REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

Ministry of Education
and Higher Education

Inter-Ministerial Substance Use Response Strategy For Lebanon 2016 – 2021

Prevention, Treatment,
Rehabilitation, Harm Reduction,
Social Re-integration
and Supply Reduction

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FOREWORD

BY HIS EXCELLENCY, THE DIRECTOR GENERAL OF THE MINISTRY OF PUBLIC HEALTH

Another major step towards better physical and mental health for all persons living in Lebanon has been achieved with the launch of this "Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021" jointly by the Ministry of Education and higher Education, the Ministry of Interior and Municipalities, the Ministry of Justice, the Ministry of Social Affairs and the Ministry of Public Health. This key document constitutes a much needed road map for Lebanon to have a comprehensive, cohesive, evidence-based and culturally appropriate response to the substance use problems.

The Ministry of Public Health has launched in May 2015 the "Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020" and is currently moving forward in successfully implementing it through the National Mental Health Programme and all its partners. A main objective of that strategy was to develop a substance use strategy for Lebanon that we are happy to share with you now.

I am particularly pleased with the fruitfulness of the collaboration between the ministries involved. I would like here to thank all the General Directors of the collaborating ministries for their support, cooperation and commitment throughout the process.

The thorough and participatory process included a series of consultation meetings and rounds of review by experts and stakeholders and concluded with the online posting of the final draft for pubic review. This process ensued in a strategy that is responsive to the identified needs through strategic goals and objectives in six domains of action:
1) Leadership and Governance, 2) Health and Social Sectors Response, 3) Supply Reduction, 4) Monitoring and Surveillance, 5) International Cooperation and 6) Vulnerable Groups.

I would like to commend the National Mental Health Programme for coordinating all these efforts and to thank each and every one who contributed to this document.

We are very confident that the same collaboration that led to producing this strategy will ensure the implementation with the same commitment and enthusiasm between the collaborating ministries and all the partners.

Dr. Walid Ammar
Director General
Ministry of Public Health

FOREWORD

BY HIS EXCELLENCY, THE DIRECTOR GENERAL OF EDUCATION OF THE MINISTRY OF EDUCATION AND HIGHER EDUCATION

The launching of the Inter-ministerial Substance Use Response Strategy For Lebanon 2016-2021 by the ministries of Public Health, Education and Higher education, Interior and Municipalities, Justice, and Social Affairs, is a very important step because it addresses huge humanitarian concerns, putting human beings as the first and last concern and highlighting the importance of healthy individuals. Human beings are at the core of development and progress, and ensuring this is the primary task of the school.

Multiple factors such as diversions from the traditional family structures, urge to compete at the society level, advancement of technology and means of communication, have created a favorable climate for the increase of substance use among youth in particular, which unfortunately turned into a serious social challenge spreading rapidly among members of society. Addiction differs from any other disease (communicable) by being able to spread regardless of conditions, environment or social level. Both rich and poor communities can equally be affected, but with a slight variation in terms of type of drug and the route of administration. The result is however the same: disintegration and crumbling at various social levels, and delinquency which may lead to violence and crime.

In response to the increased risks, the school's role is no longer limited to education and raising student's capabilities, but it also extends to forming students' personality and behavior based on the common good concept. The latter cannot be achieved by promise or intimidation, but rather needs concerted efforts between the educational administration, the body of education and the boards of parents. Only such concerted efforts will lead to the achievement of the supreme goal of creating a school environment which is safe and free of any addictive substance. This is done through adopting a preventive approach applied through the "school health program" and its three pillars: health services, school environment, health education and awareness.

As the Ministry of Education and Higher Education is committed to its national mission, and as it is committed to the implementation of the "Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021", it has engaged itself to studying the effectiveness of life skills and peer-to-peer education programs in public schools in addition to other interventions recognized under the Strategy.

The Ministry of Education and Higher Education emphasizes its commitment to move its efforts forward to ensure the effective implementation of this inter-ministerial strategy in collaboration with all other partners. The Ministry hopes this will contribute to the successful nurturing of well-rounded student citizen, which is an advanced step on the road to raising responsible citizens. We shall not forget that every citizen has a mission which extends to the whole community and that the wellbeing of the citizen and that of the community are inter-linked and mutually connected.

Mr. Fadi Yarak
Director General of Education
Ministry of Education and Higher Education

FOREWORD

BY HIS EXCELLENCY, THE DIRECTOR OF THE COMMON ADMINISTRATIVE INTEREST OF THE MINISTRY OF INTERIOR AND MUNICIPALITIES

The health, economic and social consequences of harmful substance use are continuously challenging our shared dream of building for our children a country where they can live in a healthy and safe way.

The Ministry of Interior and Municipalities (MOIM) has been engaged in the battle against drugs for many years through multiple supply reduction and awareness raising activities in addition to other strategic actions. Today, the MOIM is happy to be introducing with its partners the "Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021" which expresses a unified national vision for building a sustainable national system for substance use response. The MOIM will combine its efforts with all other ministries and involved actors to ensure the achievement of the goals and objectives of this strategy.

Our ultimate goal is to keep our country safe and secure. We do believe that by effectively tackling the supply of drugs and by strengthening the capacities of the Central Directorate for the fight against drugs – which are main components of this strategy - we will move closer to achieving the latter goal.

We are glad to see that our fruitful collaboration has produced such a comprehensive document which addresses the needs in our country. The shared responsibility should be guiding and motivating us all. We are looking forward to the implementation of the strategy.

The work has just started.

General Elias Khoury
Director of The Common Administrative Interest
Ministry of Interior and Municipalities

FOREWORD

BY HER EXCELLENCY, THE DIRECTOR GENERAL OF THE MINISTRY OF JUSTICE

Substance use is considered a global problem that impacts societies worldwide. The seriousness of this problem is reflected in its negative social, economic and psychological effects that impact the persons using substances as well as every other individual in the community. The problem of substance use is considered as one of the biggest social threats on individuals and communities worldwide. This problem poses challenges worldwide, particularly in the Arab region including in Lebanon, due to a lack of a well formulated national policy for the Lebanese government.

It should be noted that the «Narcotic Drugs and Psychotropic Substances Act No. 673/1998 has made a clear shift from punishing and convicting the substance users to focusing on treatment and prevention of substance use using the available resources without prosecution and criminalization. This shift was facilitated by the establishment of the Drug Addiction Committee as stipulated by the law. Unfortunately, until today, the committee was not capable of fully playing its aimed role due to many and various faced challenges. Overcoming these challenges requires the cooperation of all relevant ministries and civil society, as the latter has a particularly important role to play in this domain.

Therefore, the General Directorate of the Ministry of Justice considers that issuing this national strategy is an essential and important step towards effective substance use response as it constitutes a clear inter-ministerial national plan which addresses all aspects in the substance use response and which reflects the role of every ministry and engages the civil society in both its development and implementation.

The General Directorate of the Ministry of Justice emphasizes the importance of maintaining the cooperation between the collaborating ministries and all involved actors to ensure the successful implementation of the strategy.

President Mayssam Noueiry
Director General
Ministry of Justice

FOREWORD

BY HIS EXCELLENCY, THE DIRECTOR GENERAL OF THE MINISTRY OF SOCIAL AFFAIRS

The launching of "The Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021" is a natural response to an urgent need in light of the rapidly increasing prevalence of substance use disorders. This increase required the concerted efforts of all ministries, official institutions and civil society working in this field to prepare this document which will lead to shared responsibility and coordinated action between the involved ministries and all relevant stakeholders through its identification of complementary roles as stated in its content.

This Strategy will constitute the foundation of the substance use response in Lebanon in its multiple forms as it provides a participatory framework for the implementation of strategic interventions, including the provision of services and the improvement of the quality and effectiveness of operations. The Strategy will form a reference and roadmap for all actors working in this field as it contains specific evidence-based objectives, a clear frame and plan of action and accountability mechanisms that aim to improve the quality of services, all under the umbrella of international guidelines and human rights principles.

This strategy assigns a key role to the Ministry of Social Affairs in strategy in prevention, early detection, management and referral of cases within social development centres of the Ministry, in addition to rehabilitation and social re-integration at the level of the non-governmental organizations contracted by the Ministry.

President Abdallah Ahmad
Director General
Ministry of Social Affairs

ACKNOWLEDGMENTS

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Lebanese Medical Association for Sexual Health
Mentor Arabia
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[1] All names in the acknowledgement section are listed by alphabetical order without professional titles.

[2] The draft strategy was sent for review to national and international experts. The listed persons who are acknowledged for their input are the ones who reviewed the draft and provided feedback.

Order of Nurses of Lebanon
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ACRONYMS

DAC	Drug Addiction Committee
DALYs	Disability-Adjusted Life Years
DGUH	Dahr El Bachek Government University Hospital
DRB	Drug Repression Bureau
EMR	Eastern Mediterranean Region
GBD	Global Burden of Disease
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
ISF	Internal Security Forces
LGBT	Lesbian Gay Bisexual and Transsexual
MEHE	Ministry of Education and Higher Education
MOIM	Ministry of Interior and Municipalities
MOJ	Ministry of Justice
MOPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
NAP	National AIDS Program
NGO	Non-Governmental Organisation
NMHP	National Mental Health Programme
NSP	Needles and Syringes Programme
NTCP	National Tobacco Control Programme
OST	Opioid Substitution Therapy
PHC	Primary Health Care
PHCCs	Primary Health Care Centres
PLHIV	People Living with HIV
PWIDs	People Who Inject Drugs
SDCs	Social Development Centres
NTCP	National Tobacco Control Programme
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children›s Fund
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNODC	United Nations Office for Drugs and Crime
UNRWA	United Nations Relief and Works Agency for Palestine
WHO	World Health Organization
WHO-AIMS	World Health Organization - Assessment Instrument for Mental Health Systems
WHO-EMRO	World Health Organization - Eastern Mediterranean Region Office

INTRODUCTION

About the "Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021"

This strategy is a key output of the "Mental Health and Substance Use - Prevention, Promotion, and Treatment - Situation Analysis and Strategy for Lebanon 2015-2020". It has been developed as per the strategic objective: 1.1.3 "Develop a National Substance Use Strategy" [1]. Addressing the response to substance use within the framework of action for improving mental health is crucial because mental health and substance use disorders are often co-occurring, and affect and interact with each other on many levels. In fact, the comorbidity of both disorders is highly prevalent; it is estimated that around half of mental health patients have a history of substance use disorders [2,3]. It is essential to adopt an approach that addresses both disorders comprehensively with the aim of preventing them and minimizing the consequent public health, social and economic burden.

As such, the development and implementation of an Inter-ministerial Substance Use Response Strategy, is critical for the achievement of the vision that guides the "Mental Health and Substance Use Strategy for Lebanon": "All persons living in Lebanon will enjoy the best possible mental health and wellbeing."

The strategy document has been prepared by the Ministry of Public Health (MOPH) in close collaboration with the Ministry of Education and Higher Education (MEHE), Ministry of Interior and Municipalities (MOIM), Ministry of Justice (MOJ) and Ministry of Social Affairs (MOSA) and in consultation with the different stakeholders: UN agencies, local and international non-governmental organisations, professional organisations, academic institutions, health care organisations and health professionals.

The below terms are used in this strategy to define the substances and domains of action covered:

Substances: This term refers to alcohol, drugs (including prescription drugs) and tobacco.

Substance use response: This term englobes all the following levels of interventions: prevention of substance use; treatment, rehabilitation, social re-integration, and harm reduction for persons with substance use disorders; and substances supply reduction.

Other terms encountered in the strategy (written in Bold) have been defined in the "Glossary of terms" section at the end of the document.

About the development process of the "Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021"

The "Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021" has been developed through an intensive process, summarized in figure 1. This process was designed to maximize the involvement of all stakeholders and ensure consensus on a common vision for substance use response and on strategic goals and objectives that are responsive to the identified needs.

The drafting of the strategy was informed by the identified challenges, opportunities and priorities through a situation analysis, bilateral stakeholder meetings and a national consultation meeting conducted in April 2015 in which representatives and focal persons from relevant ministries, United Nations (UN) agencies, international and local non-governmental organisations (NGOs), professional associations, healthcare organizations and universities participated. The draft strategy went through a series of reviews by the collaborating ministries and by local and international experts and

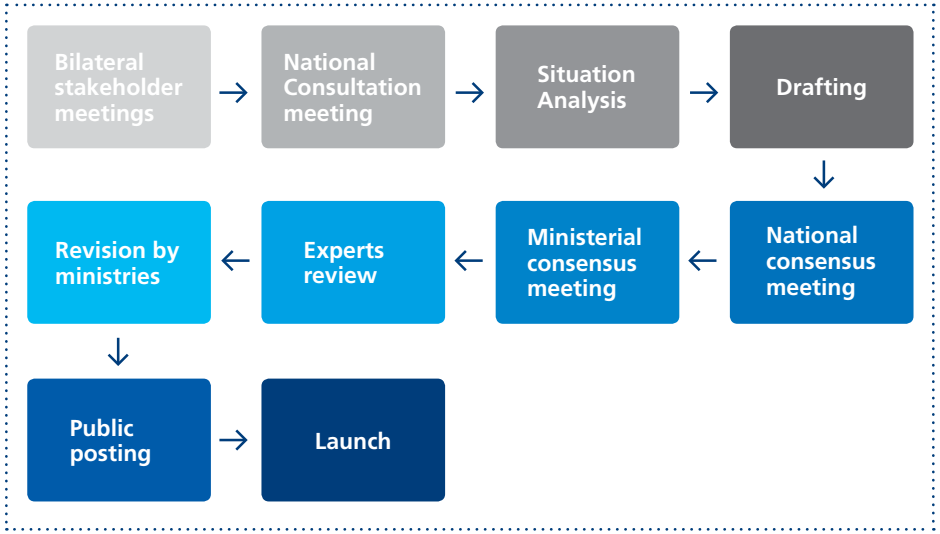

FIGURE 1: DEVELOPMENT PROCESS OF THE "INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021"

subsequent revisions. Feedback received was addressed based on level of evidence, international guidelines and best practices, cost-effectiveness, cultural appropriateness and alignment with human rights principles. Once consensus was reached between the collaborating ministries on the draft, a national consensus meeting was held in May 2016 during which the draft was presented to participants which included representatives and focal persons from ministries, UN agencies, local and international NGOs, universities, healthcare organizations, professional associations and users associations. A compilation of the feedback received from the experts' review, in addition to the way it was addressed, were presented during that meeting; and additional feedback on the draft was gathered from participants. The draft was revised accordingly and then posted online to give the opportunity to the public to review it and provide feedback. After a final round of revision based on the feedback received from public review, the strategy document was finalized.

SITUATION ANALYSIS

SITUATION ANALYSIS

I. GLOBAL OVERVIEW

Substance use constitutes a global problem that heavily impacts the health, economic, and social systems of nations. Globally, around 27 million people have drug use disorders, almost half of which (12 million) are People Who Inject Drugs (PWID) [4]. One billion people smoke tobacco products and 240 million people (4.9% of the world's adult population) suffer from alcohol use disorder [5,6]. Only one out of every 6 people with substance use disorders in the world have access to treatment [4]. According to the Global Burden of Disease (GBD) study in 2010, the GBD attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease [6]. The broad range of substance-induced disorders leads to negative health, social and economic consequences that are experienced by users, their families, and the society at large. The health consequences may include: premature and preventable death, such as overdose-induced death, chronic diseases such as liver cirrhosis, increased vulnerability to Human Immunodeficiency Virus (HIV), Hepatitis B and C viruses (HBV/HCV) and other blood-borne infections. Social and economic consequences comprise unemployment, lost livelihoods, inability to parent in addition to an increase in national costs, crime, violence, insecurity, and car accidents [7,8,9]. The harmful use of alcohol results in 3.3 million deaths each year [6].

In the Eastern Mediterranean Region (EMR), an increase in drug use has been reported in many countries in recent years [10]. The prevalence of drug use disorders in the region is reported to be higher than the global average as it is estimated at 3,500 per 100,000 population, with that of PWID estimated at 172 per 100,000. This accounts for a loss of 4 Disability-Adjusted Life Years (**DALYs**) and 9 deaths per 1,000 population, compared with the loss of 2 **DALYs** and 4 deaths per 1,000 population globally [11]. As for the prevalence of alcohol use disorders in the EMR, it ranges from 22 to 4,726 per 100, 000 population, with six countries having rates greater than 1,000 per 100,000 population [11]. Tobacco use in the EMR is also very high, with 36% of adolescents (13–15 years) and 32% of adults (15 years and older) using tobacco [12].

The evolution of the global substance use problem is driven by the interplay of a range of factors [9], at different levels of the **ecological model**. This is highlighted in Figure 2.

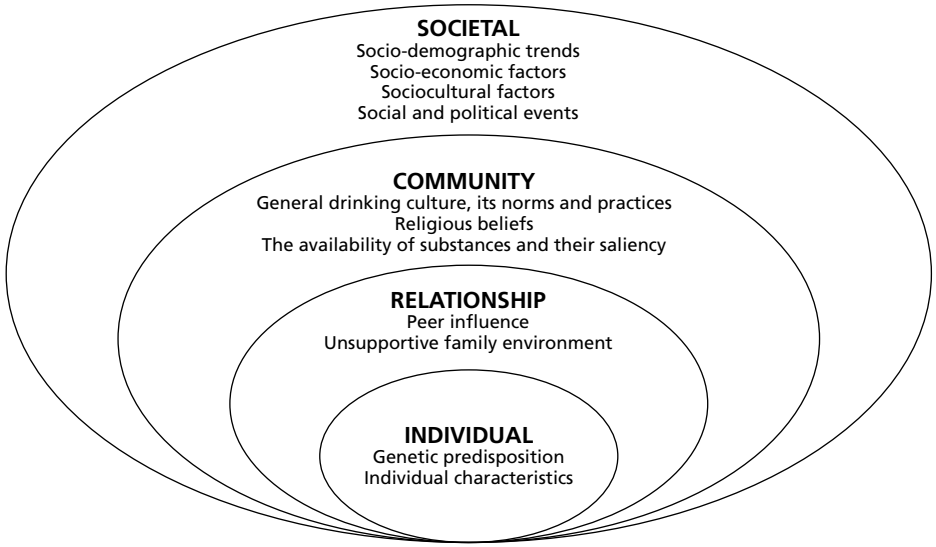

FIGURE 2: DETERMINANTS OF SUBSTANCE USE AT THE VARIOUS LEVELS OF THE ECOLOGICAL MODEL

To respond to this global problem, the UN General Assembly adopted in April 2016 the outcome document of the United Nations General Assembly Special Sessions (UNGASS) on Drugs, which consitutes the UN offical position on drugs policy and sets guidance on actions to be taken by Member States. This outcome document reflects the consensus reached over the need for a people and human rights centered and public health based approach to drug control. The recommendations to Member States include the need to implement an integrated response which includes evidence-based drug prevention, harm reduction, treatment, rehabilitation and social reintegration. Ensuring that services are gender and age sensistive and accessible to persons in prison was also strongly recommended. It was also highlighted that alternatives to conviction or punishment for drug-related offences of a minor nature and, in general, in appropriate cases, for people with drug use disorders should be considered to avoid improsenment of people solely for drug use, as this increases their vulnerability to drug use disorders and other health risks, including HIV, tuberculosis and viral hepatitis.

II. SUBSTANCE USE IN LEBANON

There are no statistics or estimates of the total number of users of substances in Lebanon. The estimated lifetime prevalence of substance use disorders is 2.2% [13]. The World Health Organization (WHO) Assessment Instrument for Mental Health Systems (WHO-AIMS) report published in 2015 showed that one of the primary diagnostic categories of admissions to mental hospitals in 2014 were mental and behavioural disorders related to substance use (24% of admissions) [14].

Most of the local studies related to substance use since 2003 point to an increase of substance use, particularly amongst youth (15-24 years). Based on the Rapid Situation Assessment (2003) that was completed across diverse segments of the Lebanese population, it was found that substance use was initiated as early as 9 years, and the mean age of first drunkenness experience was 15 to 17 years [15,16]. The most common substances that persons experimented with were alcohol and nicotine, followed by cannabis (hashish/marijuana), the latter being the most commonly used **illicit drug** in both high school and university students 16. Around half of the persons using substances, and of those institutionalised or who were seeking treatment also commonly injected drugs 16. High rates of needle sharing were also found [16,17]. According to estimates, there are 2,000 to 4,000 People Who Inject Drugs (PWID) in the country [8]. For instance, 956 of the 1,373 patients who were registered across 8 Lebanese **rehabilitation** and **detoxification** centres between January 2012 and December 2013 were PWID, 265 of which were living with Hepatitis C (27.7%) and 2 of which were living with Hepatitis B (0.67%) [18]. Most PWID are young and single with low levels of education and a history of imprisonment[19,17]. However, no gender segregated data is available. As for the treatment gap, only 2.1% of university students and 2.8% of high school students had reported ever seeking professional help for substance use problems (excluding alcohol). The most common reason for not seeking treatment was unperceived need [16].

A) PREVALENCE OF SUBSTANCE USE

PREVALENCE OF ALCOHOL USE

The Lebanese Epidemiologic Survey on Alcohol study showed that alcohol use disorders are highly prevalent among the Lebanese general population [20]. In 2011, data showed that 11.2% of Lebanese adults experienced alcohol use disorders in the last 12 months with a higher risk for men. In fact, 85% of Lebanese men reported having had the opportunity to use alcohol compared to 55% of women [21]. The prevalence of alcohol use is also considerable among the youth. Around 28.5% of school students had at least one alcoholic drink in the past 30 days [22] compared with 19.5% in 2005 [23]. Nearly 87% of students who had ever had a drink, had done so before the age of 14 years. Almost 17% of students have experienced adverse effects of alcohol use such as hang-over, feeling sick, getting into trouble, or missing school at least once in their lifetime [23]. As for university students, out of 540 students from 6 private and public universities in different regions in Lebanon, around half (49.3%) reported drinking alcohol (4.9% of whom drank on a daily basis) [24].

PREVALENCE OF TOBACCO USE

Lebanon has the highest smoking prevalence of all countries in the EMR including the highest prevalence (36.9%) of water pipe tobacco smoking [25,26]. About 39% of men and 32% of women in Lebanon smoke tobacco (of any type), including 33% and 23% respectively who smoke cigarettes [25]. The prevalence of females who have ever smoked in their life is 38.2% and 55.1% for males. Among these smokers, only 22.1% were able to quit smoking and 77.9% were current smokers [27]. Among 13-15 year olds, 42% of boys and 31% of girls smoke tobacco, including 18% and 6% respectively who smoke cigarettes (MEHE, MOPH, CDC and WHO,2011).

PREVALENCE OF OTHER SUBSTANCES USE

The estimated lifetime prevalence of **illicit substance** use disorders (abuse) in Lebanon is 0.5% [13]. The reported age of onset for any **illicit substance** is between 15 and 17 years. The average of years of use before coming into treatment for the first time is 4 years 16. In addition, national data suggests an increased misuse of licit substances including **anxiolytics and tranquilisers** among the Lebanese population in general, and among adolescents in particular, especially among the 15-25 age group [28]. The prevalence of benzodiazepine (anxiolytic) use in the last month among the general population was found to be 9.6%, with 50.2 % of users having benzodiazepine dependence [29]. The 2011 Global School Health Survey (GSHS) found that 5% of students aged 13-15 in Lebanon ever used **illicit substances** and/or prescription drugs compared to 3.5% in 2005 23,22. Non-prescription pharmaceutical **opioid** use is also believed to be high and increasing, to the extent that treatment/**rehabilitation** services are insufficient to meet demand [30].

B) CHARACTERISTICS OF THE SUBSTANCES MARKET

ILLICIT SUBSTANCES MARKET

Many **illicit substances** are currently available in Lebanon, such as cocaine, heroin, cannabis, Amphetamines-Type Stimulants, in addition to synthetic drugs, such as fenethylline (captagon) and ecstasy, which are increasingly available, coming from Eastern Europe [31]. Cocaine is also increasingly available, trafficked from South America via commercial aircrafts [31,32]. According to the International Narcotics Control Strategy Report released in March 2014, Lebanon is not a major source country for **illicit drugs**, but serves as a transit country for narcotics including cocaine, heroin and fenethylline [32]. With regard to production in the country, cannabis is the main drug produced in the Bekaa Region and increasing amounts of heroin are also being illegally cultivated in the Bekaa.

PRESCRIPTION DRUGS MARKET

Prescription **opioids** seem to be very accessible as almost two thirds (63.4%) of university students reported that it would be easy/very easy for them to obtain **opioids** without a prescription [33].

TOBACCO AND ALCOHOL MARKET

Tobacco and alcohol products can be easily bought at most local shops despite legal age restrictions. Water pipes can be ordered home as well as obtained in certain smoking cafes.

III. VULNERABLE GROUPS

Some persons need a more tailored approach in the substance use response. The context they live in or the stigma they might be subjected to may put them at a higher risk of substance use disorders or may limit their accessibility to needed services. As such, in this section, two separate groups of persons are identified:

- **Group 1** includes persons who are using substances and who are more susceptible to stigma or marginalisation; are less likely to seek substance use services; and are at a higher risk for physical and mental health comorbidities. This category includes PWID living with communicable disease, women with substance use disorders, and persons from the Lesbian Gay Bisexual and Transsexual (LGBT) community using drugs.
- **Group 2** comprises persons living in a context that further limits the accessibility to substance use response services. This category includes children living in adverse circumstances, youth and adolescents, Palestinian refugees, displaced populations and persons in prison.

The following section will describe briefly the situation of the mentioned vulnerable groups above.

Group 1

1. PEOPLE WHO INJECT DRUGS LIVING WITH COMMUNICABLE DISEASES

Middle East and North Africa (MENA) is one of only two regions in the world where HIV rates are increasing, with PWID being among the most affected groups (**Harm Reduction** International, 2012)[34]. In Lebanon, even though HIV sero-prevalence studies among PWID have not found any HIV positive cases, PWID are among the main vulnerable group for HIV/AIDS [8,19], particularly as 5.7% of the total number of People Living with HIV (PLHIV) are PWID 30. With regards to HCV, more than 60% of PWID have tested positive according to records from Non-Governmental Organisations (NGOs) and from **detoxification** and **rehabilitation** centres in the country [35]. Although the total number of PWID is not known, their estimated number is between 2,000 and 4,000 persons 8. Risk practices among PWID, including needle sharing and unsafe sex, are reported to be common in Lebanon[19,8]. Furthermore, even though needles can be purchased without prescription in local pharmacies at an affordable rate, PWID often avoid buying them, in order to shy away from the discrimination from pharmacists or the possibility that the latter would denounce them to the authorities [35].

2. WOMEN WITH SUBSTANCE USE DISORDERS

Women with substance use disorders are often invisible within the larger substance-using population [36]. International research, services, guidelines, training programmes and surveillance concerning substance use remain overwhelmingly gender-neutral or male-focused, and the needs of women with substance use disorders – including pregnant and breastfeeding women, and women who exchange sex for money - are rarely acknowledged or understood. Recent studies showed that women who inject drugs in the region encounter

higher stigma than men which is believed to result in their low use of services. Recent studies have also shown that women with substance use disorder generally have lower socio-economic statuses than men and that their substance use is associated with poverty, mental disorders and violence [37, 38]. Research also showed that women and young girls are more likely to use prescription drugs for non-medical purposes [39, 40].

In Lebanon, based on information obtained from MOIM in 2013, 2.9 % of those arrested for selling and using drugs were women and 4.5 % of the women arrested for sex work said that they used drugs [35]. Targeted interventions are needed as women face specific challenges and risks, such as harassment, sexual violence and reproductive problems, unwanted pregnancies and unsafe abortions, family rejection, financial pressures, legal issues, etc. [35].

3. PERSONS FROM THE LGBT COMMUNITY USING SUBSTANCES

The situation of the LGBT community in Lebanon has been improving in recent years, mainly due to the civil society work towards minimising the violation of basic human rights of the LGBT community. However, achievements in this area remain fragile [41]. Recently, few significant rulings were made by some judges that positively marked the treatment of the judicial system to the LGBT community [41]. However, the social stigma associated with homosexuality and mistreatment of the LGBT community is still maintained in Lebanon, especially that common interpretation of article 543 of the Lebanese penal code associates this type of sexual orientation to a crime. As a coping mechanism, some members of this community resort to various forms of social avoidance or withdrawal while others describe substance use (mainly alcohol use) as another way of coping [42]. A study that evaluated stigma, psychological well-being and social engagement among men who have sex with men in Beirut indeed found that a number of men described substance use (mainly alcohol) as a method to cope with stigma [42]. Therefore, persons using drugs from the LGBT community might face higher levels of stigma in their environment and in substance use treatment centres, which might contribute to decreased access to treatment.

Group 2

4. CHILDREN (< 15) LIVING IN ADVERSE CIRCUMSTANCES

This group includes children living in adverse circumstances, hindering their optimal development and threatening their mental health and wellbeing, and in some cases making them more vulnerable to substance use. Examples of such circumstances include family violence, family members having a history of substance use or mental health disorders, having contact with the law, and living in the streets or in temporary shelters. The link between substance use disorders and childhood adversity, family violence and family history of substance use is undeniable [43, 44, 20]. The National Survey for Childhood Trauma completed in 2014 found that 27.9% of adults surveyed were exposed to some form of childhood adversity with «substance use by parents» being one of the more common ones[44]. Specific interventions are needed to target children living in adverse circumstances with the ultimate aim of preventing the occurrence of substance use disorders.

5. YOUTH AND ADOLESCENTS (10-24 YEARS)

Youth and adolescents are a high risk group in Lebanon as in all countries in the world, since they are at a life stage when patterns of behaviour are being shaped and when they are very likely to succumb to the influence of role models or peers who may be involved in substance use [45]. As shown in section II.a), the prevalence of substance use among youth and adolescents is reported to have increased from 2005 to 2011, particularly among the 13-15 years old. The age of onset of both alcohol use and drug use is before 14 years [23,22]. Peer pressure and poor parental guidance have been found to negatively impact youth's decisions regarding substance use in Lebanon [46].

6. PALESTINIAN REFUGEES

Palestinian refugees in Lebanon make up approximately 10% of the Lebanese population (449,957 registered Palestine refugees) with 56% of these refugees who are unemployed[47,48]. Sixty two percent of the refugees live in refugee camps where the political situation, notably that in Camp Ain El-Helwe in the Southern city of Saida, often deteriorates into armed conflict between various Palestinian armed groups. In this context of political and economic instability, drug-trafficking inside the camps is reported to be widespread and drug use is frequent, notably among youths and in men [48].

7. DISPLACED POPULATIONS

As a consequence of the ongoing armed conflicts in the Middle East, the number of displaced persons having fled from Syrian, Iraq, and other countries to Lebanon has increased. Syrians constitute the largest group of displaced in Lebanon with 1,048,275 registered Syrians as last updated by United Nations High Commissioner for Refugees (UNHCR) on 31st March 2016 [49]. As of 6th May 2015, UNHCR Lebanon has temporarily suspended new registration as per the Government of Lebanon's instructions. Accordingly, individuals awaiting to be registered are no longer included.

There is limited data on substance use among displaced populations, but substance use disorders can develop at any of the stages of displacement, from the country of origin, to the temporary refuge, or in resettlement [50]. Substance use among displaced populations can be due to several reasons including: self-medication for pain and for symptoms of mental health disorders; the stress of adapting to life in a new environment; the loss or disruption of livelihoods and the breakdown of social support structures and social networks[50]. The situation analysis of youth in Lebanon affected by the Syrian crisis conducted in 2014 showed that the state of displacement has impacted the social life of displaced youth, decreasing communication with friends and participation in leisure activities, negatively impacting nutrition and personal hygiene, as well as slightly increasing substance use [51]. Smoking - of both cigarettes and water pipe – was shown to be prevalent among male displaced youth and to have increased significantly with age, with 51 % of males aged 19-24 years smoking cigarettes and 28% water pipe. Results of focus group discussions indicated that the Syrian crisis might have increased consumption of tobacco. It is estimated that 13% of displaced youth consume alcohol and 4% consume drugs [51].

8. PERSONS IN PRISONS

In 2015, around 3600 persons entered prison for drug-related offenses, constituting around one third of the total number of persons imprisoned during that year. Prisons in Lebanon however do not have specific regulations on the management of substance users. In the current system, apart from a few NGOs that have programmes in prisons, there is little assistance for inmates suffering from a substance use disorder or inmates who are exposed to substance use.

IV. SNAPSHOT OF THE SUBSTANCE USE RESPONSE SYSTEM IN LEBANON

1. AVAILABLE SERVICES FOR PERSONS WITH SUBSTANCE USE DISORDERS

The main service providers with regards to substance use in Lebanon are local NGOs. They offer a spectrum of services with a variety of approaches covering the different levels of the substance use response. However, even though an increasing number of NGOs are involved in substance use response, their interventions are still limited and relatively few are working in **harm reduction** service delivery [52]. Additionally no national referral system linking all these services is available. The quality of services is currently not monitored in the absence of licensing procedures and an accreditation system for organizations that offer these services.

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

TREATMENT. Treatment centres in Lebanon include NGOs, private clinics and hospitals which usually treat patients with substance dependence via their psychiatry departments. NGOs offer **detoxification**, long-term residential treatment and outpatient treatment services. Short-term inpatient treatment and **outreach activities** remain limited and centralized (Skoun, 2010). Stigma and discrimination against substance users further limit the accessibility to treatment.

- **Detoxification:** Few **detoxification** beds are available in public and private hospitals. One public hospital (Dahr El Bachek Government University Hospital – (DGUH) offers **detoxification** for persons with substance use disorders with a 15 bed capacity. There are 5 other private residential facilities specifically for persons with substance (alcohol and drugs) use disorders totalling 90 beds [14]. However, these facilities are mainly located at central level (in the governorates of Beirut and Mount-Lebanon) and the **detoxification** services they provide are reported to be fairly expensive [30]. In the absence of social security coverage, or governmental aid, the majority of the patients perceive the cost of inpatient treatment as high.

- **Opioid Substitution Therapy (OST):** OST, an evidence-based **harm reduction** programme, was adapted and launched in Lebanon in January 2012 based on WHO guidelines using Buprenorphine and under strict supervision by a psychiatrist for all people living in Lebanon. By July 2015, the number of people receiving Buprenorphine reached 1,375. However, access to OST remains limited since it is restricted to one medication, centralized and expensive: substance users are asked to pay for the psychiatric consultation and the medication. This factor, coupled with the criminalisation of drug users according to the law, places an additional burden on local NGOs that are working to raise public awareness about the effectiveness of OST [52]. Additionally, there is a need for refined guidelines, additional trained professionals, diversification of substitute medications, along with decentralised dispensing centres and physicians.

- **Tobacco cessation programmes:** A handful of cessation clinics are available at some hospitals, however these are neither accessible nor affordable for the vast majority of the population. The National Tobacco Control Programme (NTCP) has developed the first strategy on smoking cessation in 2015, which includes providing brief smoking cessation advice at Primary Health Care Centres (PHCCs). However, in the absence of any funding to the NTCP activities are undertaken by staff on a limited and volunteer basis. Medical treatment is available ranging from nicotine substitution therapy available over the counter to specialised medication.

HARM REDUCTION. Harm reduction interventions include **outreach** and educational services to minimize risky behaviours, impaired driving awareness campaigns, **drop-in centres**, condom distribution, HIV/HBV/HCV Voluntary Counselling and Testing and **Needle and Syringe Programmes** (NSP). Despite an expansion of these services to new areas in the country in the past two years, their provision and geographical coverage remain limited. Furthermore, no gender sensitive services are available, even though uptake of harm-reduction services among women is known to be low in the Middle East and North Africa region [7].

REHABILITATION. NGOs (most contracted by MOSA) are offering this service in residential settings, therapeutic communities or in outpatient clinics, but have limited capacity to receive beneficiaries. Only few NGOs offer **rehabilitation** services for minors.

SOCIAL RE-INTEGRATION. A very limited number of NGOs provide **social re-integration** services and these mainly include vocational trainings. Other services, particularly employment opportunities, are lacking therefore hindering the full re-integration of patients post-rehabilitation.

SELF-HELP AND MUTUAL AID GROUPS. A very limited number of **self-help and mutual aid groups** exist in Lebanon. Two groups affiliated to the international self-help movements Alcoholic Anonymous and Narcotics Anonymous are known to be established.

2. INVOLVED ACTORS IN THE SUBSTANCE USE RESPONSE SYSTEM IN LEBANON

As mentioned before (in section I. Global overview), problematic substance use entails a broad range of risks and harms and is driven by the interplay of a range of factors at different levels of the **ecological model**. The national response to substance use is therefore addressed by multiple players from different sectors.

Table 1 describes the roles played by key stakeholders in the different stages of the substance use response.

TABLE 1: INVOLVED ACTORS IN THE SUBSTANCE USE RESPONSE

ORGANISATION	PREVENTION	TREATMENT	REHABILITATION	SOCIAL RE-INTEGRATION	HARM REDUCTION	SUPPLY REDUCTION	RESEARCH	ADVOCACY
MOPH	✓	✓			✓		✓	✓
MOSA	✓	✓	✓					✓
MEHE	✓							
MOJ		✓	✓					
MOIM	✓					✓		
NGOs	✓	✓	✓	✓	✓		✓	✓
Academia							✓	✓
Private hospitals		✓						

THE MINISTRY OF PUBLIC HEALTH

The MOPH is involved in the substance use response through multiple departments and programs:

1. The Narcotics Department: Activities of the Narcotics Department include and are not limited to the update of the list of controlled substances, the preparation of yearly reports that comprise the number of patients receiving treatment for substance use in various hospitals, as well as the number of people arrested in Lebanon for substance-related crimes, in addition to the overall management of the OST programme. The latter programme consists of the provision of Buprenorphine to persons using heroin under strict supervision by a psychiatrist and close follow-up by a multidisciplinary mental health team. OST is provided through two main public hospitals: the Rafic Hariri Government Hospital and the DGUH.

2. The Opioid Substitution Therapy Task Force. The OST Task Force was established to work on the legalization of OST in Lebanon and has provided the technical support for the development of the Standardized National Guidelines and the operating modalities for the OST programme. The task force includes focal persons from the MoPH and local NGOs and psychiatrists.

3. The National Mental Health Programme (NMHP): In May 2015, the NMHP launched the "Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020". Since then, the Programme has been coordinating the work on the Inter-ministerial Substance Use Response Strategy in line with strategic objective 1.1.3 "Develop a National Substance Use Strategy" (MOPH, 2015)[1]. In addition, one of the main strategic objectives of the programme is the integration of mental health and substance use services in primary health care.

4. The National Tobacco Control Program: The NTCP was re-established in 2009 within the MoPH. The main goal of the program was to develop and advocate for a new tobacco control law. Law 174 was approved by the Lebanese parliament in 2011, and came into full effect in September 2012, including a 100% ban on smoking in all indoor public places, 40% text warning label on tobacco product packages, and a ban on all tobacco advertising promotion and sponsorship [53].

In addition to these departments and programmes, the MOPH provides a range of services including:

5. Substance use in-patient treatment coverage: The MOPH covers **detoxification** treatment at DGUH covering the majority of the hospital bill. The MOPH also covers the **detoxification** and treatment provided by private hospitals contracted by the MOPH and by NGOs that have residential facilities, on a case-to-case basis.

6. Substance use out-patient treatment coverage: The MOPH is supposed to provide free out-patient care to drug users through the establishment or contracting of community health care centers or outpatient care clinics, as provided for by article 201 of the 1998 law. However, no centres/clinics have been established nor contracted yet.

7. Medications: Public advertising and marketing of medications is prohibited by the MOPH. Although several decrees have been issued to restrict the sale of **anxiolytics** and sedatives, a few medications with potential for abuse are reported to be still easily accessed. The "unified prescription form" (an official form that all physicians have to use to prescribe medication) was adopted in 2015 to better monitor the flow of medication prescribed and sold. Of the consequent advantages of this law is the enhancement of medication monitoring and therefore the limitation of over-prescription and misuse of medical drugs.

8. Prevention: The MOPH has actively participated in many drug awareness and prevention campaigns initiated by various NGOs under its auspices.

THE MINISTRY OF EDUCATION AND HIGHER EDUCATION

MEHE is currently working on the implementation of the school health programme in collaboration with the World Health Organization with the aim of promoting the health of students. The programme allows students to acquire **life skills** that allow them to take healthy decisions and avoid risky behaviors. Teachers in the counseling and guidance department are the main actors in the implementation of the stated programme. The programme has 3 main components: 1) health services, 2) school environment and 3) health awareness and education. The Health and Environmental Education Unit includes the general coordinator in addition to one local coordinator in each governorate and local supervisors who conduct regular visits to public schools to monitor the school health programme activities implemented by the health educator of each school.

THE MINISTRY OF INTERIOR AND MUNICIPALITIES

The Internal Security Forces (ISF) is Lebanon's main police force, operating under the jurisdiction of the MOIM. The ISF's Drug Repression Bureau is responsible for combating drug trafficking and drug abuse. The police are chiefly in charge of arresting and detaining suspects, as well as leading criminal investigations. Under Article 211 of Act No. 673 of 16 March 1998 on drugs, the Drug Repression Bureau's (DRB's) primary functions are to identify and follow drug leads, to arrest drug offenders, to search all places where drugs are suspected to exist, to lead investigation in order to collect the information that will serve to facilitate the prosecution of drug-related crimes, to detect and prevent drug trafficking, and to seize and destroy illegal crops.

THE MINISTRY OF JUSTICE

The Drug Addiction Committee (DAC) at the MOJ was established based on the Narcotic Drugs and Psychotropic Substances ACT#673 enacted in 1998. The latter permits referral of a first-time arrested **illicit substance** user to the DAC which has the authority to provide the person the option of **rehabilitation** instead of prison (articles 184, 189, and 198). The committee assesses **illicit substance** users and refers them to the most appropriate care provider. The judicial pursuit of the persons referred is then stopped and the committee will continuously receive follow-up reports about the referred persons.

THE MINISTRY OF SOCIAL AFFAIRS

MOSA is involved in the substance use response mainly through two departments:

1. The National Program for the Prevention of Addiction: This program was established in 2010 by the MOSA with the aim of developing a national plan to strengthen awareness and prevention of harmful substance use through building networks and cooperation with all stakeholders. Since its establishment the program has been conducting capacity-building activities for staff in social development centers and participating in activities and awareness campaigns organized by NGOs active in the field.

2. The Specialised Social Care Department: This department has the responsibility to implement and follow-up on programs and plans related to prevention, treatment, rehabilitation and follow-up care for persons with substance use disorders to ensure their proper social re-integration. To achieve this goal, the MOSA has established contracts with a few privately funded organizations/NGOs and is covering the fees of the reception and initial assessment of substance users and the rehabilitation process and social re-integration.

Non-Governmental Organisations and UN agencies

NGOs in Lebanon have been quite active in advocating and addressing issues related to substance use disorders such as prevention, **rehabilitation**, and **harm reduction**. They use different approaches, thereby providing a wide range of options for substance users to select from. However, coordination is needed to enhance the continuum of care of patients across these organisations.

UN agencies such as WHO, United Nations Office for Drugs and Crime (UNODC), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) have been actively involved in the substance use response, in collaboration with governmental agencies, international partners and civil society institutions, through projects aiming at promoting and advocating for good practices for substance use response, as well as improving coordination among all partners.

Academia

Many universities are involved in the substance use response through research and advocacy. Several research and/or policy initiatives or groups at local universities have been working on generating local evidence to inform policy development and implementation. Several national policy achievements related to substance use have resulted from the contribution of academic institutions such as the enactment of the Tobacco Control Law (Law 174) and the banning on selling alcohol for minors.

PRIVATE HOSPITALS

Private hospitals that have inpatient psychiatric wards usually receive persons with substance use disorders for **detoxification**. Outpatient clinics in these hospitals also receive patients for treatment and follow-up.

3. LEGISLATION

A- Drugs

The substance use Law, Narcotic Drugs and Psychotropic Substances Act No. 673, enacted in 1998, and its amendments focuses on supply reduction, penal provisions, and governance bodies and international cooperation for drug control. It classifies **illicit substance** use as a crime with a sanction varying between 3 months and 3 years in addition to a fine ranging between 1 million to 10 million LBP, depending on the type of substance used (Articles 127 to 130). Drug dealers, or persons who facilitate drug dealing, are more severely punished according to this Act.

The 1998 law on drugs nevertheless allows users to decide on prison or addiction therapy when arrested (article 183). Users facilitating drug dealing or dealers using drugs cannot however benefit from this law. Articles 182 to 198 legislate for clear procedures for the **rehabilitation** of drug users. According to this law, the procedure begins by the appearance of **illicit substance** users before the DAC, which is supposed to refer them to health clinics

contracted by the MOPH to coordinate users' treatment throughout. According to Article 189, persons that earn a certificate of recovery will be exempted completely from legal pursuit.

Following the collective action by the whole of civil society against the judicial hesitancy in applying this law, the Court of Appeal handed down a decision on 03/10/2013 compelling judges to cease all legal proceedings against an **illicit substance** user willing to undergo treatment and to immediately refer the person to the DAC, leaving no room for judges to derogate from this decision 31. However, in 2014, according to the Civil Observatory for an Independent and Transparent Judiciary, only around 110 cases with substance use disorders out of the 2,709 arrestees for drug use have been referred to the DAC [54].

As for the protection of user's rights, the MOPH has issued a memo in March 2016 (#46) requesting hospital administrations and doctors to refrain from reporting overdose cases to the ISF. The memo also stresses on the need to respect the rights of persons with substance use disorders to receive needed healthcare while ensuring their confidentiality as per the medical **code of ethics**.

B- Alcohol

In addition to a few texts and sentences scattered in the successive budget laws and in a few decisions and decrees that have specified and amended the fees of liquor selling licenses, only the Lebanese Penal Code (1943) addresses the consumption and selling of alcohol through a few sentences. The latter have only been revised once in 1993 with the sole aim of changing the value of the fines. The latter remains nevertheless low, ranging between $4 and $13.3 for persons found in a state of drunkenness in a public space or for persons who offer alcohol to under-age individuals until they are dunk. Sales permit fees are also low, ranging from $18 per brand per annum for points of sale to $600 per brand per annum for big distributors.

Since 2010, the most important achievements in Lebanon on alcohol policy include: the new traffic law and its stipulations on drunk driving (limit of blood alcohol concentration set at 0.05% and mandatory penalty for exceeding this legal limit); and the banning of the import, manufacture and marketing of energy drinks that are mixed with alcohol (as per inter-ministerial decision by the MOPH and Ministry of Commerce issued on Feb. 3, 2014). Important setbacks remain however, including the low financial and human resources for proper enforcement and monitoring and the alcohol industry lobbying activities.

C- Tobacco

When it comes to tobacco control legislation, Lebanon has already overcome a major milestone with the Lebanese Parliament passing the new tobacco control law (Law 174) in 2011. Several implementation decrees have been subsequently issued to regulate the advertising and promotion of tobacco products. However, the law faces challenges due to illegal interference from the tobacco industry, indirect tobacco advertising, as well as limited state resources for enforcement considering the current socio-political crisis. Nevertheless in 2013 public compliance with the ban on tobacco smoking in indoor public places was relatively high at 69% [55].

4. FINANCING

As mentioned previously, multiple ministries are involved in the substance use response and each has its own budgetary allocation for it. Substance use care is mainly covered through MOPH, MOSA and local NGOs. Substance use conditions are not integrated in most health and social insurance schemes.

5. RESEARCH

Research on substance use in Lebanon focused mainly on the prevalence and type of substances used. The Global School Health Survey (GSHS), the Global Youth Tobacco Survey (GYTS)56, the Lebanese Epidemiologic Survey on Alcohol (LESA) and the Mediterranean School Survey Project on Alcohol and other Drugs (MedSPAD) are examples of national surveys to assess prevalence, knowledge and patterns of use. Only few studies targeted substance use service research (including policy, plans, and programmes). No research tackling service organisation and effectiveness has been reported. Tobacco research has focused on filling the gap in the international literature associated with water pipe use which is significantly higher in the region. However, it focused mostly on hazardous effect of water pipe smoking and did not address the cessation process.

6. MEDIA

By providing a platform for communicating evidence-based, health-related messages, media can play a key role in decreasing stigma and enhancing screening, prevention, and treatment of substance use disorders. Up until now, the media in Lebanon is not using any specific strategy to approach substance use, however, some entities have initiated during the last few years limited campaigns on specific topics such as stigma related to substance use. Some NGOs have exerted efforts to train media professionals on the topic of harm reduction and to continuously engage them in promoting this approach. Television programmes also covered some issues related to specific aspects of substance use but with different levels of sensitivity and accuracy. In relation to tobacco, the NTCP has actively been able to implement changes and advocate for regulation of tobacco portrayal in Lebanese media. In fact, as stated in section II.3, recent legislations have aimed at regulating the advertising and promotion of tobacco products, including the banning of media outlets from directly or indirectly advertising for any tobacco products.

V. OPPORTUNITIES AND CHALLENGES

New substance use phenomena are posing challenges to all countries at a global level. These include the increasing trend towards poly-substance use (including prescribed controlled medication), the emergence and spread of new **psychoactive substances**, the need to ensure and improve access to prescribed controlled medications (e.g. pain management), and the dynamic changes at the global **illicit drug** market (including use of new communication technologies in facilitating access to drugs).

At a local level, multiple challenges are to be addressed, including low level of public awareness regarding laws and available services, media role and impact, and lack of service research. In addition, the availability of affordable **community-based** and specialised evidence-based quality services remains limited within the health and social welfare sectors. Accessibility is also limited due to the centralisation of services and the lack of coverage of all geographical locations in the country. Furthermore, the quality of substance use services available is currently not monitored: no licensing procedures are available to regulate the opening of new centres, nor any standards for treatment, nor an accreditation system for organisations that offer substance use response services. Additionally, the implementation of the 1998 substance use law is still not very well enforced and the law includes certain definitions and articles that are not in line with international human rights conventions. Substance users still face criminalisation and high level of stigma which further reduce their accessibility to treatment.

Nevertheless, multiple opportunities are available and can be built on to address the aforementioned challenges. First, the will of various ministries to collaborate together with the aim of strengthening the substance use response are key opportunities to effectively build a sustainable system that can respond to the needs of the population. Second, the presence of an active civil society is also a key opportunity for the development and implementation of an effective reform of the **substance use response system**. This reform in Lebanon comes in line with the international community's engagement to effectively address and counter the world drug problem, reiterated in the United Nations General Assembly Special Session held in April 2016.

INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021

INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021

One of the key strategic objectives of the "Mental Health and Substance Use Prevention, Promotion and Treatment Strategy for Lebanon 2015-2020" is to develop a National Substance Use Strategy. This objective is critical for the strengthening of the leadership and governance for mental health and substance use and thus for the achievement of the vision that guides the overarching strategy:

A- VISION

All people living in Lebanon will have the opportunity to enjoy the best possible mental health and wellbeing. The Inter-ministerial Substance Use Response Strategy is directed towards the achievement of this vision through the below mission:

B- MISSION

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

C- VALUES AND GUIDING PRINCIPLES

The National Inter-ministerial Substance Use Response Strategy is constructed around a human rights based approach and a set of values and guiding principles that stem from social, cultural, economic, civil and political rights. The following values and principles form the pillars of this strategy:

AUTONOMY

All services will respect and promote the independence and self-sufficiency of persons with substance use disorders and their care givers, through openness and honesty in the provision of information, respect in individual interactions, empowerment and partnership in service planning and delivery.

DIGNITY

All persons affected with substance use disorders and their families, and all people providing services, will receive equal access to opportunities, services and care practices that fit with their diverse needs associated with their health status but also with their gender, age, religion, sexual orientation, socio-economic status, legal status, geographic location, language, culture, and other personal characteristics.

PARTICIPATION

Participation is a hallmark of a quality mental health and substance use system and a key mechanism for ensuring accountability. All stakeholders, including persons with substance use disorders, and their families, will participate as full citizens in the planning, legislation, development, delivery and evaluation of substance use services. Participation will be consensus-oriented, through the mediation of different views to reach a consensus on what is the best interest of the whole community.

ACCOUNTABILITY AND INTEGRITY

At all times and at all levels, a high level of accountability shall be maintained in the development and implementation of the national mental health and substance use system, including the public and all institutional stakeholders, through the maintenance of transparency and the respect of the rule of law.

EMPOWERMENT

All stakeholders will be empowered, through ensuring their rights to:
- available, acceptable and accessible quality services,
- autonomy and self-determination,
- be recognized as a person before the law without discrimination and through the de-stigmatization of mental and substance use disorders and the guarantee of more inclusive and respectful services with user and provider/caregiver involvement.

In particular, all users of substance use services will exercise an adequate level of control over events in their lives, by enjoying decision-making power, having access to adequate resources and information and having a range of options to choose from.

QUALITY

The whole mental health and substance use system will be geared towards quality. Systematic monitoring and evaluation will be conducted. High quality substance use services, in line with clearly defined national and international standards, to all stakeholders will be ensured at all levels through:
- the use of evidence informed practices,
- the adoption of a responsive and regulatory approach,
- the development of qualified mental health and substance use professionals,
- and the maintenance of universal accessibility, comprehensiveness of services and continuity of care.

D- GOALS AND DOMAINS OF ACTION OF THE "INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021"

The goals and domains of action of the "Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021" constitute a framework that will guide national efforts engaged for the prevention of substance use disorders; the **harm reduction**, treatment, **rehabilitation** and re-integration into society of persons with substance use disorders, and supply reduction. These goals and domains of action are in line with the WHO Regional Framework for Strengthening Public Health Response to Substance Use and with the framework of the international drug conventions.

The domains of action correspond to key areas where resources will be committed to achieve the set goals. These goals address the identified critical issues to the strengthening of the substance use response in the country. Strategic objectives are set under every domain of action as key measures for the successful achievement of the set goals. Implementation of this strategy will be based on shared responsibility with complementary and integrated roles between all ministries and stakeholders.

TABLE 2: GOALS BY DOMAINS OF ACTION OF THE INTER-MINISTERIAL INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021

DOMAIN		GOAL
Domain 1	Leadership and governance	Strengthen effective leadership and governance for substance use response.
Domain 2	Health and social welfare sectors response	Increase the availability and accessibility to high quality, evidence-based, gender and age sensitive prevention, harm reduction, treatment, rehabilitation and social re-integration services while ensuring continuum of care through appropriate case management and inter-agency coordination.
Domain 3	Supply reduction	Reduce availability of illicit substances through strengthening capacities of relevant governmental bodies
Domain 4	Monitoring and surveillance	Gather evidence-based knowledge systematically to inform substance use planning and service development
Domain 5	International cooperation	Increase the engagement of all relevant sectors in the national, regional and international substance use policy discourse.
Domain 6	Vulnerable groups	Improve access to equitable evidence-based services for substance use response for vulnerable groups living in Lebanon.

The achievement of the above goals in every domain of action will assist in reaching the outcomes and on the long-term contribute to the impacts highlighted in figure 3.

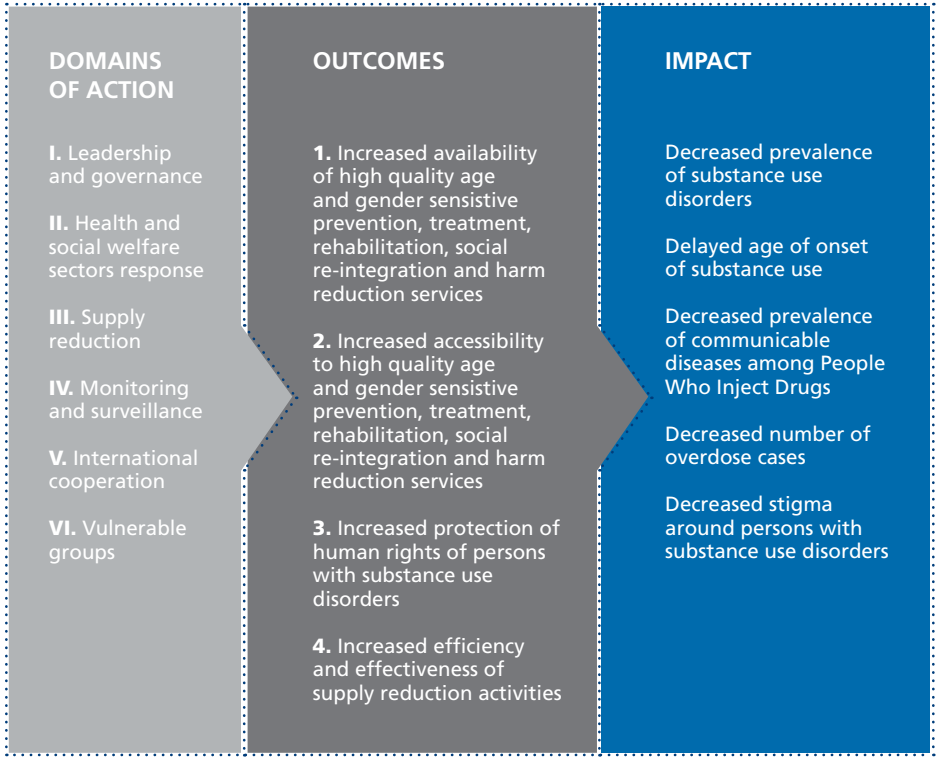

FIGURE 3: OUTCOMES AND IMPACT OF THE INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021

DOMAIN 1

LEADERSHIP AND GOVERNANCE

GOAL
Strengthen effective leadership and governance for substance use response.

LEADERSHIP AND GOVERNANCE

1.1 GOVERNANCE

Interventions will focus on ensuring multi-sectorial coordination for substance use policy development and implementation.

This requires the establishment of an inter-ministerial technical steering committee to facilitate the implementation of strategic objectives by respective ministries. The inter-ministerial committee will work closely with all stakeholders including professional associations, scientific institutions, local and international NGOs, UN agencies, media, users associations and partners in the private sector for the implementation of this strategy. The inter-ministerial committee will also advocate for the activation of the National Council for Drugs to strengthen national governance for substance use response.

STRATEGIC OBJECTIVES:

1.1.1 Establish an inter-ministerial technical steering committee to facilitate implementation and monitoring of the inter-ministerial substance use response strategy.
1.1.2 Advocate for the re-activation of the National Council for Drugs.
1.1.3 Establish a national task force comprising all actors working in substance use response to promote effective coordination and collaboration.

1.2 FINANCING

Interventions will focus on ensuring sufficient and sustainable funds for substance use response

The inter-ministerial committee will carefully revise the current budget dedicated to substance use response, reallocate resources and seek funds for ensuring the necessary budget to implement the interventions listed in this strategy. Advocacy will also be conducted to integrate services for persons with substance use disorders in reimbursement schemes.

STRATEGIC OBJECTIVES:

1.2.1 Revise ministerial budgetary allocations for substance use response towards expansion of evidence-based interventions.
1.2.2 Integrate defined priority substance use services in the basic health, social and child protection packages of the ministries and other ensuring entities.

1.3 LEGISLATION AND HUMAN RIGHTS

Interventions will focus on developing, reviewing and enacting/reinforcing the implementation of available/lacking substance use laws in line with human rights and international conventions.

The MOPH will facilitate the latter process in coordination with other ministries and through the engagement of other relevant actors with the aim of improving the situation of persons with substance use disorders and ensuring their access to health care, protection against human rights violations, as well as the promotion of autonomy and liberty. The legislation revisions will also tackle regulatory elements related to the supply of substances and to ensure quality of care and service development in addition to age and gender sensitivity. Within the advocacy strategy that will be developed as per objective 1.4.4 of the "Mental Health and Substance Use Strategy for Lebanon 2015-2020" ("Develop a child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination") interventions will be included to:

- fight stigma,
- protect the rights of people with substance use disorders
- empower these persons and their families to make informed decisions about their health and
- to lobby for better access to care and for better financial coverage.

STRATEGIC OBJECTIVES:

1.3.1 Revise substance use related laws in line with international covenants, treaties and conventions as per objective 1.3.1 of the "Mental Health and Substance use Strategy for Lebanon 2015-2020" including regulations of availability and use of substances .

1.3.2 Revise law towards the decriminalisation of **illicit drug** use in line with international treaties and public health principles.

1.3.3 Reinforce the implementation and monitoring of the substance use related laws through the development and implementation of an action plan with all relevant ministries and stakeholders with the aim of regulating supply of substances and increasing access to services.

1.3.4 Develop a "child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination" as per Objective 1.4.4 in the "Mental Health and Substance Use Strategy for Lebanon 2015-2020".

[1] i.e minimum drinking age, drunk driving laws, regulations on points of sale…
[2] Including the 1998 Law on Drugs, particularly the articles related to the referral of persons using drug to rehabilitation; the Tobacco control Law (Law 174), in line with the recommendations of the Seventh Session of the Conference of the Parties (COP7), alcohol selling and advertising regulations; regulations for continuing OST treatment after arrest and for the control of prescription drugs, etc.

DOMAIN 2

HEALTH AND SOCIAL WELFARE SECTORS RESPONSE

GOAL

Increase the availability and accessibility to high quality, evidence-based, gender and age sensitive prevention, harm reduction, treatment, rehabilitation and social re-integration services while ensuring continuum of care through appropriate case management and inter-agency coordination.

HEALTH AND SOCIAL WELFARE SECTORS RESPONSE

2.1 SERVICE DEVELOPMENT AND ORGANISATION

A) Prevention

Interventions will focus on ensuring the identification, contextualisation and implementation of evidence-based strategies and interventions for the prevention of harmful substance use

On one hand, effective, evidence-based prevention programmes exist and can be tailored to the Lebanese context. Certain programmes will be piloted and studied to assess their feasibility and effectiveness in Lebanon as a first step to scale-up services. On another hand, the stigma towards persons with substance use disorders and the misleading media portrayal of substance users can be a huge barrier to accessing services and can lead to discrimination and violation of human rights. In this sub-domain, action will involve communication of evidence-based and gender and age sensitive substance use prevention and awareness messages to help raise the level of awareness at individual and community levels through information and education about substance use disorders as well as their effective treatment.

STRATEGIC OBJECTIVES:

2.1.1 Include a domain of action on the prevention of harmful substance use in the evidence-based inter-ministerial MHPSS promotion and prevention action plan to be developed as per objective 3.1.1 of the "Mental Health and Substance Use Strategy for Lebanon 2015-2020" ("Establish an inter-ministerial mechanism to develop and implement a national evidence-based MHPSS promotion and prevention action plan")

2.1.2 Develop an evidence-based strategy for the National Substance Use Prevention Programme at the Ministry of Social Affairs as part of the inter-ministerial promotion and prevention action plan to be developed as per Objective 2.1.1

2.1.3 Regularly disseminate an up-to-date list of evidence-based **community-based** prevention interventions to all relevant actors.

2.1.4 Develop and disseminate quality standards to ensure the sustainable effectiveness of prevention programmes

2.1.5 Disseminate guidelines regarding reporting and portrayal of alcohol, tobacco and other substance use in the media and audio-visual products.

2.1.6 Sign a protocol for smoke free entertainment media series

2.1.7 Conduct implementation research and outcome evaluation research to study the effectiveness of **life-skills** education programmes in schools and in **Psychosocial Supportprogrammes**

2.1.8 Pilot the effectiveness of **peer-to-peer education programmes** in schools

2.1.9 Develop an evidence-based national programme for the prevention of **drug overdose**

2.1.10 Facilitate the establishment of **community-based prevention networks** to implement evidence-based prevention interventions tailored to the needs of their respective local communities

B) Harm Reduction, Treatment, Rehabilitation and Social Re-integration

Interventions will focus on diversifying the evidence-based approaches and services available for the detection, harm reduction, treatment, rehabilitation and social re-integration for persons with substance use disorders.

Substance use harm reduction, treatment and rehabilitation services are currently available in the country, however covering a very specific geographical area and with a limited capacity. These services will be developed or expanded, and will be organised according

FIGURE 4: THE UNODC-WHO SERVICE ORGANISATION PYRAMID FOR SUBSTANCE USE DISORDERS TREATMENT AND CARE

to the UNODC-WHO Service organization pyramid for substance use disorders treatment and care (figure 4), which recommends the integration of these services with general health and social welfare [57].

STRATEGIC OBJECTIVES:

2.1.11 Integrate **substance use brief interventions** and detection, management and referral of persons with substance use disorders into PHCCs and SDCs that are part of the MOPH network.

2.1.12 Integrate tobacco cessation programmes in PHC in Lebanon

2.1.13 Increase **detoxification** service provision by opening at least one **detoxification** unit in a public hospital able to provide proper care for persons with substance use disorders, including those who have mental health disorders and other comorbidities.

2.1.14 Increase the provision of **Opioid Substitution Therapy** by ensuring it in one area in each of the North, South and Bekaa governorates of Lebanon.

2.1.15 Pilot methadone treatment in at least one facility

2.1.16 Increase the provision of **rehabilitation** services in remote areas through opening at least one **rehabilitation** centre in one of these areas in collaboration with local actors.

2.1.17 Asses the availability of and accessibility to NSP services and develop an action plan to address the recommendations from the assessment

2.1.18 Facilitate the establishment of self- help and mutual aid groups

2.1.19 Pilot a **protected employment** project in collaboration with municipalities

C) Referral system

Interventions will focus on strengthening the linkages between the different levels of care to improve accessibility to needed services.

A comprehensive mapping of services is not available in Lebanon and a national system that links the services at the different levels of care is absent. As such, actions in this domain will focus on ensuring a regularly updated mapping of available services related to substance use and on strengthening the linkages between them to ensure effective and timely referrals. This will include the establishment of at least one Reception and Orientation Centre which will act as a referral point, directing persons using substances and their families to the needed services. It will also include the strengthening of the Drug Addiction Committee to optimize its function of referring persons to treatment.

STRATEGIC OBJECTIVES:

2.1.20 Map annually the available services and resources for substance use disorders prevention, treatment, **rehabilitation**, **social re-integration and harm reduction** including psycho-social interventions.

2.1.21 Establish at least one Reception and Orientation Centre under the Ministry of Social Affairs for persons using substances and their families whose function will be to receive and direct them to the adequate service.

2.1.22 Provide technical support to the Drug Addiction Committee to address the faced challenges in referring to treatment persons arrested for substance use related allegations

2.1.23 Link substance use services, including actors providing services for persons with comorbidities, to the overall referral system to be established as per Objective 2.5 of the "Mental Health and Substance Use Strategy for Lebanon 2015-2020" ("Develop a referral system linking all levels of care, including all organizations working for the vulnerable groups identified in the strategy").

2.2 HUMAN RESOURCES

Interventions will focus on building the capacity of human resources with the aim of strengthening the substance use response at all levels.

Inter-sectorial substance use response requires the engagement and coordination of health and non-health professionals. Specific capacity building interventions tailored to the needs of health professionals and of non-healthcare professionals respectively will be developed and implemented.

STRATEGIC OBJECTIVES:

2.2.1 Implement a capacity building plan tailored for personnel in the health and social sectors responsible for substance use prevention, treatment, **rehabilitation**, social re-integration and **harm reduction** in line with the **multidisciplinary approach**, in compliance with the **bio-psychosocial** and **recovery model**, at all levels of care, in collaboration with relevant actors

2.2.2 Include in the capacity building plan tailored for non-health care staff (media, police, legal professions, religious leaders, teachers, community leaders, etc.) – to be developed as per objective 2.2.3 of the "Mental Health and Substance Use Strategy for Lebanon 2015-2020" – interventions that aim at reducing stigma, improving attitudes towards persons with substance use disorders and increasing knowledge on substance use disorders and available services.

2.2.3 Revise the available addictology diplomas/courses/licenses in the country to ensure they are in line with international guidelines and the national strategy.

2.3 QUALITY IMPROVEMENT

Interventions will focus on continuous improvement in the quality of services provided in line with evidence-based, cost-effective and culturally appropriate interventions.

Only high quality service provision will contribute to the achievement of the vision of this strategy. This entails the provision of evidence-based interventions for persons with substance use disorders at all service levels. This also implies that the available resources are used in a cost-effective way, and that service providers remain accountable to beneficiaries. **Accreditation standards** for substance use related services will be

developed. National guidelines for the treatment, **rehabilitation** and **social re-integration** of person with substance use disorders will be adopted, based on scientific evidence and in collaboration with relevant professionals. Monitoring and evaluation of treatment, **rehabilitation** and **social re-integration** services will be integrated in the **accreditation standards** as routine operations within the system so as to be able to improve the quality of these services and to adjust to the ever changing situation.

STRATEGIC OBJECTIVES:

2.3.1 Develop national guidelines for substance use disorders treatment and **rehabilitation** and for **social re-integration services**.

2.3.2 Develop **accreditation standards** for programmes providing substance use treatment and **rehabilitation** taking into consideration the special needs of vulnerable groups

2.3.3 Develop a **code of ethics** for substance use service providers as per objective 2.4.2 of the "Mental Health and Substance Use Strategy for Lebanon 2015-2020".

2.3.4 Review the current process for updating the official list of controlled substances with the aim of simplifying it.

2.3.5 Conduct an assessment of the existing system for controlling the dispensing of **restricted medication** with the aim of identifying areas for strengthening.

DOMAIN 3

SUPPLY REDUCTION

GOAL

Reduce availability of illicit substances through strengthening capacities of relevant governmental bodies.

SUPPLY REDUCTION

Interventions will focus on strengthening the capacities of relevant governmental bodies to enhance supply reduction strategies and activities.

Although international movement is toward health response and prevention of substance use disorders, the supply reduction system of **illicit substances** in Lebanon necessitates strengthening to complete the response to substance use in the country. Different strategies are available in different ministries. An assessment of these strategies will direct efforts to enhance efficiency and effectiveness in line with evidence.

STRATEGIC OBJECTIVES:

3.1.1 Strengthen **illicit substances** supply reduction activities and strategies within all relevant ministries through the development of an evidence-based inter-ministerial action plan.

3.1.2 Support the Drug Repression Bureau in developing an action plan to strengthen **illicit substances** supply reduction.

DOMAIN 4

MONITORING AND SURVEILLANCE

GOAL
Gather evidence-based knowledge systematically to inform substance use planning and service development.

MONITORING AND SURVEILLANCE

Interventions will focus on collecting data and using it to inform service planning and delivery.

Monitoring and surveillance systems are key factors for the effectiveness of substance use policies. They provide the necessary information on prevalence trends and patterns, on specific sub-populations most in need for interventions and for analysing effectiveness of interventions. A national observatory will be established to enable better orientation of services, the development and enhancement of tailored substance use services and promotion initiatives. Epidemiological national studies and other research activities will be conducted to assess the extent and scope of substance use and related disorders in the population and to understand the social determinants driving drug use and inform the development of evidence-based and context-specific policies and programmes. In addition, the substance use service provision will be monitored and the Health Information System (HIS) will be updated to include key substance use indicators.

STRATEGIC OBJECTIVES:

4.1.1 Integrate a core set of substance use treatment and rehabilitation service utilization indicators (taking into consideration vulnerable groups) within the national health information system at all levels: outpatient (Dispensaries, PHCCs, SDCs, mental health and substance use clinics, and **drop-in clinics**) and inpatient (**detoxification** units, NGOs)

4.1.2 Annually publish and disseminate reports on service utilization using the substance use indicators integrated within the national health information system (as per objective 5.1.1).

4.1.3 Establish an evidence-based national **drug observatory** at the MOPH in line with international guidelines to collect, analyse and generate evidence

4.1.4 Establish a monitoring mechanism to monitor substance use facilities regularly to ensure protection of human, child and women's rights of persons with substance use disorders using quality and rights standards in line with international treaties, conventions signed/ratified by the Government of Lebanon.

4.1.5 Establish a unit under the MOPH for testing psychoactive substances with the aim of identifying new psychoactive substances, studying the health impact and informing the national response to substance use.

DOMAIN 5

INTERNATIONAL COOPERATION

GOAL

Increase the engagement of all relevant sectors in the national, regional and international substance use policy discourse.

INTERNATIONAL COOPERATION

Interventions will focus on ensuring that representatives of public health professionals and civil society organisations from Lebanon actively participate in substance use events nationally, regionally, and internationally.

A lot can be learned from knowledge and experiences gained in other countries. Therefore, it will be important for representatives of NGOs, ministries, community leaders, to actively participate in national, regional and international conferences that will take place in the coming years.

STRATEGIC OBJECTIVES:

5.1.1 Form national delegations that include representatives of both supply and demand reduction actors and public health professionals and civil society organisations to participate in all international events/fora related to substance use including the Commission on Narcotics Drugs.

5.1.2 Collaborate with all relevant sectors for the organisation of a substance use symposium for the exchange of new evidence and practices every three years.

DOMAIN 6

VULNERABLE GROUPS

GOAL
Improve access to equitable evidence-based substance use response services for vulnerable groups living in Lebanon.

VULNERABLE GROUPS

Interventions will focus on ensuring that vulnerable groups living in Lebanon receive comprehensive and equitable substance use services.

Coordination will be promoted with various existing actors to develop structured programmes within different ministries aimed at improving the service provision for the different vulnerable groups.

STRATEGIC OBJECTIVES:

Group1

6.1 People Who Inject Drugs living with communicable diseases

6.1.1 Include communicable diseases specialists and health workers caring for persons who inject drugs among those trained on common mental and substance use disorders and on the effect of stigma on persons living with blood-borne communicable diseases (detection, assessment and management) as per objective 5.8.1 of the "Mental Health and Substance Use Strategy 2015-2020" " Train HIV specialists and health workers on common mental and substance use disorders and effect of stigma on persons living with HIV/AIDS (detection, assessment and management)"

6.2 Women with substance use disorders

6.2.1 Conduct an assessment to identify the needs of women with substance use disorders (including pregnant and breastfeeding women and women who exchange sex for money) and share recommendations with all relevant actors

6.3 Persons from the LGBT community using drugs

6.3.1 Train professionals working in **rehabilitation** centres on tailored approach for the LGBT Community.

STRATEGIC OBJECTIVES:

Group2

6.4 Children living in adverse circumstances

6.4.1 Pilot an evidence-based intervention targeting children living in adverse circumstances with the aim of preventing the development of substance use disorders.

6.5 Youth and adolescents

6.5.1 Include in the media and communication strategy - developed as per objective 1.4.1 of the "Mental Health and Substance Use Strategy for Lebanon 2015-2020" - a section on the use of the internet and social media to sustain the provision of credible and accurate information about substance use disorders to youth and adolescents

6.6 Palestinian Refugees

6.6.1 Develop and facilitate the implementation of an evidence-based prevention and awareness action plan for substance use for Palestinian refugees in collaboration with United Nations Relief and Works Agency for Palestine (UNRWA).

6.6.2 Develop an evidence-based social re-integration action plan in collaboration with UNRWA and facilitate implementation where possible.

6.7 Displaced populations

6.7.1 Develop in collaboration with UNHCR and the Mental Health and Psychosocial Support Task Force an action plan based on a rapid situation assessment to address the highlighted needs and to strive for equitable access to services for displaced populations and host community in Lebanon

6.8 Persons in prisons

6.8.1 A mental health and substance use strategy for prisons and detention centres will be developed as per Objective 5.5.1 of the Mental Health and Substance Use Strategy for Lebanon 2015-2020

TARGETS FOR SUCCESSFUL ACHIEVEMENT OF STRATEGIC OBJECTIVES

2.1.22 The provision of technical support to the Drug Addiction Committee to address the faced challenges in referring to treatment persons arrested for substance use related allegations is initiated

2.3.3 A code of ethics for substance use service providers is developed

4.1.3 An evidence-based national **drug observatory** in line with international guidelines to collect, analyse and generate evidence is established at the MOPH

5.1.1 National delegations that include representatives of both supply and demand reduction actors and public health professionals and civil society organizations are participating in all international events/fora related to substance use including the Commission on Narcotics Drugs

1.1.1 An inter-ministerial coordination mechanism to facilitate the implementation and monitoring of the substance use strategy is established and meetings of this committee are held every six months

1.1.3 A national task force comprising all actors working in substance use response is established to promote effective coordination and collaboration

1.3.4 A child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination is developed

2.1.5 Guidelines regarding reporting and portrayal of alcohol, tobacco and other drug use in the media and audio-visual products are disseminated

2.1.20 The available services and resources for substance use disorders treatment, **rehabilitation**, **social re-integration** and harm reduction, including **psychosocial interventions**, are mapped and the mapping exercise is repeated annually

2.1.23 Substance use services, including actors providing services for persons with comorbidities, are linked to the overall referral system

2.3.2 **Accreditation standards** for programmes providing substance use treatment and **rehabilitation** are developed taking into consideration the special needs of vulnerable groups

2.3.5 An assessment of the existing system for controlling the dispensing of **restricted medication** is conducted and areas for strengthening are identified

6.5.1 A section on the use of the internet and social media to sustain the provision of credible and accurate information about substance use disorders to youth and adolescents is included in the media and communication strategy developed

6.8.1 A mental health and substance use strategy for prisons and detention centres is launched

2.1.1 An evidence-based inter-ministerial MHPSS promotion and prevention action plan is developed with a domain of action on the prevention of harmful substance use

2.1.3 An up-to-date list of evidence-based **community-based** prevention interventions is regularly disseminated to all relevant actors

2.1.4 Quality standards to ensure the sustainable effectiveness of prevention programmes are developed and disseminated

2.1.6 A protocol for smoke free entertainment media series is signed

2.1.9 An evidence-based national programme for the prevention of **drug overdose** is launched

2.1.12 Tobacco cessation programmes are integrated in PHC in Lebanon

2.1.17 The availability of and accessibility to NSP services is assessed and an action plan to address the recommendations from the assessment is developed

2.3.4 The current process for updating the official list of controlled substances is reviewed and work to address recommendations to simplify it is activated

3.1.2 An action plan to address the needs of the Drug Repression Bureau to strengthen its work for **illicit substances** supply reduction is developed

6.3.1 Professionals working in **rehabilitation** centres are trained on tailored approach for the LGBT community

1.2.2 Defined priority substance use conditions are integrated in the basic health, social and child protection packages of the ministries and at least one main ensuring entity

2.1.2 An evidence-based strategy for the National Substance Use Prevention Programme at the Ministry of Social Affairs is launched

2.1.15 Methadone treatment is piloted in at least one facility

2.2.1 A capacity building plan tailored for personnel in the health and social sectors responsible for substance use prevention, treatment, **rehabilitation**, social re-integration and **harm reduction** is implemented

2.2.2 Non-health care staff (media, police, legal professions, religious leaders, teachers, community leaders, etc.) are trained on interventions that aim at reducing stigma, improving attitudes towards persons with substance use disorders and increasing knowledge on substance use disorders and available services

2.2.3 The available addictology diplomas/courses/licenses in the country are revised to ensure they are in line with international guidelines and the national strategy

2.3.1 National guidelines are developed for substance use disorders treatment and **rehabilitation** and for **social re-integration** services

4.1.4 A monitoring mechanism is established to monitor substance use facilities regularly to ensure protection of human, child and women's rights of persons with substance use disorders

5.1.2 A substance use symposium for the exchange of new evidence and practices is organized every three years in collaboration with all relevant sectors

6.2.1 An assessment to identify the needs of women with substance use disorders (including pregnant and breastfeeding women and women who exchange sex for money) is conducted and recommendations are shared with all relevant actors

6.4.1 An evidence-based intervention targeting children living in adverse circumstances with the aim of preventing the development of substance use disorders is piloted

6.7.1 An action plan is developed in collaboration with UNHCR and the Mental Health and Psychosocial Support Task Force to address the needs and to strive for equitable access to services for displaced populations in Lebanon

2.1.11 **Substance use brief interventions** and detection, management and referral of persons with substance use disorders are integrated into PHCs and SDCs that are part of the MOPH network

2.1.13 At least one **detoxification** unit in a public hospital able to provide proper care for persons with substance use disorders, including those who have mental health disorders and other comorbidities, is opened

2.1.16 A **rehabilitation** centre is opened in at least one remote area in collaboration with local actors

2.1.21 At least one Reception and Orientation Centre is established under the Ministry of Social Affairs for persons using substances and their families whose function will be to receive and direct them to the adequate service

4.1.5 A unit under the MOPH is established for testing psychoactive substances with the aim of identifying new psychoactive substances, studying the health impact and informing the national response to substance use

6.1.1 Communicable diseases specialists and health workers caring for persons injecting drugs are trained on common mental and substance use disorders and on the effect of stigma on persons living with blood-borne communicable diseases

1.1.2 The advocacy plan for the re-activation of the National Council of Drugs is implemented

1.2.1 Ministerial budgetary allocations for substance use response are revised towards expansion of evidence-based interventions

1.3.1 Substance use related laws, including regulations of availability and use of substances, are revised in line with international treaties and conventions.

1.3.2 Decrees of revision of legislation towards the de-penalization of **illicit drug use**, in line with international treaties and public health principles, are issued

1.3.3 An action plan to reinforce the implementation and monitoring of the existing substance use related laws, with the aim of regulating supply of substances and increasing access to treatment, is implemented

2.1.7 Implementation research and outcome evaluation research to study the effectiveness of **life-skills** education programmes in schools and in **Psychosocial Support programmes** is conducted and recommendations are under follow-up

2.1.8 The feasibility and effectiveness of **peer-to-peer education** is piloted and recommendations are under follow-up

2.1.10 At least one **community-based prevention network** is established to implement evidence-based prevention interventions tailored to the needs of its respective local community

2.1.14 **Opioid Substitution Therapy** is provided in one area in each of the North, South and Bekaa governorates of Lebanon

2.1.18 The action plan to facilitate the establishment of self- help and mutual aid groups is implemented

2.1.19 A protected employment project is piloted in collaboration with municipalities

3.1.1 The evidence-based inter-ministerial action plan to strengthen **illicit substances** supply reduction activities and strategies within all relevant ministries is implemented

3.1.2 The action plan to address the needs of the Drug Repression Bureau to strengthen its work for **illicit substances** supply reduction is implemented

4.1.1 A core set of substance use treatment and rehabilitation service utilization indicators is integrated within the national health information system at all levels

4.1.2 Reports on service utilization are annually published using the substance use indicators integrated within the national health information system

6.6.1 An evidence-based prevention and awareness action plan for substance use for Palestinian refugees is developed in collaboration with UNRWA and its implementation under follow-up

6.6.2 An evidence-based social re-integration action plan is developed in collaboration with UNRWA and its implementation is facilitated where possible

GLOSSARY OF TERMS

1. **Accreditation standards:** A set of guidelines and principles predetermined by a professional accrediting agency to which organizations must abide by to demonstrate credibility and dedication to ongoing compliance with the highest levels of quality
2. **Anxiolytics and tranquilizers:** A class of medication that decrease anxiety and nervousness and that can be prescribed by doctors for short periods of time. Some of these medications have the potential of creating an addiction if not taken in accordance with the doctor's prescription.
3. **Biopsychosocial model:** A model which recognizes the interaction of various biological, psychological and social factors in the development of mental health and substance use disorders and stipulates designing interventions addressing all three aspects.
4. **Code of ethics:** A guide of principles and standards of conduct which are based on values and which define the essentials of honorable behavior to which practitioners of a profession are expected to conform to.
5. **Community-based (approach):** A multidisciplinary approach promoting service delivery at community level (i.e. close to where persons are living) in the least restrictive manner, ensuring the maintained inclusion of persons in their community.
6. **Community-based prevention network:** A group of community members (e.g. parents, youths, members of municipalities, police officers, community leaders) that come together, forming a network, to work on preventing substance use in their neighborhood.
7. **DALYS:** "Disability adjusted life years" (DALYs), is a way of quantifying the health gap between current and ideal health status. DALYs are a representation of the total number of years lost to illness, disability, or premature death within a given population. DALYs are calculated by adding the number of years of life lost (YLLs) to the number of years lived with disability (YLDs) for a certain disease or disorder
8. **Detoxification:** Medically managing the symptoms resulting from suddenly stopping the regular use of alcohol and other addictive substances.
9. **Drop-in centre:** A place where people with substance use disorders may call or pass by for advice or assistance.
10. **Drug observatory:** An organization that aims to provide factual, reliable and comparable information concerning drugs and drug addiction, and their consequences with the aim of informing policy development and implementation.
11. **Drug overdose:** A toxic state or death resulting from the ingestion or application of a drug or other substance in quantities greater than recommended.
12. **Ecological model:** A model used to understand the dynamic interactions among and between persons and their environment. It is based on evidence that no single factor can explain why some people or groups are at higher risk of using substances, while

others are more protected from it. This model describes substance use as the outcome of interaction among many factors at four levels—the individual, the relationship, the community, and the societal.

13. **Harm reduction:** The application of a set of public health principles aimed at preventing or reducing the negative consequences associated with drug use
14. **Illicit substances:** Non-medical use of a variety of drugs that are prohibited by international laws
15. **Life-skills education programmes:** A prevention intervention targeting children and youth through building their skills in areas such as problem-solving, conflict resolution, setting goals and communication to enable them to deal more effectively with the demands and challenges of everyday life, and to prevent psychological distress, mental disorders and risky behaviors such as substance use.
16. **Multidisciplinary approach:** An approach involving multiple disciplines or professional specializations with the aim of ensuring a holistic perspective on defining a problem and addressing it effectively.
17. **Needles and Syringes Programmes:** A service that aims at reducing the risk of blood-borne disease among People Who Inject Drugs through ensuring access to clean and sterilized injecting tools.
18. **Opioid:** A class of medication prescribed by physicians in order to relieve pain. This class of medication can be addictive if not taken as prescribed.
19. **Opioid Substitution Therapy:** A therapy which involves replacing an illegal opioid, with a prescribed medicine such as methadone or buprenorphine to be taken under medical supervision within the framework of a multidisciplinary approach and in line with strict evidence-based criteria for eligibility and dispensing.
20. **Outreach services:** Mobile services provided to persons with substance use disorders who don't or can't have access to facilities providing these services.
21. **Peer-to-peer education programmes:** A form of skill-building whereby persons are trained to provide promotion and prevention activities to persons of the same age group, social group or who might share similar life experiences.
22. **Protected employment:** An intervention that promotes social re-integration through supporting persons with substance use disorders in their rehabilitation phase to find suitable employment.
23. **Psychoactive substances:** Substances that, when taken in or administered into one's system, affect brain functions, e.g. perception, mood, behavior. 'Psychoactive' does not necessarily imply dependence-producing. In spoken language, the term "Psychoactive" is often left unstated, as in 'drug use' or 'substance use'.
24. **Psychosocial interventions:** Structured psychological or social interventions that can be used to address substance-related problems, among others. They can be used at different stages from prevention to treatment and social re-integration.
25. **Psychosocial support programs:** Programs which rely on a scale of care and support which influences both the individual and the social environment in which people live in. It ranges from care and support offered by caregivers, family members friends and community members on a daily basis but also extends to care and support offered by specialized psychological and social services.
26. **Recovery model:** This model emphasizes the necessity of empowering people to take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.
27. **Rehabilitation:** It is the processes of medical and psychosocial treatments aiming to support the person with substance use disorders to recover.
28. **Restricted medication list:** A list of medication with addictive potential that includes strict guidelines for their prescription and dispensing. This list is developed and regularly updated by the Ministry of Public Health of Lebanon.
29. **Self-help and mutual aid groups:** A group of persons with substance use disorders who regularly meet with the aim of supporting each other in the recovery process.
30. **Social re-integration:** Support given – in issues of housing, education, vocational training and employment - to a person with substance use disorder to realize his/her potential, work productively and contribute to his/her community.
31. **Brief intervention:** An evidence-based intervention ranging from 5 minutes to 30 minutes which aims to identify current or potential problems with persons using substances and to motivate those at risk to change their substance use behavior.
32. **Substance use response system:** The organization of people, institutions, and resources to meet the needs of the population with regard to the prevention of substance use; the treatment, rehabilitation, social re-integration, and harm reduction for persons with substance use disorders; and substances supply reduction.

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