the American University of Beirut (AUB) to conduct an Integrated Bio-Behavioral Surveillance Study (IBBS) of Most At-Risk Populations (MARPS) in Lebanon, entitled Mishwar. This project was funded by the World Bank, and involved six NGOs. These NGOs are well established and trusted organizations working with vulnerable groups in Lebanon.

The main objectives of the study were to provide an estimate of HIV prevalence among four major vulnerable groups in Lebanon (MSM, FSW, IDU and prisoners), in addition to providing an estimate of co-infection with Hepatitis B and C among HIV-positive participants in all populations. In addition to being a surveillance study that helped in estimating baseline data, Mishwar aimed to foster research collaboration for the project between NGOs involved with the vulnerable groups, NAP and AUB and contributed to building the research capacity of the NGOs involved.

The study consisted of a questionnaire that covered information related to demographics, sexual history, and drug use, in addition to knowledge and attitudes regarding HIV. For the prisoners, the questionnaire attempted to explore their behaviors before and during incarceration. However, the study was not limited to the survey. The NGOs offered free rapid HIV tests to participants, along with pretest and post-test counseling. This was very beneficial for NGOs as it helped build their HIV counseling capacity and skills. Also, each of the participants received free

IEC (information, education and communication) material pertaining to HIV and risky behaviors, further emphasizing preventive measures for HIV within the Mishwar project.

The prisoner segment of the study was carried out between August 2007 and February 2008 in Roumieh Prison. Roumieh is considered to be the central and largest male prison facility in Lebanon. A total of 608 male prisoners aged 16 and above participated in the study. The prisoners were randomly sampled from each cell in the four blocks. The exclusion criteria included prisoners who do not comprehend English or Arabic language, prisoners in the psychiatric unit, violent prisoners, and political prisoners. Out of the total 580 prisoners who agreed to do the questionnaire and the HIV rapid test, only one HIV positive case was detected. This individual tested negative for HBV and HCV (6).

For the IDU population, two NGOs worked with AUB and NAP for recruiting participants to the study, Skoun and Oum El Nour. The sampling methodology used was RDS (respondent driven sampling), which is a chain referral system used with hidden populations. The advantage of RDS is that it does not have the biases of other sampling methods such as snow-balling. The NGOs were able to recruit a total of 109 IDU participants, 106 of whom consented to donating blood spots for HIV, HBV, and HCV testing purposes. Only one HIV positive case was reported. Prevalence of HCV was 52.8% (56/106) while prevalence of HBV was only 2.8% (3/106). The time duration of data collection lasted 11 months starting on August 1st, 2007 and ending on July 31 of 2008 (6).

Detoxification and Rehabilitation in Lebanon

Drug detoxification is legal in Lebanon, and is offered by most hospitals in the country, but is fairly expensive. There are a sub-optimal number of centers for drug rehabilitation that are run by NGOs in the country, and these centers have long waiting lists for people to enter their rehabilitation programs. Some drug users are able to benefit from the rehabilitation services, and are supported by their families in getting the help they need to get off drugs. Other drug users have been reported to the police by their own family members in the hope that by going to prison, the drug users will learn their lesson and will quit using drugs.

Most of the drug rehabilitation programs in Lebanon use a complete abstinence approach to rehabilitation (or detoxification accompanied with rehabilitation). Harm reduction approaches have not been fully adopted as needle exchange programs are illegal and substitution or agonist therapies are still in the process of becoming fully legalized and approved. Although needle exchange programs are not permitted, pharmacies are allowed to sell syringes, and are not limited in the number of syringes that they can sell to any one individual. The NAP has initiated a Multidisciplinary Task Force that is currently working on the full legalization of Opioid Substitution Therapy (OST) in Lebanon and is working on a Standardized National Guidelines for the use of OST both inside and outside the prison setting. Samples of one of the pharmaceutical medications used for OST (buprenorphine) have been imported into the country for testing and registration procedures. Once OST becomes completely legalized, there are several organizations that would be enthusiastic to offer this therapy to their beneficiaries; however, the Task Force would still need to decide on the eligibility criteria and minimum standards allowable for centers wishing to deliver the service.

Injecting and other Drug Use in Prisons in Lebanon

Lebanon has a total of 22 prisons, which cover all five districts that make up the country. Five of these prisons are reserved for women. In 2007, 5847 prisoners were being held, of which, 3720 were imprisoned at Roumieh prison (7), which is the largest prison in Lebanon. Roumieh prison is located just outside Beirut, and was opened in 1970 (8). Almost all of the prisons have a problem with overcrowding, as there is little budget available for improving or renovating the existing facilities. In addition the prisons in Lebanon do not have specific regulations on drug use and management for inmates.

From January to August of 2007, AJEM conducted exploratory research in the central prison at Roumieh. Due to the nature of the work that AJEM conducts inside the prison, they were able to carry out a complete census of drug use in this prison for that 8 month period.

The AJEM survey discovered some revealing findings [9]. On average, 2.3 drug users were imprisoned at Roumieh prison every day, with 15% of these drug users being imprisoned for breaking laws that were most often motivated by access to drugs. 48% of drugs users entering the prison were being imprisoned for the second time, and 8.3% were imprisoned for the third or fourth time. The majority of the prisoners that use drugs were multi-drug users; 36.17% reported having used hashish, 22.87% have used cocaine, 20.37% heroin, 2.7% freebase, 0.8% ecstasy, and 16.23% have ingested pills. Most of the drugs used above were ingested (37.2%), followed by 34.8% cigarettes, 20.9% inhalation, and 12.4% injections. "The above statistics show that over half of the drug-related arrests are relapse cases (in their second or third drug-related arrest). This fact can be explained mainly by a lack of efforts to treat and rehabilitate drug-users and get them back to lead a normal life." [(10)p. 21]

The NAP conducted an assessment on drug use and HIV/AIDS in the prisons of Lebanon for the time period of March to May of 2008. Seven prisons were selected by the Multidisciplinary Task Force that was initiated specifically to facilitate, move forward, follow up and monitor the various milestones of the 5 major components of the Regional Project that was launched in July of 2007 by UNODC and UNAIDS. The Task Force members were from the MOI, MOJ, MOH, NGOs and NAP. The main goal of this project aims to increase access to drug rehabilitation and HIV/AIDS prevention and care services among vulnerable populations in the prison setting by:

- Establishing national strategies for HIV/AIDS prevention and care in the prison settings
- Increasing knowledge on the current risks and skills to deal with drug use and HIV/AIDS in the prisons among prison personnel
- Strengthening health and social facilities for the prevention and care of drug use and HIV/AIDS in prisons
- Increasing the knowledge of inmates about drug use, HIV/AIDS and ways to reduce potential risks of transmission
- Reducing overcrowding and improving general prison conditions

Four countries from the MENA region are participating in the UNODC/UNAIDS Regional Prison Project. These include Morocco, Lebanon, Egypt and Jordan. In order for each country to reach its goals, a Rapid Assessment on Drug Use and HIV/AIDS in the Prisons was conducted. Below are some of the results on drug use in the prisons of Lebanon from this study.

The rapid assessment conducted in Lebanon contained both quantitative and qualitative sections. 424 inmates were reached for the quantitative study, with a mean age of 33.4 years (Figure 2)¹ [10]. Their education level ranged between illiteracy (27%) to a small percentage reaching graduate school (0.2%). Almost 24% of the respondents have reached elementary school and 26.1% have reached intermediate school (Figure 3) [10]. On the other hand the majority of the staff, whose sample size was 55, (Table 1) has reached the secondary level (Figure 4) [10]. The distribution of prisons that were selected in Lebanon along with the distribution of prisoners and staff by demographic characteristics are shown in Tables 1 and 2.

Besides the demographic and educational level of the prisoners it is important to note that 57% of the inmates are detained compared to 43% that are convicted (Figure 5) [10]. This is a highly problematic issue as it plays a major role in the over-crowdedness in the prisons, which is one of the most challenging topics of concern in the prison system.

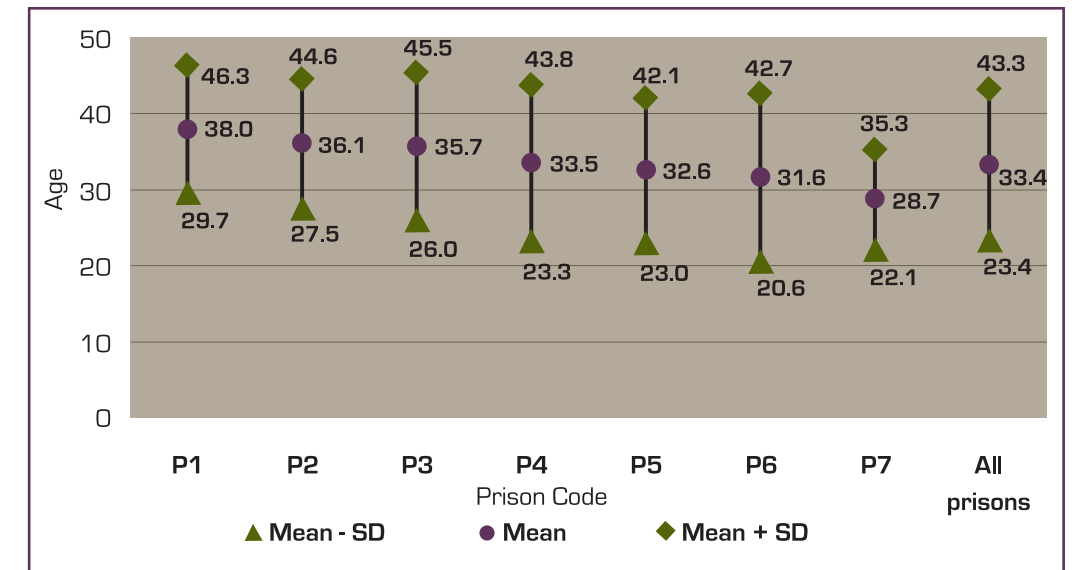


Figure 2: Prisoners by Mean Age

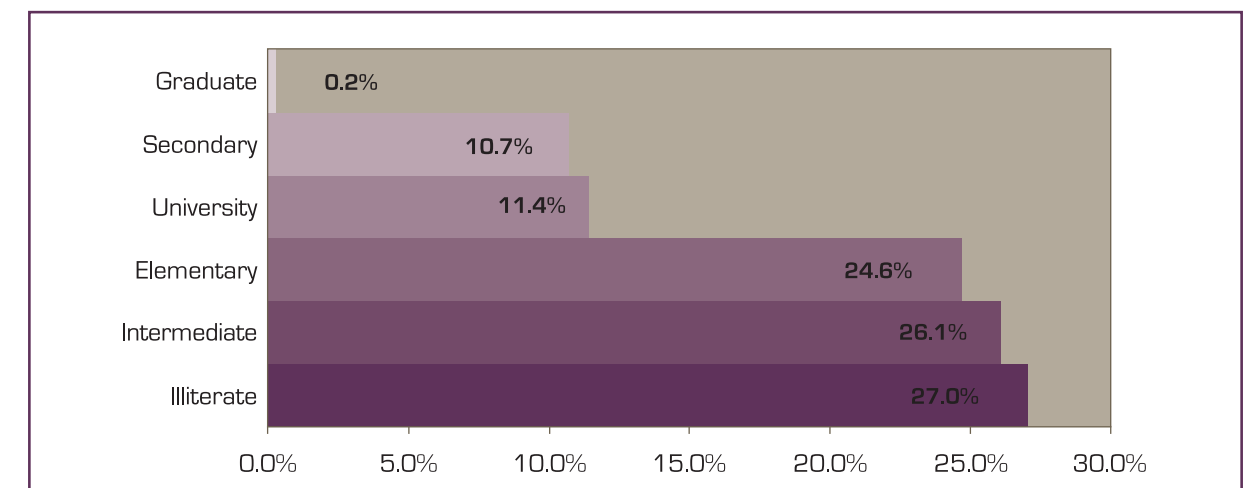


Figure 3: Distribution of Prisoners by Educational Level

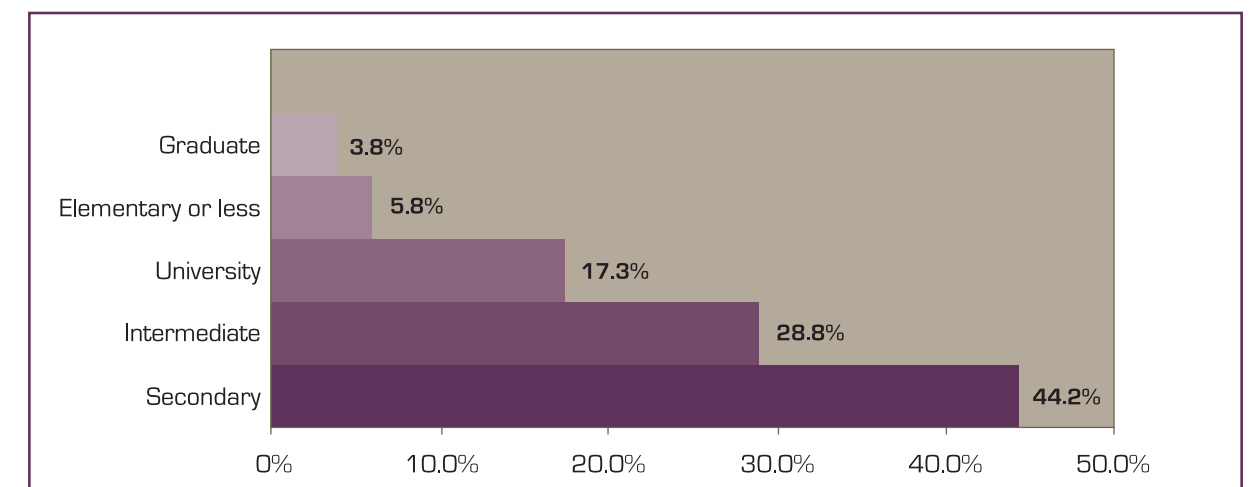


Figure 4: Distribution of Prison staff by educational level

¹ All Tables and Figures mentioned in this section have been taken from the National AIDS Control Program: Rapid Situation Assessment on Drug Use and HIV/AIDS in the Prison Setting, 2008.

Table 1: Distribution of prisoners by demographic characteristics		
	N	%
Prison		
Roumieh Men	278	65.6%
Tripoli Men	39	9.2%
Zahle Men	39	9.2%
Tripoli Women	24	5.7%
Baabda Women	15	3.5%
Barbar Al Khazen Women	15	3.5%
Nabatieh Men	14	3.3%
Total	424	100.0%
Accusation		
Drug related	128	30.2%
Theft/Robbery	88	20.8%
Illegal Entry	69	16.3%
Murder/Murder attempt	60	14.2%
Miscellaneous	46	10.8%
Counterfeiting	18	4.2%
Act against moral standards	8	1.9%
Kidnapping	7	1.7%
Total	424	100.0%
Legal Status		
Detained	238	56.7%
Sentenced	182	43.3%
Total	420	100.0%
Educational Level		
Illiterate	114	27.0%
Elementary	104	24.6%
Intermediate	110	26.1%
Secondary	45	10.7%
University	48	11.4%
Graduate	1	0.2%
Total	422	100.0%
Gender		
Male	368	87%
Female	54	13%
Total	422	100%
Age Mean(SD)	33.4(9.9)	

Table 2: Distribution of prisons staff by demographic characteristics		
	N	%
Prison		
Baabda	8	15%
Barbar Al Khazen	3	5%
Nabatieh Men	4	7%
Roumieh Men	22	40%
Tripoli Men	5	9%
Tripoli Women	7	13%
Zahle Men	6	11%
Total	55	100%
Gender		
Male	38	75%
Female	13	25%
Total	51	100%
Educational Level		
Elementary or less	3	6%
Intermediate	15	29%
Secondary	23	44%
University	9	17%
Graduate	2	4%
Total	52	100%
Highest educational level with regard to the task performed in prison		
Unskilled	15	31%
Semi Skilled	18	38%
Trained/Skilled	7	115%
University/College	8	17%
Total	48	100%
Current Job in prison		
Administrative worker	20	36%
Guard	20	36%
Nursing staff	8	15%
Other	7	13%
Total	55	100.0%
Age Mean(SD)	33.2(8.16)	
Duration of work in prisons in months: Mean(SD)	57.2(50.62)	
Duration of work in current prison in months: Mean(SD)	43.1(39.48)	

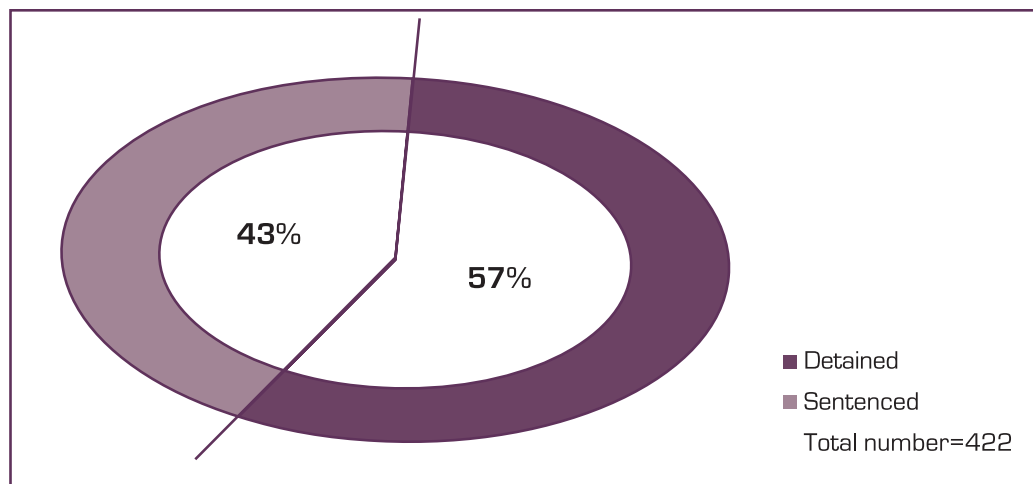


Figure 5: Distribution of Prisoners by Legal status (Detained vs. sentenced)

In the Prison Assessment it was shown that 30.2% of the prisoners in Lebanon were accused of drug related issues (Figure 6) (10). In addition, 54% of the prisoners admitted to using drugs, while 47% admitted to using alcohol in the prisons. It is highly important to note that 51% of the sample acknowledged that drug trafficking occurs in the prisons and 52% stated that inmates hide syringes in their cells (Table 3) (10). 14% of the prisoners interviewed reported that they had ever used a needle or syringe before coming to prison and 3% of the sample size reported that they were in prison when they first injected drugs. In addition, 71% of the sample stated that they injected drugs on the day they came into the prison and 7% reported sharing needles while in prison compared to 21% who have shared needles or syringes outside the prison (Table 4) (10). Also, as shown in Figure 7, prisoners have reported using alcohol, cocaine, hashish, pills and even heroin and opiates inside the prison (10).

As shown in these finding, over half of the prison population have conceded that practices such as drug trafficking, drug use by inmates, and the hiding of syringes occur within the prison system. Over one-fifth of the prison staff also concur with these statements. (Table 3) (10).

It is important to note that 89% of the prisoners felt that injecting drug users (IDU) are sick and need medical support. 91% of the staff members also agreed on this point. However, 17% of the prisoners felt that IDU do not deserve support while only 7% of the staff members felt this way. 77% of the prisoners and 35% of staff members feel that IDU may infect other inmates with HIV or HCV. In addition, 45% of the prisoners felt that all drug users (not only IDU) could transmit HBV, HCV and HIV to other inmates compared to 77% of the staff members who thought so (Figures 8 and 9) (10).

One of the problematic issues that IDUs face in the prison is the primitive way (such as throwing cold water on them, or giving them sweets or try to talk with them) that they are treated by both inmates and staff members in the prison when suffering from drug withdrawal symptoms. (10).

Some staff members noted in the qualitative segment of the Rapid Situation Assessment that some drug using inmates often fake their withdrawal symptoms in order to access pills through a medical prescription. Inmates felt that this may happen as well, and a majority of those inmates and staff members interviewed noted that they could not tell the difference between inmates who were truly suffering from drug withdrawal, those who may be faking their withdrawal symptoms, or those who may be suffering from a mental disorder (10). Even though some people believe that many of the inmates fake withdrawal symptoms, the quantitative finding that 71% of IDU injected drugs on the day they entered the prison is evidence that many inmates are truly suffering from real drug withdrawal symptoms (10).

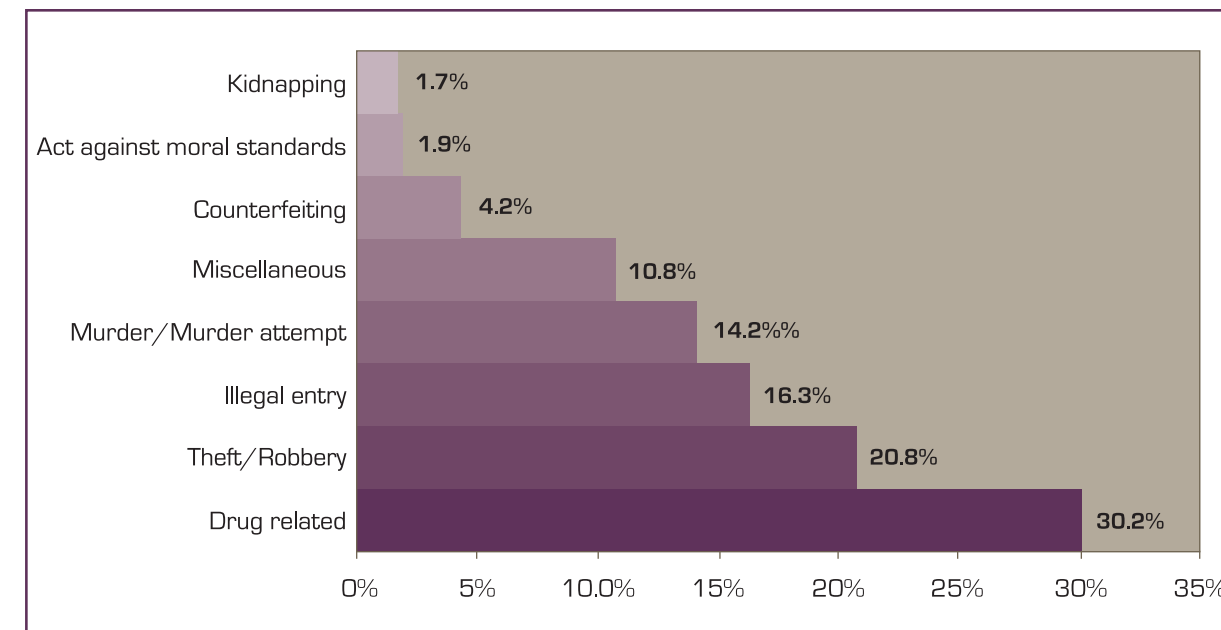


Figure 6: Distribution of Prisoners by Accusation

Table 3: Distribution of prison population by their confirmation of the presence of certain Risk behaviors among inmates in prisons

Risk Behavior	Opinions					
	Exists		Does Not Exist		Doesn't Know	
	Staff	Prisoners	Staff	Prisoners	Staff	Prisoners
Drug use of prisoners	27%	54%	64%	27%	9%	19%
Drug trafficking in prison	22%	51%	67%	29%	11%	20%
Inmates hiding syringes in the cells	22%	52%	71%	31%	7%	17%
Alcohol use of prisoners	13%	47%	76%	3%	11%	20%
Violence among inmates	62%	65%	31%	20%	7%	14%
Sex between inmates	38%	55%	51%	30%	11%	15%

The above figures represent the % of subjects who answered the question: "do the following behaviors/situations exist in your prison?"

Table 4: Distribution of prisoners by reported injecting drug use and its associated risk behaviors

	N	%
Have you ever injected drugs?		
Yes	29	7%
No	384	91%
No answer	8	2%
Total	421	100%
Were you in prison when you first injected drugs?		
Yes	1	3%
No	28	97%
Total	29	100%
When was the last time you injected drugs before coming to prison?		
On the day you came to prison	20	71%
In the week before	1	4%
In the month before	1	4%
In the year before	1	4%
More than 1 year before	5	18%
Total	28	100%
Ever shared needles/syringes before coming to prison?		
Yes	6	21%
No	23	79%
Total	29	100%
Ever used needles/syringes before coming to prison?		
Yes	4	14%
No	25	86%
Total	29	100%
Ever shared needles/syringes while in prison?		
Yes	2	7%
No	27	93%
Total	29	100%
Ever used needles/syringes while in prison?		
No	29	100%

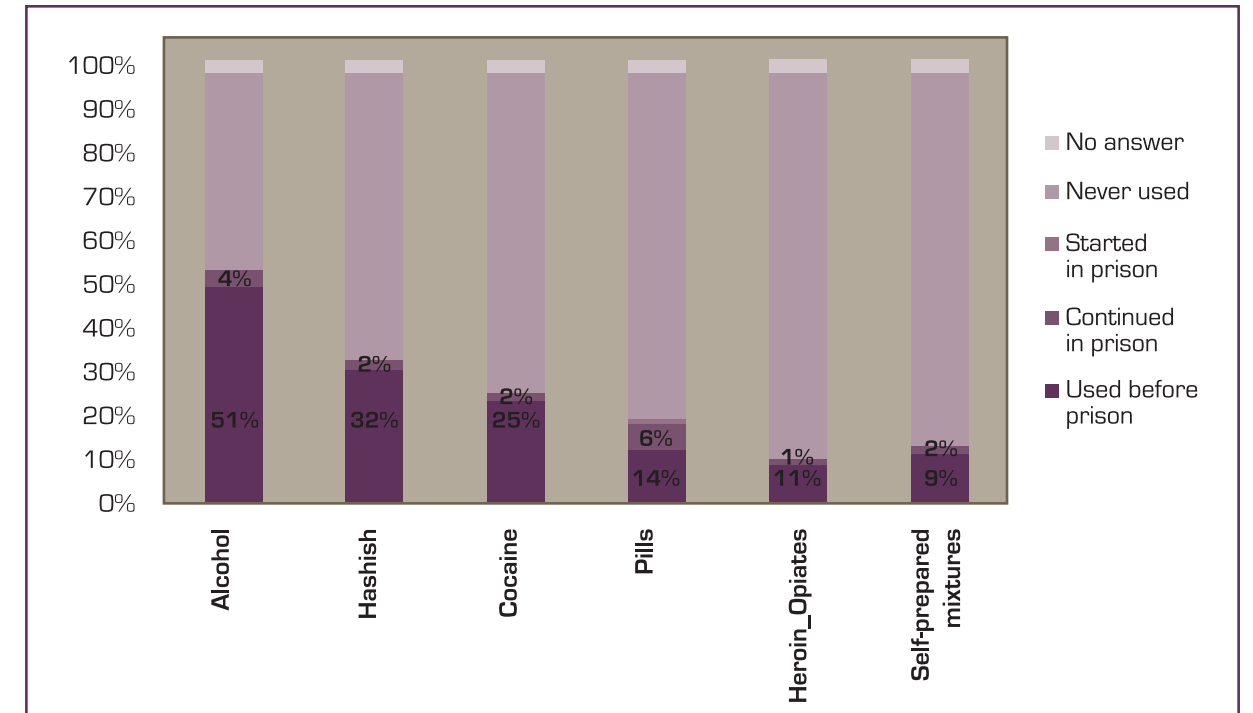


Figure 7: Distribution of Prisoners by Self-reported Drug Use

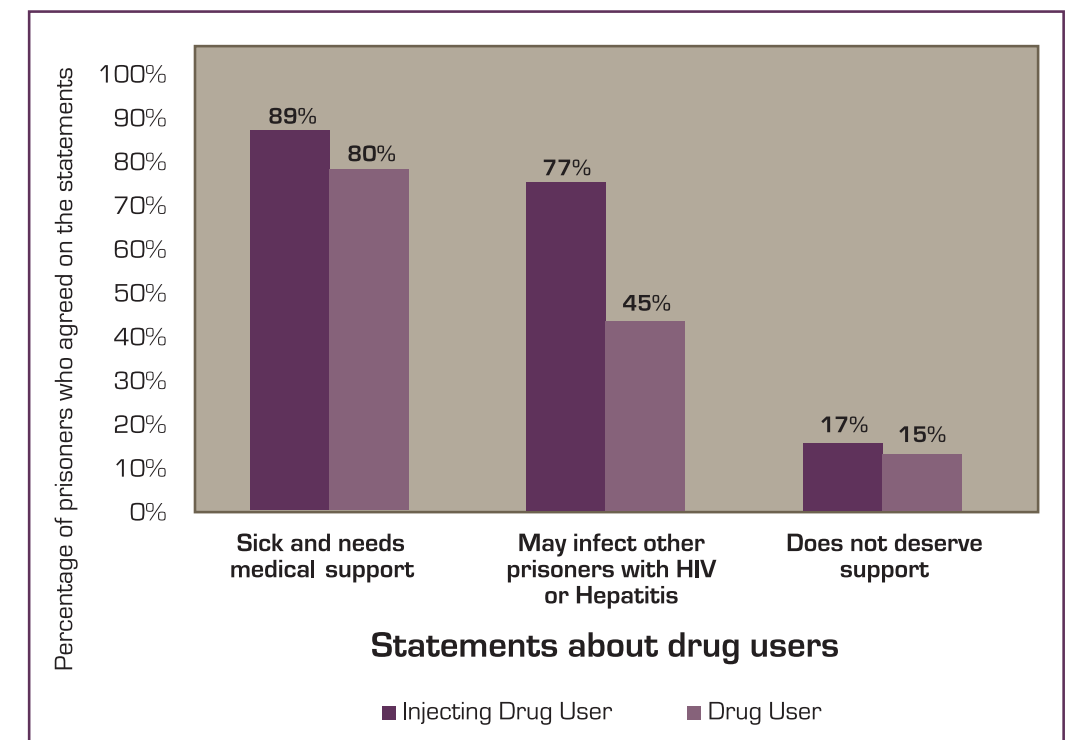


Figure 8: Distribution of Prisoners by Attitudes Towards all Drug Users and Injecting Drug Users

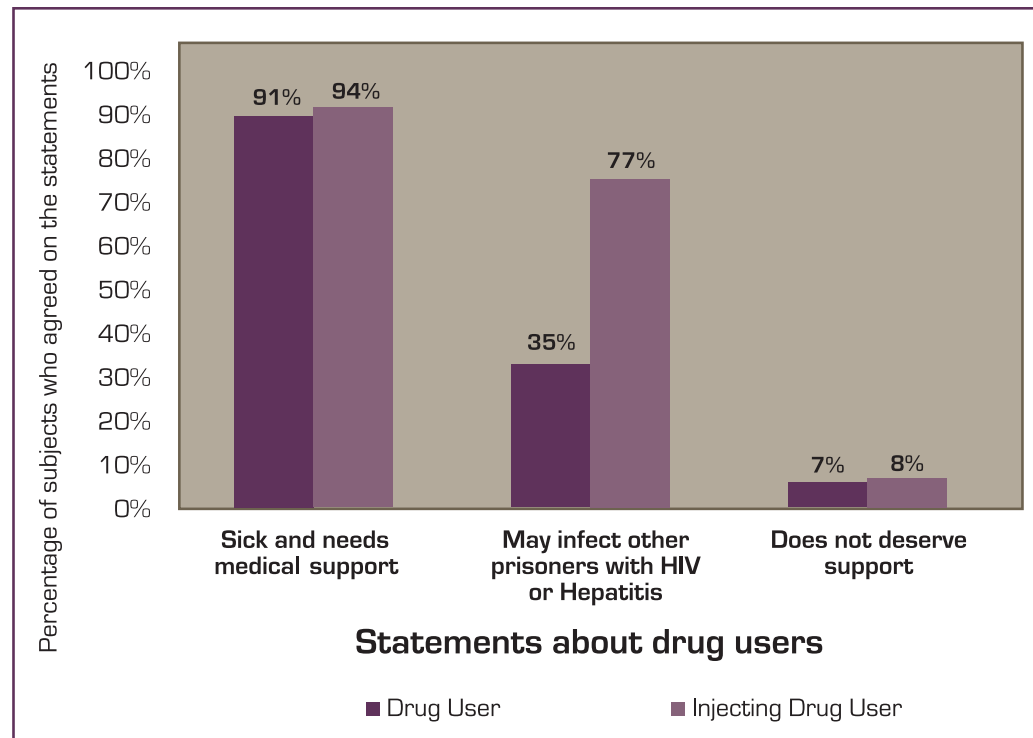


Figure 9: Distribution of Prison Staff by Attitudes Towards all Drug Users and Injecting Drug Users

There are several drugs that are available inside the prison, but what is mainly available are the pills such as tranquilizers and anti-depressant pills. If an inmate has money, he is able to access more substances, such as heroin and cocaine. In a situation where a prison is so grossly overcrowded, even non-drug users may turn to drugs to cope with the pressures. Other problems may increase as well, including

“Anxiety disorders, depression, suicide, sexuality, everything.”

(Psychiatrist)

AJEM

The Association of Justice and Mercy (AJEM), is a non-profit NGO that was created in 1996 through the initiative of a group of social workers who wished to help adult inmates in prisons in Lebanon. They were mobilized by the hope of ending the dramatic and extensive spiral of failures and increased risk of delinquencies generated by detention. AJEM as an organization was authorized by a ministerial decree (Decree number 5/98) in January of 1998 and registered (Number 342/ad) in June of 2006.

Once NGOs were allowed to enter the prisons, AJEM began offering interventions and programs in the central prison of Roumieh. Through this, AJEM has built a solid and unique base of experience in social interventions with adult male inmates.

AJEM bases all of its work on the principles of justice, mercy, forgiveness, fairness and nonviolence. They attempt to instill a respect for human dignity and human rights in all of their activities, and they believe that every person has the capacity to change. AJEM is an organization that is based on service and readiness to respond.

CENTER FOR DRUG USER REHABILITATION

AJEM works on protecting inmates' rights based on the Charter for Human Rights. They do not discriminate, and accept to work with all inmates regardless of confessional identity, community, ethnicity or nationality. They work on improving the conditions of each inmate within the prison as well as on facilitating the social and professional reintegration of the inmates. They provide a variety of services, including (but not limited to) social, judicial, medical, psychological, spiritual and material assistance. They also participate in organizing educational activities and sporting events for the inmates.

AJEM conducts interventions outside the prison as well; interventions are carried out with the detainees' families in order to maintain family cohesion and also with inmates upon their release as they go through the process of reintegration. They work to change obsolete and harmful laws and judicial practices and raise awareness about the problems and suffering of inmates in an attempt to change the Lebanese public opinion about prison and inmates.

The Beginning

The Center for Drug User Rehabilitation grew out of a need that was perceived by AJEM staff members who were working in the prison setting. Through conversations involving staff members, Pere Hadi (the director and co-founder of AJEM) and Mrs. Hanaa Nasif, (another co-founder of AJEM) an idea for a rehabilitation center was born in March of 2006. Only three months later, in June of 2006, the center was opened and began serving the first group of drug addicted prisoners and specifically IDU.

Currently, the center is home to 21 residents who are working through the drug rehabilitation process. In addition to these 21 residents, 22 other residents have passed through the center and have subsequently been released from prison. An additional 15 residents will be joining the center in the coming weeks.

The Role of the Ministry of Interior and the Internal Security Forces

Roumieh prison, where the center is located, is under the authority of the Ministry of Interior (MOI) and run by the Internal Security Forces (ISF) under the MOI. AJEM, as an organization, has had a long standing relationship with administrators both within the MOI and the ISF, as it has been working within Roumieh prison for over 10 years. The organization has managed to build a venerable connection with the officers of the prison, which has been reinforced by the successes of the diverse educational, vocational and recreational activities and programs that they have conducted with the general prison population. These long standing, positive relationships and favorable reputation helped AJEM to convince the prison authorities that a drug user rehabilitation center would be beneficial within Roumieh prison, especially when 12.4% of the drug users are IDU according to their own research findings. They also stated that the issue of injecting drug use and sharing needles would increase the susceptibility of inmates to acquire HIV.



AJEM maintains the authority of the prison officers in the center and asks for their consent and cooperation prior to launching any new activities.

“Everything we do is under the permission of prison officials and its [prison] administration; they have to know about everything ahead of time and we always have to get their permission ahead of time before executing anything in the center.”

(Director of AJEM)

Two ISF personnel are stationed within the center at all times as prison guards, which is similar to the other wings of the prison. However, unlike the other wings, these guards do not move around to other areas of the prison, as they have been specially trained for working within the center. There are four guards who have gone through this training and rotate through the shifts at the center.

Justification

Roumieh prison is home to a large number of inmates who are addicted to drugs. An estimated 25-30% of admitted inmates use illicit drugs and/or have been convicted for a drug-related crime; this equates to over 1000 inmates who use drugs in the prison at any one time. Since there are no rules and regulations regarding drug use and management in the prisons and 12.4% of the drug users are injecting drug users and possibly sharing needles this would increase the risk of HIV acquisition among inmates (9).

Regardless of the severity of the crime committed, all inmates are placed in the same location. This can cause a situation of high vulnerability for those inmates who have been imprisoned due to their drug addiction. These inmates are not only vulnerable to reinforcing their drug addiction, they are now exposed to other criminal activities and drug networks within the system as well as outside the prison walls. Within the prison, drug dealing networks are built as drug users meet drug dealers, and non-drug using inmates are introduced to drugs. Some inmates try to tempt other prisoners into using drugs in order to assist them in forgetting their situation and/or use it later as a bargaining and exploitation tool; in the recent Prison Assessment (10), 3% of the drug users interviewed stated that the first time they injected was in the prison.

The context of the prison affects a change in the addiction routine of many addicts; affecting the type of drug they are injecting or ingesting, the regularity of their use, and the severity of their substance abuse. This change in addiction behavior may lead to further distress for the inmate within the prison or when he is released. AJEM believes that the prison environment may predispose an inmate who was imprisoned for being a drug user to perpetrate additional criminal offenses, including dealing drugs.



“We are simply making a criminal out of a drug addict.”

(Director of AJEM)

The parents and families of many inmates who are addicted to drugs find relief in the incarceration of their son, as they see it as their only option for possible rehabilitation. The existing rehabilitation centers outside the prison in Lebanon may be cost prohibitive for some families, and the addict can choose to leave the center prior to completion of the program. Besides these facts, the centers often have long waiting lists for people wanting to enter. With the advent of the Center for Drug User Rehabilitation, prisoners who are IDU and/or addicted to drugs and their families were finally offered an option that they could benefit from, and one that could ease their evident pain and suffering. These inmates were finally offered a space to heal and to learn from their past mistakes.

“Parents are insisting that their children enter the prison because they think that this would be their only way out [of drugs], as they would be locked in and cannot run away. Parents suffer tremendously from their sons, as a drug addict would do anything to their parents in order to buy drugs; play on their emotions, steal from the house, manipulate them, even physically and verbally abuse and assault them. Thus, the only way out for the parents is to imprison their sons. Then they find out later what a mistake they have done, and they ask for our help and they are full of regret and pain for what they have done, as they see their sons going backwards during their imprisonment.”

(Director of AJEM)

The Philosophy

AJEM believes that drug addicts should not be imprisoned, and that substance abuse including needle sharing and drug addiction should not be considered a crime. Drug addiction is an illness or disorder affecting an individual. Therefore, drug addicts are not criminals and should not be imprisoned for their addictions. For this reason, drug user rehabilitation should not occur in a prison setting.

“As a drug abuser, they are not supposed to be in prison, even if they are addicted to it [drugs], they should be in rehabilitation centers, not in prison. 90% are not dealers, they are only addicted. Their place is not here.”

(Psychologist)

However, in the current situation in Lebanon, IDU and other drug users are often sent to prison for their addictions. Even if they are imprisoned for a crime other than using or possessing drugs, the crime is often a result of the drug addiction. For this reason, AJEM realized the need for drug user rehabilitation within the prison context until such time as the laws are changed and drug addiction is no longer considered a crime by law.

The rehabilitation program is based on a cognitive-behavioral therapy (CBT) approach. CBT has its foundation in evidence-based practices that are individually-tailored (11). A partnership is created between the client and the therapist to discover and work on the client's thoughts, feelings and behaviors (11).

At the Rehabilitation Center, this takes the form of a multi-disciplinary approach whose core functions are to: affect a change in the behavior of the addict, provide psycho-social behavioral rehabilitation (in lieu of medication as drug substitution therapy is not legally authorized in Lebanon), build and strengthen the capacities of each individual, and assist the individual to conceive a plan and goals for his life upon release from prison.

The Center

The Center for Drug User Rehabilitation is located on the first floor of Block D of the Roumieh prison, which is the central prison in Lebanon. The center takes up one wing of the floor, and is designed to handle 40 inmates.

The center has five rooms for the residents to sleep, with 4 sets of bunk-beds per room, allowing for eight people per room. This is an upgrade from the general population in Roumieh Prison, where the inmates sleep on the floors on mattresses, as there are no beds.

The center also has two large rooms that are used for activities and education sessions, as well as a small office, a room for the agronomy project, a kitchen where the residents cook their own meals and a big hallway that is used as the dining room and for meetings with all of the residents. The residents also have access to a small library and a room for computer use. Pere Hadi, the director of the program, also has his own small room where he is allowed to stay overnight in the center. Pere Hadi is the only person that is allowed this privilege.



Map 1: Map of the Center for Drug User Rehabilitation (Map created by Ms. Elsa Khoury)

The center residents are allowed out of their rooms beginning at 7am until 10pm each day. They spend their days attending mandatory and voluntary activities that have been set up for them by the AJEM staff. As well, the residents have time each day to listen to music, watch TV and DVDs, to attend to their studies and to wash their clothes in the washing machine located in the center. The residents cook their own food, and receive the main ingredients from the prison. AJEM acquires additional menu items as needed.



The lifestyle in the center is very different from that experienced by members of the general prison population. The inmates in the general population are not allowed out of their rooms during the day, and must remain in their room unless they need to see a doctor or see visitors, and take a shower. Up to three times each week, the inmates are allowed to go to the Veranda for two hours for fresh air and sunlight. Some of the inmates (entitled 'prison workers' or 'prison correspondents') are also selected by the Internal Security Forces (ISF) to take responsibilities in the prison, which allows them to leave their rooms and to work in the prison from 8am to 3pm.

Funding

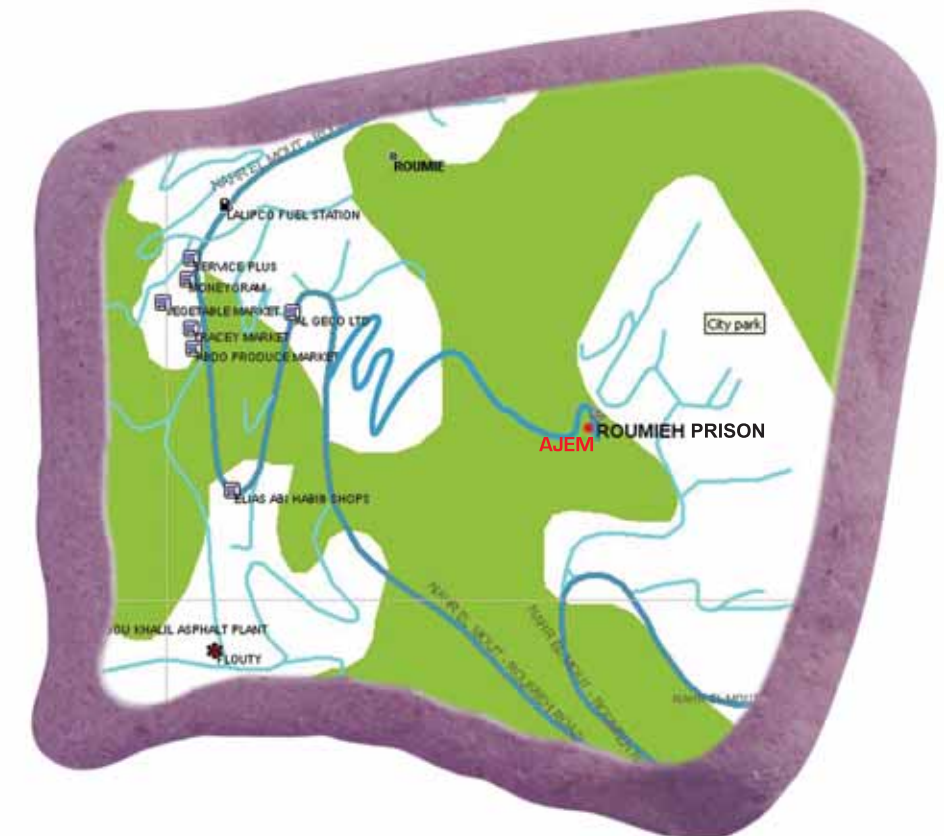
In its initial stages, the project relied solely on funding from the AJEM organization. Soon after its inception, USAID provided funding to be used for furnishing the facility. In November of 2007, over a year after the program began, the program received funding for three years of services from Drosos[...]. Private donors also assist in funding the program, though most of the finances come from the larger donors.

In addition to these sources of funding, AJEM is considering projects that may assist in financing the rehabilitation program and supporting residents. For example, the current agronomy and mosaic programs, if marketing and productivity were to improve, could assist in providing a small portion of funds that would bring income to both the residents and the center as well. These actions could assist in making the program more durable and self-sustaining.

Goals and Objectives

The main goal of the program is the rehabilitation of each individual inmate who is addicted to drugs that enter the center, specifically those that are IDU. This is achieved through a variety of sub-objectives that are adapted to the individual's medical, psychological, social and judicial needs while they are in detention, as well as working on their social skills and eventual reintegration with their families and society in general.

In order to achieve this rehabilitation, the center strives to change the inmate's concept of and his relationship to drugs. This needs to be done within the space that the inmate is living in. The inmate cannot be forced to get off drugs, but must create that desire within himself. Additionally, the program seeks to change the criminal behaviors of the drug user and to develop personal, relational and professional skills.



Another objective in the program is to assist in the reintegration of these individuals back in to society. This necessitates training on social skills and abilities as well as working on the professional development of the individual through enhancing their vocational and recreational skills, building their self-esteem, self-efficacy, self-confidence and trust in themselves and others. In addition, the center staff members seek to reestablish a connection between the residents and their families. They do not solely try to reconnect these individuals, but also try to teach them how to manage and nourish these relationships so that they can provide healthy support and not provide an incentive to relapse back to drug use.

Lastly, the program seeks to work with society to change the perception of the greater population towards drug users and IDU. The large amount of stigma that is placed upon drugs and drug users, as well as upon ex-prisoners and ex-drug users needs to change in order for these individuals to be fully accepted back in to society, and to become productive members of that society.

The Selection Process

The process of selection begins long before a new group of drug users will enter the center. When an inmate enters the prison on charges related to a drug offense, he goes through an intake session with the social worker from the center. The social worker informs the inmate about the center and fills out an intake form for him if he is interested in entering the facility. Potential candidates are met a second time to begin the selection process. There is a long waiting list for inmates to enter the center.

As the selection process begins, several staff members from the center are involved. Each staff member plays a different role and looks at the criteria related to their area of expertise to determine if the inmate is eligible to enter the center. The people who are mainly involved in the selection process include the social worker, the lawyer, and the psychiatrist and psychologist.

In order for an inmate to enter the center, he must first ask for the service; he must be sincere. This sincerity is very difficult to determine.

“How can you tell that one prisoner who lives in -100100 degrees of humanity, sees that there is an opportunity? Okay, he is an addict, I am an addict, I may benefit 1/10001000, but these people have washing machines, these people have rooms with A/C, these people have TV, these people cook their own food with chicken and with everything, and these people are only 20 people in 10 rooms [actually 40 people in 5 rooms]. How can they view the temptation? And if I were the biggest antisocial person, I can convince you in a 30 minute interview that I'm God reincarnated. So don't think that when we select 30 people, that there won't be at least 10 people who are lying. And when these people are lying, they don't want to stop [consuming drugs]. He just wants to consume [drugs] in a healthy environment.”

(Psychiatrist)

Many of the inmates are afraid to tell the center staff members that they are currently taking drugs especially if they are injecting drugs or sharing needles. Although it is explained that entering the program will not change his status in the prison or make him subject to additional punishments or time on his sentence, some inmates fear that they will get a double punishment from the authorities. These inmates often suffer through withdrawal symptoms if they are unable to find the drugs within the prison, but will not tell the center staff out of fear.

Once the inmates have been chosen to enter the program and the date has been set for their admittance, the list of the group is sent to the ISF and the inmates are transferred to the center.



Why Drug Users Want to Enter the Rehabilitation Center

One of the main reasons that drug users give in their assessment when they want to enter the rehabilitation center is that 'I want to enter because I want to stop thinking, talking and taking the pills and the drugs, because this is all that we talk about.' The inmates see the opportunity that is available for them to get off of drugs, and to make their lives better.

Inclusion Criteria

The inclusion criteria for the program have changed over time. Initially, the only criteria that were required for inmates to be considered for the program was that they were heavy drug users, specifically targeting IDU, that they were suffering and that they were asking for help. These criteria were upheld for the first two groups.

Before beginning with the third group of inmates, the inclusion criteria were reevaluated and changed to fit the needs and priorities of the center. These new criteria included the following:

- The participant must be convicted and not detained, and have nine months remaining on their sentence
- The participant should score high on the index of severity for drug use scale being used by the program
- The participant should be between the ages of 18 and 50
- The participant should not have any major psychiatric illnesses, such as psychosis or anti-social disorders
- The participant should not have committed a violent crime

These criteria were followed only for this third group, as a problem was found with the first criterion. The nine-month period was difficult to evaluate, and it was found to be challenging to have all of the population within this category. Many inmates are imprisoned for multiple crimes, and although it may appear within their legal file that they only have nine months remaining on their sentence, this may pertain to only one of the crimes that they are convicted for. There were a couple of cases where inmates served their remaining nine months for one sentence, but then had to remain in the prison for another sentence. Additionally, some inmates' detention time was taken in to consideration as part of their sentence, and therefore their 9 month period was shortened without the knowledge of the center staff members. Lastly, after inmates finish their sentence, many of them have to pay a fine of up to 12,000,000 LL (approximately US\$8000). If they do not have the money to pay for this fine, they have to remain in prison for up to one more year.

Due to these problems with the sentence criterion, the AJEM staff members decided to change the criteria. This new criteria went in to effect with the fourth group in May 2008. All of the criteria remained the same except for the first criterion of being convicted with nine months remaining on the sentence. This was changed to the following:

Each participant can be either detained or convicted. If the participant is convicted, he should have at least nine months left on his sentence. If he is detained, his legal file should be heavy enough that he will most likely be convicted. The legal file of each potential participant is evaluated by a lawyer from the center who will estimate whether the detainee will most likely remain in the prison for more than one year.

So far, this criterion has worked for the program. All of the center residents have remained in the center. There is a possibility that a participant may be released before they have completed the program, but the goal is for each of them to complete the full nine-month program before leaving the prison.



This change also necessitated one additional need for the program administrators. As drug convictions may be for up to five years (or more if an inmate is convicted of more than one crime), the staff members felt that it would be unjust for the participants to be forced back in to the general population after completing the program. This would push them back in to an environment where drugs are readily available, and which is much different than the atmosphere inside the center. Currently, participants who complete the program are allowed to stay within the center until they are released from prison. However, AJEM has made an agreement with the ISF to eventually take over the entire first floor of Block D, and not just their current location. This would allow them to create a follow-up center with similar conditions as the rehabilitation center, where participants who have graduated from the rehabilitation program could stay for the remainder of their sentences.

The program does not discriminate based on religion, nationality or socio-economic status.

Psychiatric Exclusion Criteria

There are a few criteria that can exclude an inmate from being eligible to enter the center, besides meeting the above criteria. These exclusion criteria are set up because they greatly decrease the probability of a person being able to successfully follow the rehabilitation program. These include:

- People having a mental retardation
- People with a psychotic disorder, such as schizophrenia
- People with a high index of anti-social personality disorder

People with other psychiatric diseases or disorders are not excluded from entering the center. For example, if someone is bipolar, depressed or suicidal, they are still eligible for entry into the program.

Priority Target Groups

The main target group for the program includes those inmates with a high index of drug severity, specifically those that are IDUs. The index is determined by a questionnaire that asks about the drugs that each inmate has used or is using, the duration of use, in addition to the functionality of the inmate and other issues. These cases have been prioritized as they tend to relapse more, they are more difficult to treat than other cases, and they need to be treated, as these drug users are completely dysfunctional in society. Most of the inmates with a high index of drug severity have lost their jobs, their house and the support of their families.

The highest priority among this group is for inmates who are between the ages of 18 and 21, and then up to 25 years of age. These groups are chosen because they are more vulnerable within the prison setting, and more vulnerable to drug use.

There are few groups which are prioritized, in that the center staff attempt to achieve around 10% of their population from these groups. These categories are not exclusive, and one person can fill more than one criteria. These groups include:

- Individuals over the age of 40
- Individuals who are married
- Individuals who fit the "cocaine profile"

Individuals over the age of 40 are chosen for two main reasons. First, the younger members of the center benefit from the experience of the older members. They are able to see where drug use can lead them if they continue using. Second, the older drug users tend to be more responsible and are able to assist the center staff members in administering the center rules and regulations when the staff members are not there.

Married participants have been chosen because they have familial bonds. Many of the younger residents aspire to become married and have a family. The married participants can show them what it is like to have a family and what they have put their families through while using drugs. Additionally, some of the younger inmates may be able to relate to the married man, and begin to understand how his father feels while he is in prison.

"The center staff members have tried to limit the 'cocaine profile' to 10% for two reasons. First, this profile is not too common, and the drug users with this profile have a very different perspective of drugs than those of the other profiles. The 'cocaine profile' refers to people who consume mainly cocaine and hallucinogens such as LSD. They are considered intellectuals, and are harder to treat. They know all about the pharmacology of each of the drugs. They know that if they use a specific substance, it will give them physical withdrawal symptoms; so they will use cocaine for the thrill, and hallucinogens because these drugs have not been linked with physical withdrawal symptoms. Although this person will not experience physical withdrawal symptoms, he will still experience psychological dependence."

(Psychiatrist)

Program Components

There are several components that are necessary for the rehabilitation program to be successful. The main components are the essentials. Each of these main components is run by a paid, full-time staff member. There are also additional components that are generally offered on a limited basis, but in general have proven to be advantageous to the overall program.

Main Components of the Program

Psychiatric Care

Psychiatric care is available for all residents of the center and is provided by a psychiatrist. As psychiatric care is not mandatory for residents of the center, only about half of the inmates use this facility.

The psychiatrist for the center has two main functions. These tasks are to: 1) provide treatment for drug withdrawal symptoms and 2) to provide treatment for those residents who have psychiatric conditions.

Detoxification

Most heavy drug users, including IDUs, suffer from drug withdrawal symptoms and may be in need for detoxification. The severity and the duration of the withdrawal symptoms is a function of the quantity of drugs that has been taken.

"Within each group of inmates who have entered the center, approximately 40% of them have needed detoxification. In the latest group (the fourth group), out of 11 inmates who entered, three went through detoxification with medication and two without medication."

(Psychiatrist)

Medications

Treatment for both withdrawal symptoms and psychiatric disorders is made more complex within the prison context. In Roumieh Prison, some of the medications that might be used to treat either of these cases are forbidden as there is a fear that they may be abused.

Those medications that are allowed in the prison are often too expensive to be used to treat the prisoners. The medications that are used in the center are purchased either by the inmate himself, or by his family, and are not provided by AJEM. The vast majority of the people who enter the center have been, are, or have become poor, which means that the cost of these medications is prohibitive.

“Due to these limitations, residents of the center are treated using older medications that generally have more side effects and may be limited in their efficacy. The staff members at the center do not have the luxury of using the most up-to-date treatments that may be available at rehabilitation facilities outside of the prison. One therapy that has been recommended is the OST. AJEM is ready to offer this therapy to the residents at the center, whenever it gets fully legalized and approved in Lebanon.”

(Psychiatrist)

Treating Psychiatric Co-Morbidities

“After the drug withdrawal symptoms have been treated, the psychiatrist focuses on treatment for the psychiatric pathology that lies beneath the drug addiction. As the program aims to treat those with a high index of severity of drug addiction, the co-morbidity of psychiatric pathologies that come along with addiction are very high. Approximately 30-40% of the residents in the center have a psychiatric co-morbidity that they are being treated for. Some of the psychiatric disorders that are treated in the center include personality disorders and bipolar disorders. Although psychotic disorders (such as schizophrenia) are a criterion for exclusion, the disorder may manifest after the inmate has entered the center. In these cases, the inmate is not made to leave the center and will be treated for his disorder. As with the drug withdrawal symptom treatment, there is a handicap in treating these disorders because of the paucity of treatments available within the prison due to regulations and cost.”

(Psychiatrist)

Urine Tests for Drug Use

Currently, the center staff members do not test the residents of the center for drug use once they are inside the prison. This is, in part, due to the finding that standard urinary tests do not reveal the presence of many of the drugs that are available in the prison setting, especially the pills. The test is made to find opiates (such as heroin, morphine and fentin), cocaine and amphetamines, and cannabis. The test does not reveal if an inmate is taking Tramal in pills, or Benzhexol or codeine in pills. Although you can ask for benzodiazepines to be tested for, this is generally not done as well. There are additional lab tests (chromatography) that can be run to test for the pills, but there is only one laboratory in Lebanon that has these tests available, and it is very costly.

In theory, the Center for Drug User Rehabilitation is an area where drugs cannot enter, as no one is allowed in to the center that is not part of the program². However, since the center cannot be fully controlled and it is still in the prison context, drugs, especially pills, still find their way in to the center. Due to this, AJEM is currently in discussion to determine the feasibility of testing for both Tramal and Benzhexol, as these are two of the main pills that are available in the prison setting. If this test were made available to the center, any residents found to be consuming pills while in the center would face additional sanctions within the program.

Education

There are two main components to the education program and two facilitators (or educators) that take care of these elements. The first and one of the most important elements of the program is the drug rehabilitation sessions. This covers aspects of drug rehabilitation as well as learning about social skills.

The second component of the education program includes the daily activities around the center and the application of skills. A staff member, the ‘accompagnatrice’, accompanies residents throughout their daily routines and reinforces the normal daily activities of the center. This includes holding meetings with the committees as well as administrative meetings. This helps the residents to integrate what they have learned in the center in to their daily activities.

In general, the ‘accompagnatrice’ is in the center from 9am to around 2 pm every day; then the residents are alone for a couple of hours. The drug rehabilitation specialist/educator arrives around 4pm and stays until 10pm.

² In rehabilitation centers outside of the prison context there are generally rules that during the first 3 month period of rehabilitation, a resident of the program is not allowed to have any contact with the outside world. This is more difficult to sustain within the prison context, as the inmates still have confrontational visits and some contact with the general population of the prison and guards, even if for only brief moments during the week.

Drug Rehabilitation Sessions

The drug rehabilitation sessions offered at the center are mandatory for all residents to attend, and are given by a specialized educator. The educator in charge of these sessions has a BS in Theology and Philosophy and a Masters Degree in Clinical Psychology. He has been working in the center for almost two years. He has extensive background knowledge of substance use and abuse, the drug effects and subsequent drug withdrawal symptoms. Through his experience, he has learned the street and prison language surrounding drug use. This background has allowed the educator to gain the trust of the beneficiaries of the program, as he is able to understand and relate to them on the various issues that are related to substance abuse.

“If they [the residents] say to you speed ball, you need to know it [the term] right away, or they would never take you seriously. You should know that [speed ball] means combining heroin and cocaine and injecting them with a needle. You must know their language.”

(Educator)

The program at the center for Drug User Rehabilitation is divided in to three sections, or promotions. Each promotion lasts for around three months. The rehabilitation sessions are considered the ‘spiral mover’ of the entire program.

There are four main steps in the rehabilitation sessions, the main goal of which is to rehabilitate the residents using the CBT approach. Group sessions are offered on a daily basis, with individual sessions being offered for special circumstances or cases. The residents also take two courses per week, which each lasts for two hours.

“The first step in the rehabilitation process is for all beneficiaries to attend sessions that inform them on all of the various types of drugs, and their effects and consequences for the drug user. Within these sessions, it is important to avoid cliché messages such as ‘Say NO to Drugs’. These approaches are not successful with the drug user as he feels that he is being forced to be rehabilitated rather than letting the ‘no’, the desire to quit, come from within. It is crucial that the information given to the drug user is scientific and logical, and that each person working with the residents try to put their emotions aside when dealing with them. Drug users are experts in manipulating those around them, as it was often necessary for them to acquire this skill in their journey of drug use and/or drug dealing.”

(Educator)

The second step helps the residents to search within themselves for their own strengths, skills and competencies that they will need in order to complete the rehabilitation process. When the inmate began using and abusing drugs, he was at a point where he lost his balance, trust and control of his life. This portion of the rehabilitation module assists the resident in regaining his self-esteem and confidence and restoring a sense of self-efficacy, control, trust and balance in his life. The educator helps the residents to work on their perceptions and impulsive reactions³,

³ The educator works through these issues using two psychological theories, namely, the Action, Behavior and Cognitive (ABC) therapy followed by the Consequence, Action, Behavior and Cognitive (CABC) therapy.



including how to perceive their values and beliefs and measure their behaviors. As the residents do not all come from the same religious, educational or socio-economic backgrounds, they often need to work on their own personal belief systems and concerns in order to be able to accept not only themselves, but the other residents of the program as well.

Within these sessions, the residents learn how to study the consequences of their behaviors, how to bear the responsibility for their behavior and not to blame others for their own actions. For example, when a drug user is happy, his first reaction is to take drugs in order to intensify his level of happiness. If he is sad, his first reaction is also to take drugs, as he feels that it would alleviate some of the pain he is feeling. Thus, his first impulse is to run for drugs. The therapies within these sessions assist the inmates in resolving these impulsive reaction behaviors.

The third step in the program is to repair the residents' relationships with their family members and to strengthen family bonds and ties. This is generally done in individual sessions with the inmate and involves digging in to their past memories. While doing this, many of the residents bring out stories about their parents and the mixed roles and deficiencies or problems in their families. Throughout this process, the educator enforces a systematic approach of dividing roles and responsibilities between the family members. The residents are taught how to deal with their frustrations with their family members and how to become more disciplined. Many of the residents are in denial of problems in their family relationships, and are unaware of the consequences of these relationships. These issues are dealt with between the entire team, not solely the educator.

"Some examples of the issues that the team has faced in dealing with the family relationships include: 1) a 20-year old resident who insists that it is completely normal that until the time he entered the prison that he was still sleeping beside his mother, like during childhood. 2) A mother who brings the medication, Tramal, to her son even though the drug is forbidden in the center unless it is prescribed by the physician. This relationship is an example of the manipulation and playing with emotions that occurs between many of the residents and their family members."
[Educator]

"Family sessions are held as part of this portion of the drug rehabilitation process. Many of the family members blame their son's or brother's drug use on various neighbors, friends or peers. Very rarely do they feel that they could be responsible for their family member's drug abuse in any way. Most of the residents' family relationships fit into one of two categories. The first are those residents whose parents have high expectations for them. These drug users generally exhibit a feeling of worthlessness; they lack self-confidence and have low self-esteem as they have not been able to meet their parent's expectations. The second category includes those inmates whose parents are over-protective. Some of these residents have been spoiled by their families, and have learned how to use and manipulate their over-loving, caring and protecting parents. Through these sessions, it has been discovered that it is equally as important to work with the family members of residents in creating healthy relationships."
[Educator]

The fourth stage is used to build the life skills and abilities of each resident and for them to learn how to avoid relapse. In teaching avoidance of relapse with the residents, the educator uses techniques based on behavioral inoculation theory⁴. Each resident is informed that there will come a time when they will be released from prison and out of the center, and at this time, they will most probably be faced with the same problems, situations, friends, families and obstacles in the society that pushed them to use drugs in the first place. The techniques that they are taught, and have acquired and created in the center will assist them in resisting the call of the drugs. They know the pressure, and by being prepared, will be better able to handle the temptations. They know that if they do not resist, they will most probably end up arrested and imprisoned again.

⁴ Inoculation theory is based on the belief that if a person is exposed to possible counter-arguments, attitudes or beliefs, their initial beliefs or actions will be more resistant to change [13].



The educator works on building the life skills of each of the residents. He assists them in learning and knowing their own identity. He teaches them how to learn to value their own selves and to give meaning to their lives. He teaches them how to plan for their lives, how to aim and reach for their goals, how to ask for help, how to fill in the empty space and time, how to know their limits, and how to look for alternatives when faced with the same problems and to avoid relapse. The educator also offers sessions to the residents on problem solving, avoiding criminal behavior and working on the language they have acquired in the prison. He teaches them how to use their time effectively, and tutors them on how to create a resume, so that they may have an easier time finding jobs upon their release from prison.

In addition, the educator prepares them for their eventual reintegration back in to society. He helps them to understand the social pressure that they will be surrounded by and how to turn hard situations around to their advantage. He works with them on how to overcome obstacles, the meaning of freedom and how to put what have been learned theoretically in the center into practice. He teaches them to understand and value happiness. The educator works on all the above issues so that the ex-drug user will be better accepted on the individual, family and social level and will be well prepared and cushioned for his social reintegration.

During all of these sessions, both negative and positive points are brought in to the open. The educator tries to have the residents look for the positive points on their own and to highlight these, without drawing as much attention to the negative points. This assists the residents in learning how to think positively, and to notice all of the positive points that they see in their own lives.

Coordination of Daily Activities

The staff member in charge of coordinating the daily activities of the residents of the center is titled the 'accompagnatrice'. She has a degree in Sociology and a Masters in Communication. She is generally in the center from 9am to 4:30pm, Monday through Friday. Her main duty is to follow-up on the implementation of the inmates' daily schedules of all tasks and activities. This is extremely important to help teach the residents time management skills, organization, discipline and interpersonal communication.

Each of the inmates is assigned to one of four committees: health, culture, arts, and sports committees. Each committee has a chairperson and a facilitator, and is expected to plan, decide and execute an agreed upon agenda of activities. Committee members are given the opportunity to shift to another committee every three months. It is expected that engagement in the committee activities would help to encourage communication and interaction among the inmates, and teach them responsibilities.

Regular meetings are held between the 'accompagnatrice' and the chairpersons of the committees to monitor the progress of the tasks and activities of the committee. She also occasionally sits down with each of the committees and their members to discuss concerns.

After a short period of time in the program, the residents are given responsibilities in the center. Some of these are simple assignments, such as cleaning various rooms of the facility. However, some of the tasks require more responsibility and discipline and are given to residents who have proven especially competent, responsible and mature during their time in the center. These include taking charge of critical duties, such as the distribution of razors, cooking for the residents of the center (which entails having access to knives), or being in charge of the schedule for computer or library access. Each of these responsibilities is assigned for a three-month period. This helps to give these residents greater self-confidence and trust in themselves and others, as well as raising their level of self-esteem and self-efficacy.



A regular meeting is held every morning with all residents of the center in order to assure that all tasks have been completed as assigned. The residents are expected to abide by a set schedule. If they do not abide by this schedule, then appropriate sanctions are imposed. These sanctions are not meant to be punishment for the sake of punishment, rather they are meant to reinforce a behavior that the inmate needs to work on that will benefit him.

"If I come into the center in the morning and someone has not shaved or is still asleep, then he would not be abiding by the rules and regulations of the center; thus he would have to be sanctioned. For example, I take away five cigarettes from his daily allowance. Sanctions do not always have to be bad; sometimes I tell him to read a paragraph of a book and to summarize it for me. Sometimes he would have to clean something. Sometimes he would have to memorize something that he will recite for me on a later day, especially if he is at the stage where is being trained on memory issues."

[Accompagnatrice]

If mistakes are repeated, then the sanctions become more severe. However, if an inmate is taking prescribed medications that may affect his actions, he is given more lenience. If an inmate receives three warnings about the same issue, he may be expelled from the center (especially in the case of physical assaults or abuse).

"All of the education sessions work on building the life skills of the residents, including how to control their actions and how to manage their day to day activities. Upon entry to the program, the drug-users are not disciplined and have very few time management skills. A drug user does not plan his day, and is apt to do anything that pops in to his head at the moment. He does not ask himself questions such as: 'what am I doing; why am I doing this; and whether what I am doing is right or wrong.' Therefore, it is necessary to set a daily schedule for them to become more disciplined and aware of their surroundings. Their daily schedule includes waking up at 7am, making their beds, shaving and being ready for their classes to begin by 9am. He needs to learn how to manage his emotions and how to abide by social norms."

[Accompagnatrice]

Psychological Care

Psychological care is an optional therapy that is available for all of the center residents. The psychologist has a degree in Psychology and has been working at the center since it opened in 2006. She helps the residents to find and solve their deep-seated problems, the ones that led them to do drugs.

All of the residents are encouraged to attend sessions, though it is not required. The staff members try to motivate them to go, but do not force them into it.

"It is a very sensitive place; you can't force them [to come to therapy sessions]. He won't cooperate; he will just sit for the 45 minutes staring at you. They are free to ask [for sessions]. Some residents start to ask for therapy after 2 months when they see the progress of their friends, when they see how they are relieved, how they can manage their problems."

[Psychologist]

Individual sessions are available for each of the residents once a week for 45 minutes, up to twice per week in case of emergencies or special circumstances. If an extra session is needed, even 10-15 minutes, the psychologist will try to take the time to spend with the resident.

"If there is an emergency, or they have some urgent issue, I will be there."

[Psychologist]

This individual therapy is offered immediately upon entering the center. After the first three months, the residents are then allowed to enter group therapy. Group therapy sessions are held once every two weeks for 1 1/2 hours.

Approximately 90% of the inmates inside the center are involved in the individual and group therapy sessions. In the individual therapies, the psychologist works on specific issues with each resident, until she feels that they are ready to be involved in the group therapies and are ready to work as a team on their issues. All of the inmates have problems with trust. It is one of the biggest issues that every member of the team is facing with all of the residents. The residents are afraid to talk and to open up. They are not sure who they can trust.

The first three months in the program are the hardest for the residents, and usually 5 or 6 of them ask to leave.

"They say, 'Please, we don't want to stay here; we don't want to rehab.'"

[Psychologist]

When this happens, the center staff members try their best to support the residents. They sit with the residents who ask to leave and look for the problem or reason for wanting to leave the center. When they discover the problem, it is usually that the residents are running away from their fears and from their past. Once the residents see this problem, and recognize it, they are motivated to start the rehabilitation process again.

"It motivates them [the residents] that 'Someone is here with me, I'm not alone, even if my family is outside and I am in the prison, I'm far away from them, but the team is here, the team is here for me.'"

[Psychologist]

Some of the inmates will stop coming to their therapy sessions after the first month of sessions, and then will ask to come back after another month or so. This is a normal process that many of the residents go through. This usually happens when the inmate encounters a memory that he had forgotten or blocked from his conscious self.

"When we reach this state, I don't force him. I leave him to discover why we stopped. Then I leave him to work on this, and then he asks to come back to restart."

[Psychologist]

This is the space that needs to be reached in order for her to really work with the inmates as a psychotherapist.

"They all have memory issues – forgotten memories, forgotten years. Here is where they find out why they look for drugs... this where they say 'why am I a drug user...why I have been using drugs for all these years?'"

[Psychologist]

During the sessions, the psychologist tries to support the resident that she is working with. She does not ask him to calm himself down, or to censor himself in any way.

"He will feel free to cry as much as he can, or to scream, or to shout. During the sessions everything is allowed. I don't ask him to lower his voice. He's free, he's angry, he'll raise up his voice, he'll stand up, he'll shout, he'll cry. He's free to do that. I can keep this distance between him and me."

[Psychologist]

Some of the residents ask for psychological support for their families or for a member from their family. They ask the psychologist to meet with their family members if they are having a family issue, or a member of their family is facing a problem. The psychologist will usually provide the family with one session to advise them on their issue. This helps the inmate feel that he is able to do something for his family, by being able to ask for help on their behalf. Most of the residents feel that they are useless in the prison as they are unable to provide for their families, and they feel like a burden. They don't tell their family that they are in pain or confused or suffering, as they do not want to cause their family more anguish.

Social Work

The social worker is the link to the exterior; she is the liaison between the residents of the center and the outside world. She has a degree in Medical Social Work and has been working with the center for over ten months.

The social worker has three main tasks that she is in charge of, including work before the inmate enters the center and during his time in the program. This entails meeting with potential residents, recreating a connection with the family, and assisting in the professional and academic development of residents.

She is the first contact with inmates who may potentially enter the rehabilitation program. When a person enters Roumieh Prison with a drug-related crime, she meets with them and informs them about the center. She fills out an intake form for those inmates who show an interest in the center, and tries to assist them in making a phone call to their family or other small requests.

The social worker is also involved in the secondary assessment of the people who want to come to the center. Each of the cases is studied individually by her and other members of the team.

Once an inmate has been chosen to enter the program, but before he has actually been transferred, she conducts a house visit to his family. The inmate must give his consent for her to contact and visit his family. While with the family, she informs them that their son (or relative) has asked to enter the center for Drug User Rehabilitation at Roumieh Prison and has been accepted into the program. She gives them some details about the program and invites them to a family meeting at the AJEM office to discuss the rehabilitation program and other issues related to drug addiction. Every month, the family is invited to come to meetings at the AJEM office and to visit with their son.

These family house visits help to create a connection not only with the family, but also between the social worker and the resident. She compiles a file with information on the resident and each of his family members. This helps to facilitate the discussion between her and the resident, and the residents feel that she understands their situation better since she has met their family and been to their homes.

If a resident wishes to continue their studies, the social worker assists them in setting up a connection with an institution and a study plan. She tries to motivate all of the residents to continue their studies. A small percentage of the inmates come in to the center with a study goal in mind, however, most do not. Approximately 30% of the residents eventually become motivated to continue their studies.

The social worker also assists the inmates in developing a plan for their future, and helps them to develop their professional skills. She asks them what they want to do, and works with them on any difficulties they encounter when they work, and how to use and save money. She also tries to find support for the inmates on the outside, whether with family members or others. She wants to collaborate with big institutions, but has not been able to find the time to develop the relationships needed in order to achieve this.



Legal Support

A lawyer has been hired to support the activities of the center, and to assist in the assessment of potential residents. She has a degree in Law and has been working with AJEM for more than ten years in the prison setting as well as working with the center for two years.

The lawyer plays a major role in the selection of inmates for entry to the center. After receiving consent from potential candidates, she begins a review of their legal file. If an inmate is already convicted, she looks into the period of time left on his sentence. At this stage, she often needs to follow up with the proper authorities to determine if there is a plurality of actions against the inmate, if he has any cumulative sentences, and any other penalties that may not be currently in his file. If the inmate is detained, she examines his record for all drug-related and other offenses that he is charged with and determines if his expected period of detainment/conviction will exceed 9 months. In either case, if the detainee or inmate will likely be released from the prison before a 9-month period, he will not be considered for entry to the program.

For all inmates who enter the Drug User Rehabilitation Center, the lawyer evaluates their legal files every three months. If the inmate has a lawyer of his own, she conducts this evaluation in coordination with them. For inmates that do not have a lawyer, she will assist them in small ways, but as her service is more of a consultancy, she does not have the capacity to serve as a lawyer for any of the cases. Each of the files are assessed as to whether any actions need to be taken for their case and sets recommendations for follow-up. Along these lines, the lawyer also provides an orientation for the families of residents about the legal file of the inmate and how best to work with their lawyer. She conducts periodic follow-ups with them while the inmate is progressing through his rehabilitation process.

In addition to the above mentioned services, the lawyer also teaches courses in civil law at the center. She teaches the inmates about laws that may affect them once they are released, such as rental laws. She also teaches them skills such as opening a bank account once they have been released.

When the inmate reaches the time when his sentence is finishing, the lawyer facilitates the formalities of his release. As AJEM advocates for the amendment of some of the articles of the drug code regarding the imprisonment of drug users, she also works on some issues regarding these amendments.

Drug Laws in Lebanon

Drug use, promotion and trafficking are illegal in Lebanon, according to the Law on Drugs and Psychotropic Substances. This law, Number 673, is partitioned into 253 articles (12), and replaced Articles 630 and 631 of the Lebanese Penal Code in the year 1998. However, not all of the Articles of the new law have been implemented.

Articles 124 to 204 deal specifically with the punishments connected to drug-related crimes, as well as the drug detoxification and rehabilitation processes (12). There are three articles 125, 126 and 127 (Annex A) in the Law on Drugs and Psychotropic Substances that pertain to the penalties that will be faced by persons caught cultivating, trading, promoting or using illicit drugs. The extent of the punishment is determined by the crime as well as the substance involved. These three articles are the most commonly cited articles pertaining to inmates in the Rehabilitation Center.

Article 125 concerns people who trade and cultivate illicit drugs. These people will be punished at the same level of those who are charged under Article 126, which follows.

Article 126 of the Drug Code pertains to the promotion of drugs. A person who introduces or sells illicit drugs to another individual for his own personal use will be punished with up to life imprisonment, with forced labor, and will be fined between 25,000,000LL and 100,000,000LL [US\$16,666 to US\$66,666]. This article concerns any person who intentionally facilitates the

use or sale of drugs for others, or who plans, manages or facilitates a location for the intake of drugs. This includes adding drugs to someone's food or drink without their knowledge, and to those who obtain prescription medications without having a medical problem. This also pertains to doctors and pharmacists who knowingly give medications to an individual that is not in need of it medically.

Article 127 deals with the penalty for using drugs, and states that a person who is caught in possession of, or has purchased even a small quantity of drugs without the prescription of a doctor and with the intention of personally using the drugs shall be imprisoned for three months up to three years. The person will also be fined between 2,000,000LL and 5,000,000LL (US\$1,333 to US\$3,333). This punishment will also be administered to a person who is proven to be addicted to drugs and has not tried to seek rehabilitation.

It is important to note, that under the new 1998 Drug Law (specifically Articles 183 and 192), drug users have the right to be treated for their addiction, and if successfully rehabilitated, will be acquitted of their charge of drug use. The government is supposed to handle the expenses for treatment and maintain the anonymity of the drug user. If a drug user does not complete treatment, he will be subject to arrest, and further charges [12].

Nurse

A nurse is at the center every day, Monday through Friday. She has two main objectives at the center. The first is to prepare medications for each of the inmates, especially any medications for drug withdrawal or psychiatric conditions that have been prescribed by the psychiatrist. She prepares these medications and makes sure that they are administered properly. In this, she watches the inmates take their medication, and they are not allowed to take the medications to their rooms or elsewhere in the center.

The nurse's second task is to see residents for health problems and complaints. She sees each of the residents for any health issues that they may be experiencing and decides if they should be referred to the prison physician. If the case can be taken care of within the center, she sets a plan of action for their care.

Case Management

Case management is currently being taken care of by the coordinator of the Drug User Rehabilitation program. The coordinator is a medical doctor who has also received her Master's in Public Health and is currently pursuing a second Master's degree in Islamic and Christian Relations. The coordinator evaluates the progress of each resident once every month. In order to assess their progress, the coordinator meets with each inmate to discuss any issues they are having. Additionally, she meets with all members of the AJEM staff to obtain their views of how the resident is doing and how they are proceeding. She evaluates the activities that they have been involved in and helps to make changes or reorient them as needed.



⁵ This inmate was able to stay off drugs while in the general prison population, and was released from prison 3 months after leaving the Center. He is currently living within the follow-up housing provided by AJEM.

Team Management

The coordinator of the program is also in charge of team management. Bi-weekly meetings are held to coordinate between all the members of the staff of the center and to discuss the progress and growth of the residents. Daily meetings are also held with the two educators to assess the activities that are happening each day. It is extremely important to maintain continuous communication between all of the team members in order to ensure that therapies being synchronized are harmonious, and to guarantee success in reaching the objectives of the center.

Follow-Up

Although there is currently not a systematic follow-up system in place, nor a system of registering follow-up with the inmates, follow-up is occurring. Each inmate that leaves the center and the prison is offered follow-up sessions. Meetings are set with these ex-drug users at the AJEM office. In addition, calls are made to maintain contact, and many of the ex-residents visit the center on a fairly regular basis.

	Date of Admittance to Program	Number Admitted	Number Remaining in the Center at Present
Group 1	June 2006	11	3
Group 2	December 2006	11	2
Group 3	January 2008	10	5
Group 4	May 2008	11	11
Group 5	October 2008	15	15*

* Group 5 is just entering the Center.

After an inmate has completed his 9-month rehabilitation program, he has the choice to remain in the center or to return to the general prison population. The center staff members recommend that the inmates stay within the center upon completion until they are released from the prison, as the environment in the general prison population is very different than that within the center, and drugs are readily available there. Only one inmate out of all of the groups has chosen to spend the remainder of his sentence in the general prison population⁵.

AJEM has been working with the MOI and ISF in order to obtain the remaining two wings of the first floor of the block that the center is located within. They have received an agreement from the proper authorities and are making plans for the other two wings. One of the plans is to set up another facility for those residents who have completed their program, so that they can remain in an environment similar to that of the rehabilitation center. Another team will be in place in that facility for follow-up with the inmates. There will be no limit to the amount of time that an inmate can spend in the follow-up center; this time will be dependent on how much time they have left to serve on their sentence.

Once a resident has been released from prison, he has the option to stay at an apartment that AJEM has rented for graduates of the program. This apartment is specifically for those inmates who do not have family support or who are afraid to return to their home environment out of fear of relapse. The ex-drug user is allowed to stay in the apartment for around 6 months while he is preparing himself to go out on his own. During this time, AJEM assists the ex-drug users in finding a job and loans them a cellular phone so that they can keep in touch with the staff members.

For those ex-drug users who have chosen to return to their families, they can come to the center at any time to visit, and they can set up an appointment for a 6-month follow-up where they can again meet with the team members.

Additional Components of the Program

Recreational Therapies

The recreational therapies are given at various times during the 9 month period that an inmate is in the center. Most of these programs are conducted by volunteers, and are therefore offered only when these volunteers are available.

Music Therapy

Music therapy was offered by a volunteer for two months. Each resident was given the opportunity to attend these sessions. Music therapy was given two times each week for groups of 6 people per session. This project was very well accepted by the residents and helped them to better express their feelings. This was a complementary therapy that greatly enhanced the psychotherapy as well.

“They discover something and the music works on their imaginations and their emotions; emotions that they don’t even admit that they have. Everything turns on in the music therapy and they come, they bring it to their psychotherapy, and they discover everything inside.”
[Psychologist]

Diaporama Therapy

Diaporama therapy is offered by a social worker who received his Master's Degree in Social Work and has completed post-graduate work in Communication. He has experience throughout Lebanon on communicating social problems and public health issues through a variety of channels of dissemination.

Diaporama therapy offers residents of the center the opportunity to create short films or comic strips through computer programs such as PowerPoint and Photoshop. Through this, the residents are able to express their problems and ideas visually and are able to build their self-esteem. The social worker assists the residents in looking deep within themselves to bring out their expressions, feelings and creativity, and provides them with the means to express their hidden talent and power.

Each resident is allowed to come up with his own topic to create a story board. Often the topics are based on their own experiences or feelings. In order for the final product to be created, the resident must describe why they have chosen this topic and what it means to them and to society as a whole. They must write a synopsis of the story board⁶ and create a clear action plan of the activities that need to be completed in order to create the film or comic strip.

Each film will last two minutes, and the residents must be able to get their message across within that time frame. This helps them to build communication skills and to learn how to be precise, prompt and straight to the point. The film must be completed within three months.



During this project beneficiaries may face obstacles such as fear from rehashing their suppressed past, expressing their emotions, and being impatient and aggressive. The social worker visits with them twice a week to follow up on their planned activities and to pinpoint any upcoming obstacles to try to overcome them before they occur, with the assistance of the center team if needed.

By the end of the Diaporama therapy, beneficiaries will have produced a film and communicated their topic via a storyboard with sound and picture effects. The program will have assisted in building the self-esteem and self-efficacy of the residents, increased their sense of creativity, time management and promptness, reduced their feelings of worthlessness and assisted them in dealing with their anxiety, suppressed emotions and fear.

Other Activities

After being in the center for two weeks, every resident goes through 10-15 days of breathing therapy. This service is provided by volunteers from the organization 'Art of Living'. The sessions are for 2 hours every day and have helped some of the residents with sleeping and relaxation.

Dance Therapy was offered for a short period of time, but was not accepted as readily by the residents. The dance therapist wanted the men to express themselves through gesture, and they felt that it was too feminine, and it was not like the masculine dabkeh⁷ that they were used to dancing.

Sports activities are also offered within the center, as there is a small space for sports inside the facility. The residents also have the opportunity to visit the soccer field up to three times each week when other inmates from the general population are not on the field.

Professional Skill Development

The second category of additional components of the program is meant to enhance the professional skill development of the beneficiaries of the program. This is mainly to assist them in gaining skills to obtain work when they leave the prison, although some of the projects allow the residents to make a small amount of money while they are still in the center. This money is held for safe-keeping at the main AJEM office. Many of the residents choose to send the money to their families, while some also have AJEM buy small things for them to bring in to the center.

Various activities are offered, including agronomy projects, learning mosaic, computer instruction, and language instruction in both English and Arabic. Additionally, academic instruction is available, and there are currently two residents that are registered to take their official school exams. Seven more inmates are looking at enrolling in school or university as well. There are specific times set aside for the residents to study, and they also have the opportunity to follow up with professionals before they present for their exams. All of these activities are provided by volunteers.

The main activity that occurs within the Center is the agronomy project. Within this project, residents grow flats of seedlings for sale outside the prison. Depending on the season, they are able to earn money from this venture.



⁶ For residents who are illiterate, they do not have to write the synopsis of the story board, and may express their ideas through pictures and sound effects on the story board.

⁷ Dabkeh is a traditional Lebanese dance.

Monitoring and Evaluation

Currently, the Drug User Rehabilitation Center does not have a monitoring and evaluation plan set in place. They have not decided on a working definition of success for the program and therefore have not set indicators in place to measure success. The progress of the inmates is measured by the team members that work in the center in their bi-weekly meetings.

This progress has been noted in anecdotal evidence from the team members, the ex-drug users and the families of residents in the program. When a drug using inmate enters the program, he is usually highly disorganized, he fights easily with others, and he lacks respect and thinks about drugs often. He is not used to listening to others or putting forth effort in anything.

Within a few months, the inmate has learned how to listen and how to give his opinion without fighting. He has gained respect for himself and for other people and generally says that he thinks less about drugs. He has gained social skills, is more disciplined and better able to manage his time. He shows an enthusiasm for having more time for himself and wants to learn how to make better use of this time. His parents also note that they are seeing changes in their son, and they hope that he will be able to maintain these positive changes.

After five to six months in the program, the inmate has more self-confidence, gives his opinion more readily, and is able to give alternatives to using drugs for dealing with difficult situations. He is less aggressive in his reactions to others and shows more self-control and calm when dealing with others. In his sessions, he is more trusting of the staff and other inmates and shares his feelings and thoughts more readily. These are observations of the staff members and parents, and in the residents' own words.

Although the follow-up system is not completely in place, the coordinator noted that many of the ex-drug users that have gotten out of the prison are doing well on the outside. She knows that some of them are finding work, whether with family or other connections on the outside. They are functional and she does not believe that most have gone back to drugs. She noted that she would be able to tell if they had relapsed and were using drugs again, as their addictions make them dysfunctional when they are using drugs.

AJEM is currently working with two other organizations that provide drug rehabilitation services (Oum el Nour and Skoun) in order to create a standardized evaluation program for all three programs. They have hired an outside organization, Evince Clinical Assessment, to assist in this process.

Beneficiaries and Life Testimonies

Ex-Drug User Who has been Released from Prison

An interview was conducted with one of the graduates of the program who had just recently been released from the prison⁹. He is a 43-year old male with a technical education who had been using drugs for over 20 years before he joined the center.

"I used drugs for 20 years and no one told me that I was doing something wrong. Both of my parents were killed in front of my eyes ... I turned into drugs so I would not become a criminal; little did I know that I was going to fall in to a tub of multiple problems."

(Ex-drug user)

He was imprisoned for eight and a half years when he heard about the rehabilitation program and realized that he needed to get off the use of drugs. After declaring his interest in the program and showing his desire to be rehabilitated, he was selected to join the first group of individuals going through the program in June 2006.

⁹ He was released from Roumieh prison on September 11, 2008.

"I was convinced that I wanted to stop drug use as I have suffered more than enough ... someone has given me his hand and told me, 'we are your family, we are here to help you.'"

(Ex-drug user)

When he entered the center, he felt that he was being brought to a home; it was a clean environment with no pills or other substances.

"You feel like you were in a trash bin and now you are in a clean salon."

(Ex-drug user)

He felt that the most important aspect of the program is that they do not impose drastic changes upon you. It was extremely difficult in the beginning for all of the residents, as they were not used to being disciplined. However, they all learned how to calm themselves and gradually adapt to the program.

"The first two months, I did not know how to say hi to anyone. The psychologist would come in to talk to me and I had no trust in her or anybody else. She would kill herself to get a word out of me. Eventually I started to ask for her as she was a source of relief for me. The only time I felt that I was not in the prison is when I used to talk to her as she used to have conversations with me about cars, work, stories; anything that is not related to the prison... The only time I felt like I was not in the prison is when I used to talk to her. If I ever yelled, screamed or cried, especially when we started talking about sensitive issues or I remembered stuff that I wanted to block, she would have no reaction and allow me to express myself until I calmed down again. At the end, she is a lady and I have to treat her with respect."

(Ex-drug user)

The center provides the inmates with psychological support, and is not judgmental in their approach.

"You feel like you are embraced by a family that is taking care of its children. ... You feel you are supported by staff members who want nothing for themselves in return. ... There is no blame. They make us feel that it is ok to do mistakes but to taper them down little by little."

(Ex-drug user)

The program teaches the inmates many skills including communication skills, social skills, problem solving, and coping skills to deal with the stigma of being an ex-drug user and an ex-prisoner. He is taught how to deal with the stigma that he will most likely face when he is released from the prison and starts integrating in the society.

"[The drug rehabilitation educator] tells us ahead of time that we are going to be discriminated against and repelled by the society. He prepares us on this thing and teaches us how to deal with it and how to control our emotions. Outside they look at us as if we are 'baa baa', (meaning something scary)."

(Ex-drug user)

Even with this preparation and inoculation against temptations, the ex-prisoners find it hard to cope with life outside the prison. They still feel imprisoned despite the tremendous support that AJEM has given them, and continues to give them.

"In the prison, the person feels that his body is imprisoned but not his soul and mind. In the prison, when I put my head on my pillow, I can dream of being with Cindy Crawford, on a boat in the Marina, eating barbecued chicken, having a wife waiting for me to come back home with a smiling face. Outside the prison, I cannot get to point zero, zero, zero of what I dreamt of while imprisoned. I was dead while I was still alive, now I am alive in the dead."

(Ex-drug user)



The inmate noted that he changed a lot within the center. He stopped yelling and being aggressive, and he started to trust others, although he still has a problem with trust. He learned how to communicate with others and to express his thoughts rather than internalizing them. He learned how to control his emotions and how to cope with his problem. He participated in activities and started to feel useful again.

“What they have done with me, no one else has done. They put clothes on me; they fed me and watered me. They told me to have trust in myself and others. They bared my aggressiveness and taught me how to communicate with others. I was barbaric. They taught me to be patient and to have a supportive soul. At some points I felt that I was pressured – something I like but I cannot have. For example, I like Red Winston cigarettes and they gave me Cedars, which makes smoke addicts quit because of its bad taste. I used to ask why are they doing this, why are they treating me as such? They were disciplining me. They wanted me not to give in to temptations. I accepted that my goal was to move forward in a straight line; I had to be patient. Above all, they don’t blame. They gave a lot and were not expecting anything in return. I started to feel like I am a human being.”

[Ex-drug user]

Since leaving the prison, the inmate is living in the follow-up apartment provided by AJEM. He noted that they had problems with their neighbors when they first moved into the apartment.

“AJEM rented an apartment for us and we were not accepted at all in the neighborhood. When we first moved in, we used to see children and wives occupying the streets. The minute that there were ex-prisoners residing in the building, they all disappeared. I tried to find out what the problem was, so I invited one of neighbors who had his baby daughter with him to come in and so he did. I invited him for a cup of coffee, and he said no. I was hurt. I wanted to welcome him in my house. I wanted to feel that we could be real neighbors. I asked him why we were not accepted in the neighborhood, and he replied by saying that families are scared that their wives and daughters might be raped. I told him, ‘I promise and swear to you that your daughter would be my daughter and your wife would be my sister.’ The neighbor said that he believed me, but asked if I could guarantee others to be as well behaved as I am. Here I could not promise him and hold the responsibility because I cannot control or predict what others might do. I packed my stuff and told [the director of AJEM] that I was not able to stay for one second in this neighborhood. He tried to calm me down with no success. He later managed to move us into another apartment in a new and empty building where things seem to be better. Now, we are the ones to decide who our neighbors will be, as we are the first to be in this building.”

[Ex-drug user]

The ex-prisoner is now working in a parking lot beside the prison, and has created a positive relationship with the owner. The owner has even offered to purchase a car for him that he can pay off through working at the parking lot.

Mother of Beneficiary in the Rehabilitation Center

Throughout this case study all interviewees have stressed on the fact that the Center for Drug User Rehabilitation has strengthened the relationship between residents and their families. In order to get feedback from the families, an interview was conducted with a mother of one of the beneficiaries.

The mother expressed happiness and relief that AJEM has opened the Center for Drug User Rehabilitation in Roumieh Prison. One of her sons is a resident in the center, and she is hoping for her other son to be accepted into the program soon.

“I am very happy because my son is happy, and I wish for my other son who got recently imprisoned to join his brother; I am begging them to take him into the center; I am not sleeping right now because my other son is not with them.”

[Mother of resident]

She has seen that the center has helped her son. She sees a change in his behavior and in his health, especially when compared with her other son, who is detained in Block D of the prison.

“My son is relaxed. He feels much better than before. He has changed. When he was detained, he was yellow and did not look normal to me. Thank God, now he has a rosy face and is in a much better and relaxed mood. ... In block D, I see my other son stressed out and in a bad mood. His face is yellow, and I keep telling him to be patient as I cannot do anything for him.”

[Mother of resident]

She is trying to get her other son in to the center, but is afraid that the waiting list to enter is too long. She knows that the center can assist her son with rehabilitation and with putting his life back on track, and rebuilding his future. She has seen the changes with her first son, and hopes that they will be able to do the same once her second son enters the program.

“Everything is ready for him [her first son], and those who interact with him are very good and decent. I feel that my son is back to what he used to be a long time ago. He told me, ‘I am going to become a man, Mom. I am going to be a source of comfort and support to you and I am not going to go back to drugs.’ He also told me that there are doctors that come and give them medications and that his bones are not hurting anymore. My son told me, ‘As time is passing by, I am getting more and more attached to them [the center staff members] and I am becoming happier. I even prepared for them knefe⁹.’”

[Mother of resident]

The people at AJEM have helped her with her sons in an additional way as well, as she is not able to afford to commute to see her sons very often. The AJEM team has helped her with this, as she is able to call them at any time to see how her sons are doing.

She had two recommendations for the rehabilitation program, though both were for ways that she and others could support the program. She feels that each of the families of the residents should pay a small amount to support the center for activities, and their son’s rehabilitation.

“This center needs to be supported financially. Every mother should pay 10,000LL [approximately US\$7.50] per month as support for this center.”

[Mother of resident]

She also believes that the family members should be allowed to sit in the same room with their sons and should be allowed to be in close contact with them. Currently, all visits are made through a grid-iron window.

“I want to sit with him, kiss him, hug him... I wish. ... I have not kissed him in a year and a half.”

[Mother of resident]

⁹ Knefe is a traditional Lebanese sweet.

Strengths And Successes

Numerous strengths have been noted for the AJEM Center for Drug User Rehabilitation. Although they will be enumerated below, one quote was used during the interviews that could sum up the feeling of many of the interviewees.

“All that is necessary for the triumph of evil is that good men do nothing.”
(Edmund Burke, as quoted by the Center psychiatrist)

The Rehabilitation Program

AJEM is a pioneer in providing such rehabilitation therapy in a prison setting in Lebanon and the MENA region. As pioneers in this realm, it is realized that they may make some mistakes, and that they do not have the expertise from other programs to inform their decisions. However, as pioneers, they are offering a service that has not been offered before, to people who are in dire need of this assistance. AJEM is offering some inmates who are IDU or are addicted to other drugs a chance, and an alternative solution to drugs. They are also assisting the IDU in decreasing their vulnerability to HIV through providing them with rehabilitation services. They are offering them the opportunity to get off drugs and to be able to reintegrate back in to society.

“It gives me energy because I am doing something inside. I’m making a change for forgotten people. ... We’re doing something. We’re putting faith in a place where there is no life. Even if we’re giving 20% more hope and life, you can do something.”
(Psychologist)

The Center for Drug User Rehabilitation has a structure that may lead to greater programs, and one that is giving results. However, that structure needs to be developed and refined for the prison setting. The structure of a normal rehabilitation facility may not be the best structure for a rehabilitation center in the prison context.

A variety of the therapeutic elements within the rehabilitation program, as well as other skills that are taught within it, are thought of as providing additional strength to the center. One of the skills that was mentioned as beneficial was the teaching of conflict resolution skills. These skills assist the residents in better dealing with stressful situations, not only within the center itself, but once the residents leave the prison. It was also seen as beneficial that the residents of the program are given responsibilities within the center. This not only helps the residents to gain more self-confidence and to apply the skills they have learned, it also allows the program to be self-administered by the longer-term residents when the AJEM team is not present.

An additional strength of the program is that treatments are available for all of the various psychiatric conditions and withdrawal symptoms that inmates may suffer from. While the treatment options are not always the best quality, every category of treatment is available in the center, and if a treatment category is missing, the prison authorities are more willing to allow a treatment in the center, as they do wish to provide care for the inmates.

By providing legal support to the residents of the program, the residents are able to concentrate more on their rehabilitation, and less on their judicial files. The residents take comfort that someone is following up on their cases. This is especially important, as the majority of the center residents are detained and awaiting their trials.

The house and family visits are also seen as being an important component for the program. After these visits, the residents are more trusting of the center staff, and are better able to open up about their family situations. They know that the staff members have seen their environment, and it improves their trust and communication.

The Team

It is a benefit that some of the employees of the center are women. This gives the residents an opportunity to learn how to socialize with women again and to learn how to show respect to them.

“I make my own dress code. I don’t provoke them in any way. As a girl, they respect me. They show a respect, they apologize for using bad words, especially in the sessions. There are fights daily between them, verbal fights. Once I open the door and step outside, they generally stop and show respect. They do their best to avoid these situations when I am there.”
(Psychologist)

The center staff work very well together, and collaborate in all aspects of their work. They find teamwork to be an important aspect of their work that contributes to the success of their program. The team members respect each other, and treat the residents with the dignity they deserve.

The Residents

Within the center, there are very severe cases with a very high index of severity of drug use, including IDU. While this may not sound beneficial, there are two sides to the coin. On one side, there may be people who do not really want to quit using drugs, and who appear to go into the center either to consume drugs in a healthy environment or because it has the reputation of a ‘five star hotel’ in the prison. But, on the other side, there are other people who have been so severely burned, who have suffered so many devastating consequences from their addiction that they really want to heal. These people will put every possible effort into the program, and their efforts are a reward, as they become ‘healed’. Although these people have very severe cases of drug addiction, they are a priority, and sometimes they make life easy for the center staff members because they are so motivated. Some have also become role models for those who entered the center with the attempt to stay in a ‘five star hotel’ and have actually positively influenced their concepts and behaviors regarding drugs and drug use.

Many of the inmates are also highly inspired to advance in their learning. This motivation and inspiration stems from their desire to do something for themselves and for their families. This motivation is seen especially in illiterate residents who show a sincere desire to learn to read and write Arabic.

The life conditions of the inmates are improved within the center, and they are given the prospect of having a better life outside the prison when they have completed their rehabilitation. The program helps improve not only the inmate himself, but also his interactions with his family and society, and it helps him to develop stronger interpersonal relationships.

“The rehabilitation center also gives hope to the prisoner as he knows that there is a family waiting for him and there is someone who cares; someone is going to give them back their rights.”
(Lawyer)

The Results and Follow-up

When asked how the staff members know that the program is a success, there were a variety of answers, including the progress that each inmate makes when he enters the prison. It is difficult to determine the effectiveness of the program, as there are so many different definitions of success that could be used within this particular program.

The psychologist noted that when she hears people say, “I wish I didn’t come here, because I found my problems, so I don’t want to stay,” she knows that the program is working. The inmate has found his problems, and within a short amount of time, he becomes willing to work on them. This is when she can say that the program is a success. When they entered the center, they sup-

pressed their problems and denied that there was anything wrong; through the therapy, they have become aware of their problems, they suffer through them and begin to accept them and work on them.

While less than half of the inmates who have entered the center have been released from prison, the anecdotal evidence points out that the program has been a success. Although there are a couple known cases of relapse among residents who have graduated and been released from the center, the majority of the graduates seem to be doing fine, and are being functional in society. They may be struggling, but they are falling back on the training they received within the center, and are managing to stay off of drugs.

Follow-up is seen as an important part of maintaining this success. By keeping the channels of communication open, and allowing the graduate to retain the support of the team, if needed, he will be better able to cope with life on the outside. The center staff members contact the graduates on a regular basis, and the graduates often come to visit the AJEM office or call to chat.

Obstacles

Funding and Human Resources

As in all programs that depend upon outside sources for finances, funding is an issue. There is always a need for various materials or more staff members, without the financial backing necessary to obtain them. The difficulty is not only obtaining enough funds at the beginning to establish the program, but also later on once the program has been launched in order to sustain it.

The main obstacle noted by all of the staff members of the center was a shortage in human resources. While this is predominantly a funding issue, it brings up a couple of other concerns. The first is that working in a prison setting trying to rehabilitate drug users is an extremely difficult endeavor. Many individuals are not up to the task, as they may be too sensitive and not able to set aside their emotions while working in a highly emotionally charged environment such as that at the center. Volunteers help, as they come and help with whatever is needed in the center, however they only stay for 4 or 5 months.

Another concern is that the center does not have anyone working in it on weekends or holidays. Although they try their best to have someone in the center on Saturdays, the other days do not have activities or staff members from the center present. Along with this, the center staff members are only allowed in the prison from 8:30 am until 10 pm. This leaves the entire overnight period without the AJEM staff members present.

Additionally, the staff members that work within the center are on a variety of schedules for various reasons. The first is to maximize the amount of the day that activities are available in the center. A further reason is because it is difficult to offer numerous activities or sessions at one time due to space constraints. This multiplicity of schedules causes problems for setting up meetings where all staff members need to be present. Not only are staff members not in the prison during the meetings, but some staff members need to extend their day in order to be able to attend these meetings.

The Program, The Priorities and the Facility

The rehabilitation program is an experimental program and is constantly evolving. It was inspired by a program adopted by the Canadian Correctional Center, yet as it is adapted to the prison context within Lebanon, it has been necessary to adapt to the conditions and to grow and evolve.



Several interviewees mentioned that the facility itself poses obstacles to treatment, especially the size of the center. It is difficult for team members to set up activities that occur at the same time, as room is not available. The staff members have had to coordinate and plan their time so that only one session is occurring at a time. The facility was compared to that of another organization that provides drug rehabilitation, Oum el Nour.

"If you pay a visit to Oum el Nour and their locale, you see it's inside a pine forest, you have a farm, you have activities, you have maybe 3000-4000 square meters. Here, you have 100 square meters or less."

[Psychiatrist]

"One of the obstacles comes from the priorities the staff members have set for themselves. This is that they have chosen to prioritize work with those inmates who have a high index of severity of drug use. This makes treatment and rehabilitation much more difficult. First because these people have been consumers of drugs for a long period of time and in large quantities; and second because the psychiatric co-morbidities are very high within this population. A population has been selected where you have much disease associated, around 30-40%, so it is necessary to give a double treatment. Therefore, there is a double goal for the treatment, and twice the chance of failure."

[Psychiatrist]

Another obstacle is that behavior change in itself is challenging. The residents are taught how to respect and appreciate themselves and others, yet they are not always able to maintain their new beliefs and behaviors. It is important for the residents to learn that some people do relapse, and to look at cases where people have relapsed and to use these experiences to inoculate them against the possibility that it could happen to them. If they try to solve these situations together with the team, it will be advantageous to all of them.

While the residents are generally serious about not continuing to do drugs, many of them do not feel that they will be able to stop selling drugs or committing other crimes. Within the center, it is necessary then to work with each resident on how to not go back to selling drugs or doing other crimes. The residents would benefit if the program was reinforced with this type of instruction.

Moreover, the center lacks the VCT service. Since over 70% of IDU have injected drugs the day they entered the prison and 7% are sharing needles in the prison, with 3% having shared a needle in the prison for the first time (10), these findings increase the vulnerability of inmates for HIV acquisition in the prison especially that they get tested once upon entry and there is still the risk of the window period.

The Residents

The main obstacle encountered with the residents is the issue of trust. The residents have suffered within their families, society, and the prison setting, and they do not know who they can have confidence in. The residents have a hard time adapting to the new environment within the center as they do not know if they can truly trust the center staff.

The residents also have issues with self-confidence. They doubt their own abilities in successfully rehabilitating. This self-confidence is lowered also as they feel that they are useless to their families, and that they are always being judged. This is a large obstacle that creates many problems during the rehabilitation process, and there is often not enough time within the 9 month period to tackle all of the issues that the residents are experiencing.



Many of the residents are very sensitive to those around them and have abrupt mood changes. Most also have become masters at manipulating others to get the support they need. These characteristics make it challenging for the staff members to work with the residents and to know if they are being honest with them. This also comes in to play as there are some prisoners who enter the center, not for rehabilitation purposes, but to get away from the prison and to relax. There are many inmates that apply to enter the center and are very convincing in their interviews. However, even when these inmates make it into the program, their attitudes often change as they see how other residents have progressed through the rehabilitation process.

Some of the residents face problems with their families when they are in the center as well. Most of the families cooperate a lot when they come to the meetings at AJEM, and they want to know what is going on in the program and with their son. However, there are also families that stop coming to visit their sons when they enter the center, even though the staff members tell the families that 'we don't replace the parents or families' and that it is beneficial for their sons if they continue their visits.

The Prison Setting

The prison setting itself is one of the greatest obstacles that the program has to face.

It is an obstacle that at the times when a resident leaves the center for family visitations or to go to the Veranda for fresh air, that he may hear an inmate on the floor beneath him talking or giving drugs or pills to another inmate. The prison is a drug-contaminated atmosphere, and as the center is located in a prison, it is not a completely controlled environment. In principle, no other inmates or prison personnel are allowed to be in contact with the residents of the center. However, with the location and atmosphere of the center, it is not possible to fully enforce this rule.

"Here in the prison, there is everything you can think of. Sometimes, even though we are separated from other inmates in the center, someone could still slip a pill or something when he is out on the veranda. They teach us how to avoid temptations and control our behaviors despite all attractions."

(Ex-drug user)

The prison setting is not the normal atmosphere for drug rehabilitation. The staff members need to keep in mind all of the various factors that are affecting the rehabilitation process. First, the prison is a drug contaminated environment.

"Drugs and pills are everywhere inside. There is always a way to get them."

(Social Worker)

"For example, one patient I've had consumed around 140 pills a day [in the prison]."

(Psychiatrist)

The team must think about the prison culture and habits, the words that are used in the prison, and the prison principles. These all come to play in how the rehabilitation process will proceed. Within the prison, the residents cannot work practically on some issues such as in confrontational visits inmates are not allowed any privacy or contact with their families.

Staff members spoke of the resident's attitudes towards being in prison as an additional obstacle.

"Sometimes they don't even go outside to the Veranda. We are forcing them to go outside. They don't like to be outside the prison, to be outside the walls, to see the sun. It's like a punishment for them. They don't like to face the sun or to face anything outside the walls. They don't want to feel even 10% of the freedom. They can smell the freedom. They are afraid to feel the freedom, and afraid to regress. The sun is their enemy because it reminds them that they are in prison. They want to forget 'I am in the prison, I have 2 years left here.'"

(Psychologist)

The ISF

The internal security forces can both facilitate the process within the center and hinder it. Currently, there are four ISF guards that work within the center on a rotating basis. However, when there is a change of personnel in this shift or in others around the prison, it can cause problems for the AJEM staff members. This is partially due to the rules regulating NGOs in the prison. All NGOs are to leave the prison by 3 pm. While AJEM staff members who work in the center are an exception to this rule, this often has to be re-explained to new guards and ISF personnel.

Additionally, the residents of the center have created a special set of rules and regulations (Annex D) that are specific to the center, and are different than those within the prison itself. When AJEM staff members are not present in the center, the ISF personnel at the center will often regress to the prison rules rather than using the center rules. When the AJEM staff members return, it can cause problems as they try to assess the situation and change the 'punishment' while trying to maintain the authority of the prison staff.

The high turnover of ISF staff members in the prison system in Lebanon (10) is also an obstacle for the center. At the beginning of the program, difficulties were faced in negotiating and convincing the high authorities of the prison of the value of the program. Unfortunately, these negotiations continue to occur every time the authorities of the prison change.

Vulnerability to HIV Infections

Some of the center staff members felt that HIV/AIDS is not an issue in the prison or the center, as the number of PLHIV in the prison has never exceeded 10 people, and inmates are tested for HIV upon arrival to the prison. However, HIV and AIDS should always be considered as an issue when dealing with IDU, especially as, shown in the statistics above, over 70% of the IDU had injected drugs on the day they entered the prison (10). This means that even if they became infected with HIV in that instance of drug use, their test would not show a positive result for up to 3 or more months¹⁰.

According to AJEM, another issue of concern for IDU in the prison is Hepatitis C as there is neither a test nor treatment for the disease available in the prison. AJEM is working on obtaining the appropriate permissions and finances to begin testing and treating hepatitis.

Outside the Prison and Reintegration

According to team members, most of the ex-prisoners and ex-drug users are facing stigma and discrimination when they are released from the prison. Some are being rejected by both the society and their families.

Some prisoners have a hard time locating jobs when they are released, as they are asked for their record when they apply for the job. When the employer finds out that they were in prison, they are generally disqualified for the job. Thus residents of the center fear this obstacle.

¹⁰ The window period is the "time from infection with HIV until detectable seroconversion. Because antibodies to HIV take some time to form, an HIV antibody test will not be positive immediately after a person is infected. Nearly everyone infected with HIV will have detectable antibodies by 3 months after infection."^[14]

Some of the residents have problems with family members or friends that are also drug users outside the prison. They are afraid to return to their families and communities as they will be surrounded by drugs and the same problems that pushed them to consume drugs initially.

The Judicial System

Many inmates face problems with the judicial system. There are often procedural shortcomings and employee incompetency that need to be dealt with during their trials or the period before and after trial. There are several delays which can lead to long detention times. Some residents have also had problems with their lawyers and staff members gave examples of immoral conduct on the part of the lawyers of some of the residents. All of these issues cause the residents a lot of pressure and stress, and make it harder for the team to create a clear action plan for each of the residents.

Ethical Issues

“Every human being is entitled to make mistakes, because he is a human being.”
(Director of AJEM)

This practice of justice and mercy is instilled in every action that the staff members take in the center. They try to stick to this principle of mercy, and show respect and kindness for all of the residents of the program and the others at the prison. They respect the uniqueness and human rights of each individual inmate including the right to grow and develop in a free environment.

Each resident who enters the program should want to enter the program, and should desire to become drug-free. He should not be forced to enter by anyone. Before an inmate enters the center, the social worker sits down with him and explains the center rules and regulations to the inmate. She explains to him what he should expect inside the center, and what he will be expected to participate in while he is going through rehabilitation. There is an informed consent form (Annex B) that he must sign before he is allowed in to the rehabilitation program, as well as a set of rules and regulations (Annex C) that he must abide by when in the center. These rules and regulations were created by the residents of the program.

The information that is gleaned within each of the various sessions is shared only with other members of the rehabilitation team. The inmates are informed that their information will be shared between the team members in order to facilitate their rehabilitation process. They are also informed that their information will not be shared with anyone else, including the prison authorities. The center staff members obtain informed consent from the resident beforehand, if they wish to share any information with anyone other than other team members. This includes the information that they would like to share with the family members of the resident, and consent to even meet with the family of the resident. The team will not share any information that the resident does not wish to share.

The staff members treat all residents equally and try to decrease any differential powers that are apparent between the inmates. For example, if an inmate receives food from his family, he must share with all residents of the program. If this is not possible, then the food (or object) is not allowed in to the center.

“There is no rehabilitation without equality among inmates.”
(Director of AJEM)

In line with this equality, the center teaches respect and understanding for all residents, regardless of religion, background or social practices. Religious ceremonies do not take place within the center, but residents are allowed to take part in religious ceremonies that occur outside of the center. This helps to eliminate all kinds of discrimination and exploitation that could occur among inmates that come from diverse backgrounds, habits and socioeconomic levels.



In addition to this, the team members make an effort to keep a professional distance between themselves and the residents. This is to decrease the amount of pressure that residents may feel and to leave space for them to grow.

“The drug user, in nature, is pressured by social, family and economic problems that caused him to retaliate on his surroundings and turn to drug use. We want to give him space, with the guidance and support of the team, to make the right choices in life.”
(Director of AJEM)

There are occasionally conflicts between what a resident wants and what his family wants for him. The team will always work with the resident, and will not put outside pressure on him. This includes with the money that the resident earns from working in the center. The staff members put the money in to an account for the resident at the AJEM office. The inmate can tell the staff members what he would like to purchase with the money, or if he would like the money to be sent to his family. Receipts are provided for all transactions, and a record of money spent and earned is kept and can be requested at any time.

An additional ethical issue that the center staff members encounter is how to deal with the ISF personnel. When the staff members are not in the center, the ISF personnel are. The personnel are trained, and are often involved in activities in the center, so that they can better understand the residents and the system of the center. However, the personnel sometimes find it difficult to maintain their authority on the residents, and may create relationships with the center residents, which can lead to power differentials between the residents when the AJEM staff members are not present.

Recommendations

Location/Expansion

Several suggestions have been given for expanding the Center for Drug User Rehabilitation as well as for changing the location of the center, or certain parts of the facility. For example, most of the interviewees suggested either changing the location of the Veranda or making it accessible only to residents of the program. The Veranda is seen as one of the weak areas of the center for the control of drug access, as several inmates and prison personnel have the right to use the area, and it is difficult to supervise. If the Veranda were given to the center for use for their residents only, access to drugs would be more limited.

An additional suggestion is to take the center completely out of the prison context. This would assist in separating the residents from the other prisoners, and would greatly enhance the ability of the staff members to facilitate the program. However, this seems to be farfetched; another suggestion was to develop or devote one of the 4 blocks solely to drug user rehabilitation in the prison.

For the time being, AJEM has plans to take another wing of the floor to create a 12-step program for drug user rehabilitation. This program will be better suited to those inmates who aren't at such a high index of severity of drug use. This would expand the program to fit the needs of a greater number of drug addicted inmates and specifically IDU. As the program currently stands, there is a maximum of 40 residents at any one time. With over 1000 drug user inmates incarcerated, a large percentage of those imprisoned are not receiving the care that they need.

For those inmates not receiving services within the center, upon release from prison, it would be beneficial to refer them to the appropriate facilities for drug detoxification and rehabilitation. In order to accomplish this, the referral system needs to be strengthened, as well as the capacities of the NGOs working on rehabilitation services. Currently, they are not equipped to deal with such a high number of drug users. The capacities of the NGOs need to be expanded not only in providing rehabilitation services, but also in monitoring and evaluation outreach and referrals.



Alternative Therapies

AJEM wants to be able to provide additional therapies to the inmates at Roumieh prison. They know that the program that they are currently advocating is not appropriate for all drug users who want to quit using. They have been in negotiations with the MOI and ISF in order to obtain the rest of the floor where the center is currently located. This would increase the size of the center by two times, as each floor is composed of three wings, and the center is currently occupying one wing.

When the transfer of these two wings has occurred, AJEM will be able to begin offering additional options for therapy, as well as offering a space for a follow-up facility for graduates of the program who have not completed their prison sentences. The therapies that are being discussed are a 12-step program and OST therapy. AJEM believes that OST would provide great benefits to opioid drug users, and is prepared to offer the therapy as soon as they are able.

Human Resources

Not only are more human resources needed to facilitate the Drug User Rehabilitation Program, there should be more staff inside the center at all times. It is advisable to have a 24-hour presence of staff. If this were to happen, there could be multiple shifts of psychologists (of different orientations), social workers and educators.. This would allow for different approaches to rehabilitation to be occurring at the same time as well as additional activities, sessions and trainings.

Families

It has been noticed through all of the therapies that most of the residents have issues with their families, whether they have family members that do drugs, support their drug habits, or have problems of another kind. For this, it is important not only to build the capacity of the residents of the program, but also that of their families.

It is important to work on the possibility of face-to-face visits with family members. Currently, inmates are only allowed to talk with their families through a 'grill' and there is no privacy. By allowing the family members to have physical contact, it will be easier for them to resolve their issues and to work on their problems practically.

Follow-up with family members after a resident's graduation and release from prison could greatly enhance the success rate of maintaining a drug free status. As issues with family members have been noted as one of the major issues that drug users struggle with (5), this is a very important matter to work with.

Financial Support

In order to support the tremendous effort that AJEM is putting forward in making a change in the lives of drug users, prisoners, and ex-prisoners, more finances are needed. Support is needed from funding agencies and private donors in order to continue the project, and to expand as they are planning to do. There are additional facilities, therapies, medications and tests that could be provided if the center were to receive more funding.

"This center needs to be supported financially; every mother should pay 10,000LL (approximately US\$7.50) per month as support for the center."

(Mother of resident)

The woman who made this statement is willing to send money to the center every month in order to assist the activities of the program. This is despite the fact that she can barely afford to commute to the prison to see her two sons (one of whom is in the center and one who has applied to enter it).

Drug and HIV Prevention in the Prison

Graduates of the center could be trained to assist social workers in the prison to conduct systematic awareness sessions within the prison on drugs and drug use, especially injecting drug use, and the major role that injecting drug use plays in the spread of HIV, as well as HIV prevention. This would help to reinforce the information that they have learned within the program and would give them a sense of self actualization and satisfaction. One suggestion would be to offer these sessions specifically to new prisoners to prevent onset of the drug use in the prison setting.

The environmental and behavioral risk factors in the prison setting, the relationship between drugs and HIV are the topics that are recommended to be emphasized in these trainings.

One of the recommendations would be to introduce VCT into the center for the purpose of case finding and prevention. According to AJEM, 12.4% of the drug users in the prison are IDU and there is a high possibility of sharing needles in the prison. In addition, as mentioned above, there is a high risk of acquiring HIV in the prison setting. According to prison authorities needles are not highly accessible in the prison, however, when an inmate is able to access to one, then most probably it would be shared by many. Additionally, inmates only get tested for HIV upon entry and there is still the risk of the window period. Over-crowdedness, needle sharing, and unprotected sexual acts are all factors in increasing the risk to acquiring and transmitting HIV within the prison setting. This increased risk pinpoints at the need to negotiate with prison authorities about introducing VCT into the center and eventually into the prison.

This would not be an easy task as within the rules and regulations of the prison, inmates would be segregated in the prison if they were to test positive for HIV upon entry which defeats the whole purpose of VCT. A possible argument would be while negotiating with authorities of the prison is that despite the fact that the center is a closed and small setting, it is still a part of the prison and inmates of the center are still getting exposed to other inmates when going to the Varena or when going to confrontational visits and that this exposure could facilitate the access of a needle; thus if any of the inmates gets infected with the virus, it could be easily transmitted to others in case of undergoing a risky behavior such as relapsing and sharing a needle, or in the case of having unprotected sex.

As we have seen earlier, the first three months are not easy for inmates in this prison and some of them might just be going into the center to be able to take drugs in a clean and relaxed environment and to be away from the prison atmosphere as a whole; thus the chance of relapse, injecting and sharing could be high. In addition this center has managed its way with the authorities as they have gained their trust; plus it has all the support that an HIV infected inmate might be in need of. In addition AJEM has received the needed training to provide the VCT service. The needed pre and post counseling would be administered for those who wish to test for HIV including coping and risk reduction skills. Introducing this service into the center would also be an opportunity to prison authorities to possibly pilot and assess the feasibility of introducing VCT and identifying possible obstacles that the prison may be faced by and measuring the positive or even the negative effects of this service.

Universal Human Rights and Increasing Awareness

Stigma and discrimination are two issues that ex-prisoners face when they are released from prison, whether they are ex-drug users or not. However, the depth of the stigma is increased for those ex-prisoners who are also ex-drug users. Therefore, it is important to work with society to increase their understanding of drugs and drug use and to decrease misconceptions about this population.

An opportunity to increase awareness would be by doing presentations at schools, churches and other facilities outside of the prisons. These presentations could be focused on drug prevention, but also on increasing awareness of universal human rights and to increase the acceptance of ex-drug users in society. Ex-prisoners and ex-drug users could be brought to the sessions for testimonials and to provide a new start.

Awareness campaigns could also be launched throughout the country and through a variety of media channels. These campaigns could seek to increase the understanding of society about drugs and drug use as well as advocating for a change in the law and giving rights to prisoners and ex-prisoners. These campaigns could go a long way towards decreasing stigma and discrimination both within and outside the prison walls.

Collaboration

There have been various suggestions to increase collaboration between staff members at the center for Drug User Rehabilitation and others, including the ISF personnel at the prison, universities and schools and businesses throughout Lebanon.

AJEM additionally suggested that existing NGOs are beginning a process of collaboration to create an alternative to prison for drug users to go through the rehabilitation process. This could take the form of a resident rehabilitation program and could be offered in partnership with other NGOs, such as Oum el Nour, Skoun, and others, in order to handle the high number of cases of drug users within the prison system.

Prison Staff

Collaboration with the prison personnel is extremely important, as they have the most influence on the success or failure of the program. It is important to educate the security forces in charge of the prison about the background of the drug users and the issues surrounding drug addiction. By creating more understanding the prison staff members may be more supportive of the rehabilitation center and this could create a more beneficial relationship. This will also assist in terminating detrimental practices that happen in the center when the AJEM staff members are not present.

Universities and Schools

By creating additional links with universities and schools, the educational opportunities for the inmates would grow exponentially. These links could be created for opportunities for external or distance learning and exam taking, but could also create links between inmates and tutors from the schools. This would not only facilitate the learning environment available for inmates, but would create a greater understanding between the general public and prisoners before they are released back in to society.

These links could also provide the inmates with more opportunities for onsite classes. It was suggested that the inmates be offered more classes on civil education and political skills. In all of these classes, there should be a system of performance evaluation and promotion to motivate the residents to further their studies.

Businesses

Creating a link with various businesses and enterprises could provide numerous benefits for the residents of the center both while they are imprisoned, and after they have been released. These relationships could also provide benefits for the companies themselves.

The proposed collaborations include looking for businesses that would be willing to 'outsource' a portion of their work to the center for employment opportunities for the residents while they are going through rehabilitation. This could provide a source of finances for the inmates as well as increasing the sense of usefulness, self-efficacy and self-confidence.



These linkages could also be utilized to provide jobs for residents upon being released from prison. This would assist the residents with getting a fresh start, and would help them to resist the temptation of returning to drug use, as one of the reasons mentioned by many drug users for beginning to use drugs was unemployment.

It would also be beneficial to develop additional professional activities that would provide income that would directly profit the residents of the center. This would assist in developing his self-sufficiency for when he leaves the program and the prison as well as imparting upon him a sense of being able to provide for himself and his family.

Follow-Up

Currently, a systematic follow-up plan has not been put in place. Each inmate is offered follow-up upon completion of the program and upon release from prison. It is recommended that the system of follow-up become organized and efficient as well as strengthened.

A house has been rented for ex-prisoners, which was mentioned in the above 'components' section. If additional housing is needed, it is recommended that AJEM work with the community before the inmates enter the housing in order to prepare them and involve them in the process. This will help to decrease the stigma and discrimination that is experienced by the graduates when they move in to the housing.

As part of the follow-up process, graduates of the program could be offered small loans to secure housing while looking for a job upon release from the prison. Although there is the possibility that this money could be used to buy drugs, the loans could help provide a fresh start to the ex-prisoners. This would also help to reinforce the trust that was built within the program and the training on money usage.

Legal

Despite the fact that the Lebanese Penal Code regarding drug use was replaced by the Law on Drugs and Psychotropic Substances in 1998, drug users are still not being offered a real chance for rehabilitation. For example Lebanon still lacks the Specialized Drug Treatment Center [Article 182] and the Follow up Program [Article 202] that are part of the five major components that were decided and agreed upon by this law in order to improve the conditions of a drug user.

Within this law there are five interconnected components that would improve the conditions for drug users and their rehabilitation [Annex D]. However, these provisions have not been put into action and/or have not been established yet. The five components of the law include:

A National Taskforce to fight drug addiction and substance abuse [Article 205]

- A Drug Enforcement Administration to combat drugs [Article 211]
- An Addiction Committee [Article 199]
- A Specialized Drug Treatment Center [Article 182], where the MOH would provide the treatment, MOSA would assist the ex-drug users with social reintegration, and MOI would ensure the provision of security
- A Follow-Up Program [Article 202], of which the responsible party would be MOSA

These five components need to be implemented together, as the absence of one of the constituent parts would render the others useless.

In addition to the Law on Drugs and Psychotropic Substances, various rehabilitation approaches need to be introduced other than the abstinence-based approach that is currently most prevalent in Lebanon. It has been noted that the OST Task Force is currently working on finalizing the legal issues that would enable the provision of OST service in Lebanon. The availability and access to such services would greatly enhance current rehabilitation efforts. AJEM along with other organizations and members of the civil society are strong advocates for the legal authorization of OST. Moreover, AJEM along with other NGOs and stakeholders working in the prison, believe that drug users should not be considered criminals, and therefore should be treated as patients and not be imprisoned [10].



Conclusion/Discussion

Drug users, and specifically IDUs, face risks from the moment they begin to use drugs. They have lived lives saturated with stress and problems with family and society. The desolation and despondency of their lives have led some of them to drug abuse, drug trafficking and other crimes, and ultimately to prison.

Imprisoned drug users and IDU endure many hardships within the prison system in Lebanon. Some suffer from drug withdrawal symptoms, stigma and discrimination, abuse and lack of drug rehabilitation treatments, medication and support (10). They mostly have low self-esteem and lack of self-confidence. Some face a life of further drug use, relapse and multiple prison re-entries (10). In the current system, apart from the AJEM Center for Drug User Rehabilitation, there is little assistance for an inmate suffering from substance abuse. The person suffering from this is not being rehabilitated or taught how to live his life without drugs (10). The drugs become a necessity not only to prevent withdrawal symptoms, but to survive the prison environment, the overcrowding and difficult conditions of living inside. Every injecting experience increases the risk of contracting a blood born infection, whether HIV or HCV. They may trade sex for drugs or other commodities; they may be raped. Each experience increases the risks they face (10).

The AJEM Center for Drug User Rehabilitation has offered a pause within the system, a moment for a person suffering from substance abuse to look at his options, and to determine if he is ready to lead a "drug free" life. It is a huge leap to go from a constant drugged state to suffering the pain and symptoms of withdrawal, to realize that eventually you would have to be faced with your problems again. That step is one of the hardest steps that an inmate may take within the prison setting, but is one that should be offered to all inmates who are addicted to drugs. While the prison is not the ideal location for people suffering from substance abuse, within the current system, the rehabilitation program offered by AJEM allows a few inmates a new chance at life.

However, the question still remains as to whether drug users and IDUs should be sent to prison in the first place, or if a more suitable facility exists, or should exist. In order to facilitate the rehabilitation of drug users and assist them in becoming more productive members of society, they need to be offered options other than prison.

Advocating for the decriminalization of drug use could be the solution of the problem. Admitting that drug users are patients in need of support and are not subjects to be thrown in the prisons with the attempt to "teach them a lesson" (10) is an essential necessity. Imprisoning drug users has only led to more problems with over-crowding, drug networking and increasing both the environmental and behavioral risk factors that add to the drug user's vulnerability to HIV infection (10).

We need to better understand the root of the problem in order to understand the context and content of this hard-to-reach population. Most importantly we need to gain their trust in order to offer them the support that they are truly in need of. By decriminalizing drug use and drug users, society, families, social workers, and health providers may be able to gain the trust of the drug users and begin to better understand their situations, map their locations, and offer more appropriate referral, care and rehabilitation solutions. Knowing that the "police" are on their side is a relief. The current situation is frightening for drug users, as their only options are to remain hidden or get imprisoned. This has created a fear to seek services and support. By addressing such a fundamental issue as the legality (or illegality) of a medical condition, we can become better prepared to serve this marginalized population.

No doubt that the law would still have to deal with the issues regarding the thin line between the drug dealer, promoter and user; however, real drug dealers do not carry one or two grams of a drug to make a living.

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Appendix A: Articles 125, 126 and 127 of the Drug Code

992 الجريدة الرسمية - العدد ١٤ - ٢٠١٨/٣/٢٦

المراد: وفي حالة الاعتناء، يوقع معلقاً بعضاً المعلق إلى قبلة العمدة المستلمة.

المادة ١٢٣: يتلقى الشخص المعنوي والمؤسسات والمنظمات المدنية بتفويض كافة الصلاحيات اللازمة للتفتيش التفتيشي لممتلكات الموقوفين والمتهمين ولا سيما أين يترقبون، زيارة الممتلكات الشخصية للمتلفين والاتساع على جميع قرى في المنطقة بأشكالها الهيئية.

المادة ١٢٤: تتبين أركان هذا الجزء على جميع الشكايات والمواد الموضوع تحت العرقلة ويخير بين:

الجاء الثاني - الاعتراف الجزئية:

باب المبيع
التفتيش وحفظ الممتلكات

المادة ١٢٦: يوضع جميع الأشخاص والمؤسسات الخاصة والمؤسسات الحكومية والمنشآت الخيرية والطبية، فنيين بحارسين تشدق في عمليات من أي نوع تتعلق بالشكايات والمواد والمستحضرات أو العقاب التي يتناولها هذا القانون، تمت مراقبة والإشراف وزير الصحة العامة الذي يكتب بوجه خاص المتفتيشين المعيّنين بالقيام بحفظات تشدق عالية للفتشيات والممتلكات والمواد والمستحضرات وتفتيش طرائق عند الاقتضاء.

المادة ١٢٥: يعاقب بالاعتقال لتساقطة العمودية بغرامة من خمس وعشرين مليون إلى مئة مليون ليرة:

١- كل من قدم عن لصد على معلقة الخطر المتوسوس من في القارة الأرمينية من المادة ١١١ لزراعة النباتات المتوسوسة والتي تتسبب ضرراً شديداً في القارة الأرمينية والخطوط المتوسوسة من في المادة ١٢٣ من هذا القانون بمقتضى تلكه وبالمسؤولين لمواد ومستحضرات الجنود الأرمينية المتعلق بهذا القانون.

يتمتع الفرد من أن يحدث ما يكون القاطل أو الشريك في التشكّل **127** في المادة الجنائية عليها كقيل بموجب تمت العرقلة.

٢- كل من قدم من تمس على معلقة الخطر المتوسوس من في المادة ١٢٤ من هذا

993 الجريدة الرسمية - العدد ١٤ - ٢٠١٨/٣/٢٦

المادة ١٢٧: يعاقب بالحبس من ثلاثة أشهر إلى ثلاث سنوات وبغرامة من مليونين إلى خمسة ملايين ليرة كل من حذر أو أعتد أو اشترى كمية شتى من مادة شتى من المواد الشبيهة بطريفة غير مشروعة، وكذات ضالتها تسحب باعها لهذا المخضعة للاستيلاء الشخصي بمعرض شكاية الشرطة من حيث إقراره على تعاطي هذه المادة ولم يعد لإجراءات العلاج المتوسوس عليها من باب الثاني (الجزء الثاني) من هذا القانون.

ويجوز منح التسكوة عليه ولف تنفيذ العقوبة تفتيش بها أو إعطاءه من تنفيذها إذا كان لهجر أو لم يكن متكرراً أو تمديد بعدم التكرار وضع تنفيذ العلاج أو قرابة التي فرصتها المحسنة. وتشتد العقوبة إذا كان القاطل من المصنوع المعلقين في مجال الصحة.

الفصل الثاني
العقوبات الخطرة (الجنود الثالث)

المادة ١٢٨: يعاقب بالاعتقال لتساقطة لمدة لا تزيد عن خمس سنوات بغرامة تتراوح بين خمسة وعشرين مليون ليرة:

١- كل من قدم عن لصد على معلقة الخطر المتوسوس من في المادة ١٢٦ من هذا القانون بمقتضى تلكه الواردة في المادة المذكورة أو مخالفة الخرخيس الذي يحولته إقليم بالاعمال المذكورة في هذه المادة وذلك بالقبض لمواد ومستحضرات الجنود الثالث تشدق بهذا القانون.

٢- كل من زرع نبات من النباتات التي تتسبب مواد خطرة أو اشتدتها أو غيرها في أي طوب من أطوار نموها من في بطورها أو كان ذلك بقصد الانتقام وتلكه في غير الأحوال للرخيس بها في هذا القانون.

Association Justice & Misericorde

Decree N° 5/98 A.D.

**AJEM
Declaration and Commitment**

I the undersigned, , detainee in Roumieh Prison, Building , hereby express my freewill desire to be admitted in the "Drug Rehabilitation" Center, in order to pursue the rehabilitation program, under the supervision of AJEM Association, and with a view to learn how to address drug abuse causes and consequences and acquire certain skills that would help me integrate professionally and socially under the following conditions which I accept and abide to:

1. I commit to active participation in the rehabilitation process through my regular attendance to all activities, including but not limited to: adherence to the schedule and sessions, compliance with tasks and responsibilities, abidance by the regulations of my group, commitment to treatment, psychological counseling and rehabilitation sessions determined by the rehabilitation program supervisors.
2. I commit to the respect of the Center's rules of procedure and all their amendments.
3. I consent to discuss my case as needed with the Association's working group.
4. I commit to the effective seeking of family and/or social support to avoid relapse.
5. I commit to honesty in describing my problems, in a way that contributes to an efficient way of dealing with my case, knowing that any incorrect information would compromise the program's success and negatively affect my position in the Center.
6. I commit to abstain from any substance abuse during the whole rehabilitation period, and I give my consent to the Association to make any test in order to confirm that.
7. I hereby declare being aware that any violation to the rules of procedure, any form of disrespect towards the Program's conditions or any negative evaluation made by the responsible team may compromise my rehabilitation and lead to my expulsion from the Center without the possibility of re-admittance before one year.
8. Upon my release from prison, I commit to participate in the rehabilitation sessions decided by the Association's working group for a period up to six months.
9. I agree on the fact that my stay in the Center cannot exceed, under no circumstances and by no means, the rehabilitation program period.

Date: ... / ... / 20...
Signature:

جمعية عدل ورحمة
AJEM

Association Justice & Misericorde
Décret N° 5/98 A.D.

المراد:

أنا الموقع أدناه ، سجين في مبنى في سجن عسرة، بأني أرى وإعترافاً إرادي الشوق إلى مركز إعادة تأهيل المدانين على المخدرات، وذلك من أجل متابعة برنامج إعادة التأهيل تحت إشراف جمعية عدل ورحمة نظراً كعلاج مواجهة أسباب ونتائج الإدمان على المخدرات والتدابير بعين الممارات التي تشاهدني على الاتساع المهني والاشتماعي وظناً لتسوية قضية التي أوقفت علياً وكترموها.

أقرم والتعقيد القاطل في عملية التأهيل من خلال حضورتي المنتظمة لجميع التفتيشات على سبيل المثال لا الحصر: التفتيش بالقرص والحصص والقيام بالتدريبات والتمسك بالبرنامج المتفق عليه مع مربيي والقيام بالمهام التي حددها مركز إعادة التأهيل.

أقرم احترام النظام الداخلي للمركز وكافة التعليمات المتعلقة به.

أقرم مناقشة حالتي بصدد إعادة التأهيل فرقة العمل في الجمعية.

أقرم البحث الفعال عن الدعم العائلي أو الاجتماعي لتسوية القضايا المتعلقة في الإتقان.

أقرم الصراحة في وصف مشكلاتي بشكل مساهم على توعية فرقة العمل لإحداث تغييرات. بما أن أية معلومات خاطئة أعطيتها تسخر في إتمام البرنامج وتكتسب سلباً على وضعي في المركز.

أقرم أن لا أتعاطي أي نوع من المواد المخدرة طوال فترة التأهيل وأسمح للجمعية بإجراء الفحوصات المخبرية اللازمة لتشكك من ذلك.

أقرم أن أداء على إعطائي بالمعظم في عدم إجازتي لتسوية الفروقات المترجم أو التفتيش الذي من قبل المسؤولين علي. يؤدي إلى إمكانية رفض تأطيري وبرمجي من المركز والاحتفاظ قولي مجدداً في البرنامج على مرور عام.

أقرم بعد عودتي من السجن المشاركة في الطقات التأهيلية المقررة في فريق عمل الجمعية لمدة قد تصل إلى ستة أشهر.

أقرم على أن مدة إقامتي في المركز لا يمكن أن تتعدى في جميع الأحوال ومهما كانت الأسباب فترة برنامج إعادة التأهيل.

التوقيع: ... / ... / 20...
التوقيع:

AJEM - Centre Arzank 5th étage - Arzank - Liban
Tél: 961 4 41 38 48 - B.P. 200423 Antranik - Liban
Membre d'associations: Roumieh - Téléphone: 961 3 93 13 60 - 961 3 13 13 20
E-mail: ajem@arzem.com.lb

ملحق رقم - 1 -
قانون البيت "حقنا"

لسنا بعد في السجن، ونحن متساوون في القيمة والكرامة الإنسانية مع سائر أفراد المجتمع.

نطبق وبذهنية التأهيل، البرنامج والمبادئ، لخير الفرد والجماعة. نتحلى بروح المسؤولية، ونحل خلافاتنا بطريقة حضارية وأخلاقية ونبت روح الأخوة.

نحترم ذاتنا والآخر، ونقدر تضحيات مسؤولينا.

نقاسم كل الحق ونلبي كل الواجبات، نشارك الأفراح، ومعاً نواجه الهموم والصعاب.

نحافظ على أغراض بيتنا، ونقوم بواجب صيانة المركز ونرتب أمكنة تواجدنا فيه، نصون أنسنتنا عن الكلام النابي والشتائم ونلتزم آداب المائدة، نتجنب ازعاج الآخرين والضجيج.

نتحاشي الكلام في السياسة والدين ولا نناقش أمور المخدرات إلا مع الأخصائيين. جديتنا واللبو، اجتهادنا والراحة، ثورتنا والطاعة، فرادتنا والإتحاد خطى متجانسة، نخطوها في طريق التأهيل والإندماج في بيتنا.

مجموعة مشاركة في برنامج إعادة التأهيل
رومية، 2006

Annex -1 -
Code of Conduct

We are not in prison yet, and we are all equal to all society members in human value and dignity.

We abide, in a spirit of rehabilitation, to the Program and principles, for the benefit of the individuals and community. We have a strong sense of responsibility; we resolve our disputes in a civilized and decent way and we spread the sense of fraternity.

We respect ourselves and each other, and appreciate the sacrifices made by our supervisors.

We share all rights and assume all obligations; we share our joys and stick together to address difficulties and concerns

We take good care of all objects at our home, fulfilling all maintenance works in the Center and cleaning up the rooms where we stay; we refrain from any improper talk or insults; we respect table manners and avoid disturbing the others or making noise.

We avoid discussing politics or religion, and we refrain from talking about drug issues except with the experts. We try to harmonize between seriousness and recreation, endeavor and rest, rebel and obedience, individuality and unity, in order to achieve rehabilitation and integration in our home.

Participating Group in the Rehabilitation Program
Roumieh, 2006a

الباب الثاني
مكافحة الإدمان على تعاطي المخدرات
الفصل الأول
تدابير العلاج والرعاية

بشمل العلاج الكامل من التعاطي والإدمان على المخدرات المرسل للثلاث الآتية :

- 1 - مرحلة إزالة التسمم الإدماني والإرتعاش الجسماني لعادة التعاطي وتسم في مصحاتك متخصصة معتمدة من وزارة الصحة العامة وتضع النظام للمستشفيات ويكون المرشد فيها تحت حراسة القوى العامة.
- 2 - مرحلة العلاج والتخلص من الإرتعاش الجسماني لعادة التعاطي وتسم في عيادات نفسية اجتماعية معتمدة من وزارة الصحة العامة.
- 3 - مرحلة تكميلية ترمي إلى مساعدة التمتع على العودة إلى الحياة الطبيعية وإعادة تأهيله للإندماج في المجتمع وتتم في مؤسسات وعياد أو لدى الشخص طبيعياً معتمدين من وزارة الشؤون الاجتماعية.

الفصل الثاني
العلاج التلقائي قبل الملاحظة

لكل ممن على المخدرات قبل إحصاءه أي ملاحظة خفية ان يقدم تلقائياً أمام لجنة مكافحة الإدمان على المخدرات للتصريح عليها في المادة / ١٩٩ / من هذا القانون طلباً لعضائه لتدابير العلاج الجسماني والنفساني من مرض التعاطي ويقع تعهداً بذلك حيث يكون له الحق في هذه الحالة بإعفاء عونه إلا لاشخاص مسلمين بسر الهنة وعدم ملاحظته إذا تابع العلاج واستمس فيه حتى استحصله على شهادة تثبت شفائه التام من التسمم الإدماني والإعتياد الجسماني وتخلصه من الإرتعاش الجسماني لعادة التعاطي.

الفصل الخامس
أجهزة العلاج والرعاية

تتألف لجنة الإدمان على المخدرات بقرار من وزير العدل من :

- 1 - قاض من الدرجة الثانية عشرة وما فوق رئيساً.
- 2 - ممثل عن وزارة الشؤون الاجتماعية.
- 3 - طبيب من وزارة الصحة العامة.
- 4 - ممثل عن اللجنة المركزية لمكافحة المخدرات.
- 5 - شخص من المهنيين بشؤون المخدرات في المؤسسات الخاصة ؛ أعضاء لتوجيه الإدارات المختصة.

المادة ٢٠٩ - (تعديل بالقانون رقم (٧٧) تاريخ ٢٠٠٣/٤/١٩٩٩)

يكون للمجلس أمين عام برتبة مدير معين من بين حلة الإجازة في المحرق واستثنياً يمكن تعيينه من بين ضباط قوى الأمن الداخلي برتبة عقيد على الأقل وذلك بحسب مرسوم يصدر في مجلس الوزراء بناء على اقتراح رئيسه.

ويحلق بالأمين العام جهاز مؤلف من ثلاثة أعضاء بحسب مرسوم يصدر في مجلس الوزراء ويمكن اقتداهم من سائر الإدارات.

بعد الاذن العام جدول مناقشات المجلس ويتألف لجان لدى الهيئات الدولية المختصة في مكافحة المخدرات ويسهر على ان ترفع التقارير والخاصة بالتصريح عليها في الاتفاقيات الدولية إلى الهيئات المختصة.

يحلق بالأمين العام منابة المجلس وفقاً لتعليمات الرئيس.

الباب الثاني
المديرية المركزية لمكافحة المخدرات

الغرض من تشكيلها واختصاصاتها :

تشأ في وزارة الداخلية مديرية مركزية لمكافحة جرائم المخدرات تتولى ملاحقة الجرائم المنصوص عنها في هذا القانون وتنفذ مبرمجتها ويخاطب بها :

- أ - جمع المعلومات التي تكفل تسهيل تعقب جميع الجرائم المتعلقة بالمخدرات وإسائة استمعالها.
- ب - مكافحة وتخطيط جرائم الأعمار غير المشروعة بالمخدرات أو التاج أو سوارزة أو اسرور أو تصنيع أو تبادل عليها أو التنازل عنها أو تعاطيها الا في الحالات المصرح عنها قانوناً.
- ج - مكافحة وتخطيط زراعة النباتات الممنوعة بكافة صورها وتلقيها بالصنارن مع باقي الاجهزة الامنية.
- د - وضع الخطط الاستراتيجية واتخاذ الاجراءات الكفيلة بتحقيق هذه الكفاية علمياً ودولياً.
- هـ - التعاون مع جميع الدول المعنية بالموضوع والدوائر المتكاملة لها في البلدان الاخرى.
- و - تنفيذ الخطط والسياسات التي ينعنها المجلس الوطني لشؤون المخدرات.

الجزء الثالث - احكام مختلفة

الباب الأول
المجلس الوطني لمكافحة المخدرات

يشأ مجلس وطني لشؤون المخدرات يتألف على الشكل الآتي :

- رئيس مجلس الوزراء - رئيساً
- نائب رئيس مجلس الوزراء - نائباً لرئيس
- وزير العدل
- وزير الداخلية
- وزير الصحة العامة
- وزير الزراعة
- وزير المالية
- وزير الوبية الوطنية والديار والريادة
- وزير الشؤون الاجتماعية
- وزير الخارجية - اعضاء
- امين عام المجلس - مقرراً