



Lebanese Republic
Ministry of Public Health
National Mental Health Programme

MAPPING OF SERVICES FOR SUBSTANCE USE DISORDERS

PREVENTION, TREATMENT, REHABILITATION,
HARM REDUCTION, SOCIAL RE-INTEGRATION

LEBANON 2017

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The development of this report has been coordinated by the National Mental Health Programme (NMHP) at the Ministry of Public Health (MOPH), with the support of Association Francophone pour les Malades Mentaux (AFMM), and with funding from MedNET, the Pompidou Group Mediterranean cooperation network in the field of drugs within the Council of Europe.

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FOREWORD

This report is the result of the first comprehensive mapping exercise of substance use response services to be conducted on a national level. The mapping exercise was implemented in line with strategic objective 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”) of the “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021” (MOPH, MOSA, MEHE, MOIM and MOJ, 2016), which aims at ensuring the development of a sustainable system for substance use response in the country. As highlighted in the situation analysis of the Strategy, a comprehensive mapping of services was not available in Lebanon. This limited planning for the expansion of the availability and geographical coverage of services, and limited the development of linkages between the existing services at the different levels of care to ensure timely and effective referrals of persons to needed care.

The mapping report provides a snapshot of the existing services, spanning their geographical distribution, their components, their target populations, and the human resources that provide them. It thus constitutes an essential tool for building a national referral system and for planning the scale-up of services and improving spending in line with the Inter-Ministerial Substance Use Response Strategy specified objectives to reach the goal of: “increasing the availability and accessibility to high quality, evidence-based, gender and age sensitive prevention, harm reduction, treatment, rehabilitation and social-reintegration services while ensuring continuum of care”.

This mapping exercise is planned to be conducted on an annual basis. A web-based platform will be made available to ensure the mapping of services is publically accessible to facilitate orientation of persons to services they need. A mechanism to update it on periodic basis will be established. This user-friendly platform will decrease the time needed for data entry, and thus promote an increased response rate.

We are grateful to the team effort and the continuous collaboration with all stakeholders, which contributed to the successful development of this first national report describing available services for response to Substance Use in Lebanon. We particularly thank our partners AFMM and MedNET, the Pompidou Group Mediterranean cooperation network in the field of drugs within the Council of Europe for their support and funding, respectively.

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LIST OF ABBREVIATIONS

SUD	SUBSTANCE USE DISORDERS
NGOs	NON GOVERNMENTAL ORGANIZATIONS
NMHP	NATIONAL MENTAL HEALTH PROGRAMME
NODDA	NATIONAL OBSERVATORY ON DRUGS AND DRUG ADDICTION
UNODC	UNITED NATIONS OFFICE OF DRUGS AND CRIME
WHO	WORLD HEALTH ORGANIZATION
MOPH	MINISTRY OF PUBLIC HEALTH
EMCDDA	EUROPEAN MONITORING CENTRE ON DRUGS AND DRUG ADDICTION
ART	ANTI-RETROVIRAL TREATMENT
HIV/AIDS	HUMAN IMMUNODEFICIENCY VIRUS/AQUIRED IMMUNE DEFICIENCY SYNDROME
NAP	NATIONAL AIDS PROGRAMME
PWID	PEOPLE WHO INJECT DRUGS

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INTRODUCTION

Multiple challenges are faced in the substance use response system in Lebanon that need to be addressed to ensure availability and accessibility to high quality evidence-based services at the level of prevention, harm reduction, treatment and rehabilitation, to promote and protect the human rights of persons, and to increase the effectiveness and efficiency of supply reduction activities (MOPH et al., 2016, MOPH, 2017).

With the aim of addressing these challenges, the Ministries of Public Health, Social Affairs, Education, Justice and Interior and Municipalities joined efforts and launched the first “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021” in December 2016 with the aim of ensuring an integrated and sustainable response to substance use. To achieve this mission, the strategy identifies strategic objectives in five domains of action: I. Leadership and Governance, II. Health and Social Welfare Sectors response, III. Supply Reduction, IV. Monitoring and Surveillance, and V. Vulnerable Groups. In domain II, one of the strategic objectives (2.1.20) is to: “Map annually the available services and resources for substance use disorders prevention, treatment, rehabilitation, social re-integration and harm reduction including psycho-social interventions.”

The present report “Mapping of services for substance use disorders” is a result of the implementation of this strategic objective. It was developed in a participatory process that engaged all actors in the health and social welfare sectors.

The results of this first comprehensive mapping exercise corroborate findings from the situation analysis of the “Inter-ministerial Substance Use Response Strategy” and from the Drug situation report of the National Observatory on Drugs and Drug Addiction (MOPH, 2017). The financial and geographical coverage of services for substance use disorders are low with a high out-of-pocket spending. Additionally, health and social coverage remain limited. Substance use related comorbidities are being addressed by some facilities, however, overdose prevention services are lacking and a clear referral system between different service providers is missing.

The results are presented in the report by the same domains of the Strategy: I. Leadership and governance, II. Prevention, III. Treatment, rehabilitation, social re-integration, harm reduction and IV. Vulnerable groups. Section V. Linking findings to the Strategy provides a mapping of main findings to strategic objectives in the “Inter-ministerial Substance Use response Strategy 2016-2021” with the aim of ensuring that the findings are translated in the national roadmap for action, and of highlighting any additional strategic interventions that need to be integrated in this roadmap to effectively address identified gaps.

The report presents merely a description of the available services for substance use disorders in Lebanon, their characteristics, distribution and coverage without the intent to evaluate neither their efficacy, effectiveness nor efficiency.

DESIGN AND IMPLEMENTATION OF THE MAPPING EXERCISE

The tool

Two surveys have been developed for data collection: the “substance use disorder treatment facility survey” and the “substance use prevention survey”. Their structures have been adapted from UNODC “treatment facility survey of October 2017” that was itself developed in the framework of the UNODC-WHO Programme on Drug Dependence Treatment and Care (UNODC, 2009). Data was collected through the survey about services provided in the year 2017 (between 1 January 2017 and 31 December 2017). Instructions about how to fill the questions were included in an annex at the end of the surveys. Whenever numbers were unavailable, it was suggested to give an estimate and to indicate it as such.

Pilot phase

The tool was piloted with two organizations: one organization providing inpatient and outpatient services as well as prevention and awareness activities and another organization providing outpatient services as well as prevention and awareness activities.

Subsequently, comments pertaining to wording of questions, adding or removing answers’ components and clarifying instructions were integrated.

Terminologies

Given the absence of an international consensus on terminologies in the field of substance use, definitions extracted from different countries and from Lebanon were adapted to contribute to a glossary for terms that would be considered as a national reference. Below are recurrent terms that were essential to define so that readers can follow through the document.

A *facility* is a separate organizational entity (a medical center, a department, a programme, etc.) that has its own defined objectives, procedures, rules and scope of services and interventions, its own target group(s), and a team and manager (project coordinator). These facilities can be stand-alone (e.g. addiction treatment centers) or integrated with other health care centers, clinics or dispensaries (such as general health care or mental health centers or hospitals).

Drug treatment is defined as a process designed to achieve a desired health status for patients with drug use disorders. Treatment is provided by qualified professionals, in the framework of recognized medical, psychological or social care practice, encompassing detoxification, rehabilitation and social re-integration services.

Sampling

The survey was sent to NGOs, hospitals and psychiatrists with private practice. Categories of services were divided in three: 1) psychiatrists who provide consultations to persons with Substance Use Disorders (SUD), 2) non-governmental organizations (NGOs) with specialized services targeted for persons with SUD, and 3) hospitals with psychiatric ward who receive persons with SUD.

The list of specialized NGOs was compiled using data from the NODDA, the NMHP, MOSA and from smaller scale mappings conducted by NGOs as part of projects. Lists of psychiatrists were retrieved from the Order of Physicians in Beirut and in Tripoli. Psychiatrists were called over the phone to be asked whether they provide consultations for substance use disorders. When their answer was positive, the officer asked for their readiness to respond to the survey. Upon willingness, the officer further asked psychiatrists who are willing to respond to the survey, to confirm their email address or to give their email in case it was not present on the list.

Response rate

	Treatment		Prevention	
	Number of surveys sent	Number of surveys filled	Number of surveys sent	Number of surveys filled
NGOs	9	7	21	12
Hospitals	9	8	N/A	N/A
Psychiatrists	46	2	N/A	N/A

Psychiatrists

The psychiatrists who responded did not fill the survey as they felt that the information requested is not applicable to their practice. They only indicated that the number of persons with SUD who come for a consultation is low.

NGOs

A total of 9 NGOs provide treatment services, including rehabilitation and social reintegration services for persons with SUD. The response rate was 78%. As for the NGOs providing prevention services, NGOs that have organized programmes or departments and conduct activities related to awareness or prevention on regular basis were included, and NGOs who have ad-hoc prevention activities were excluded. A total of 21 NGOs were thus included in the sample. The response rate was 57%.

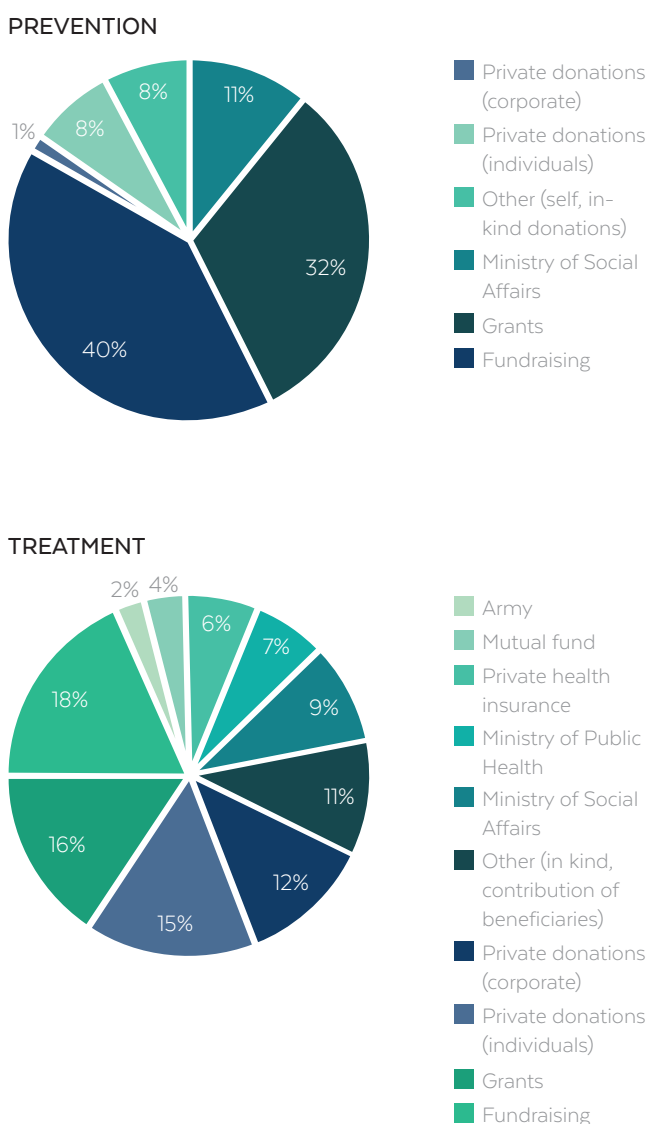
Hospitals

Both private and public hospitals with psychiatric wards that receive persons with SUD were included in the sample. The response rate was 89%.

SECTION 1. LEADERSHIP & GOVERNANCE

In 2017, the main source of funding for prevention and treatment activities was based on fundraising and grants. The Ministry of Social Affairs contributed to 11% of the funding for prevention activities and to 9% of the cost of rehabilitation services in NGOs. The Ministry of Public Health contributed to 7% of the total cost of treatment, detoxification and harm reduction for substance use disorders (figure 1).

FIGURE 1 . Source of funding for prevention and treatment activities in 2017



Cost of Treatment

TABLE 1 . Range of out-of-pocket spending on detoxification, rehabilitation, harm reduction and social re-integration (n=15)

	RANGE OF OUT-OF-POCKET SPENDING PER DAY
Detoxification, private hospitals (5 facilities)	375 USD - 500 USD 563,000 LBP - 750,000 LBP
Detoxification, hospitals sub-contracted by the MOPH (3 facilities)	100 USD - 370 USD 150,000 LBP - 550,000 LBP
Harm reduction (7 facilities)	6.3 USD - 75 USD 10,000 LBP - 113,000 LBP

The range of out-of-pocket spending varies based on the type of treatment received; the minimum is 10,000 LBP per day in outpatient setting, and the maximum goes up to 750,000 LBP per day in private hospitals. The MOPH covers 85% of the cost of admissions for detoxification in three sub-contracted hospitals and five facilities (rehabilitation, harm reduction) the latter five facilities reported no spending from out-of-pocket for the services provided.

Referral system

The MOPH has contracts with some NGOs for referral from the Drug Addiction Committee and the MOSA has contracts with NGOs for rehabilitation services. These are examples of linkages between services however, there is no formal referral system linking all services together. Collaboration with several institutions is important to highlight municipalities', prisons' and other institutions' role in pre-release and post-release packages to ensure continuum of care and decreased risk of overdose.

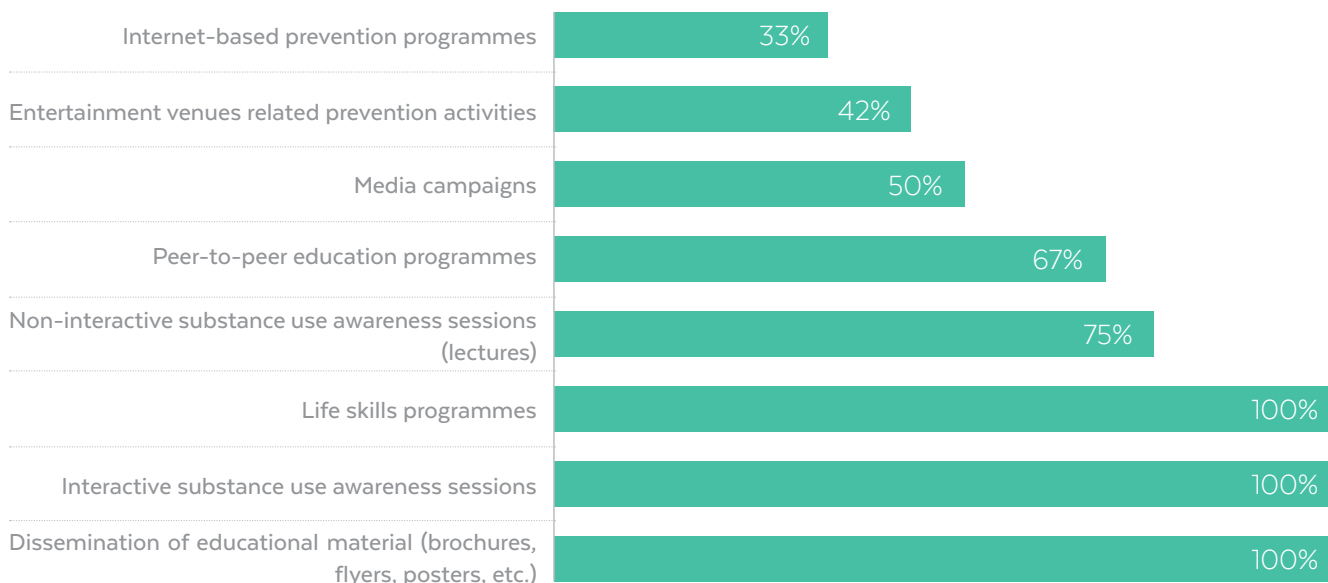
Quality standards

Most of the treatment facilities are not formally accredited by a recognized body. However, four hospitals out of fifteen facilities reported being accredited by specific bodies, such as: JCI, OPC-HAS, APAVE, and ISO 9001:2015 in addition to the Ministry of Public Health accreditation standards for hospitals.

Accreditation standards for prevention of substance use services in Lebanon are lacking and facilities are not accredited with programmes from outside Lebanon.

SECTION 2. PREVENTION

FIGURE 2 . Percentage of facilities implementing prevention activities in Lebanon in 2017 by type of activity (n=12)



The material used in prevention activities varied between facilities and was less commonly based on international evidence-based programmes recommended by international authorities. The facilities reported resorting to existing material from NGOs specialized in prevention interventions. However, they did not report having a systematic process to select between the different available materials. All 12 facilities reported conducting life skills programmes, interactive substance use awareness sessions and disseminating educational material, including brochures, flyers, etc. (figure 2). 67% implement peer-to-peer education, yet, evidence points out to limited effectiveness of these interventions (as the effect, if only, on the peer educator and not on the educated peers) (UNODC, 2018).

The total number of persons reached through prevention activities, as reported, is 150,866 of whom 9.1% were reached through life skills programmes (figure 3).

FIGURE 3 . Percentage of beneficiaries from prevention activities in 2017 in 12 facilities

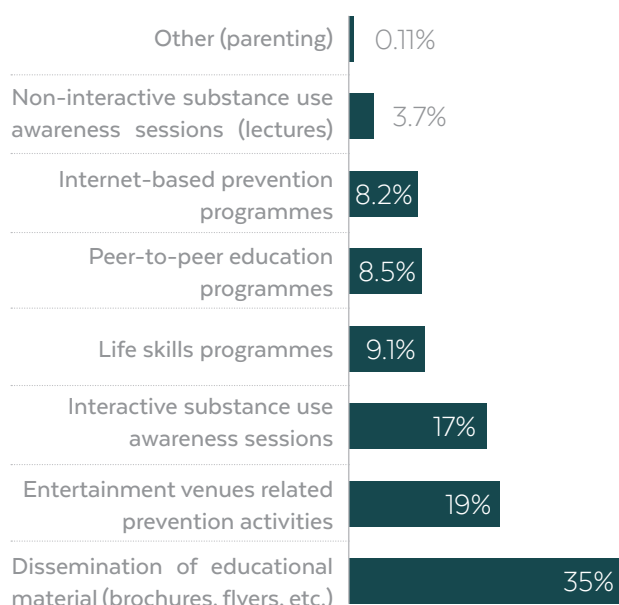
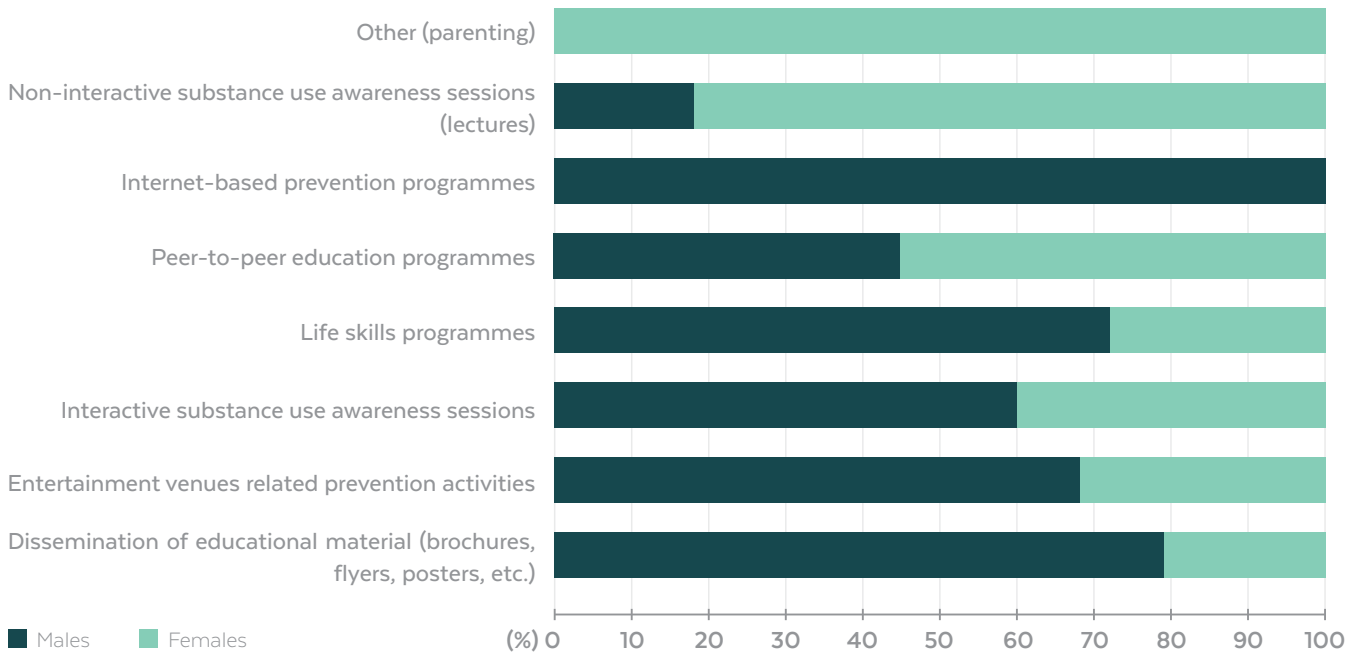
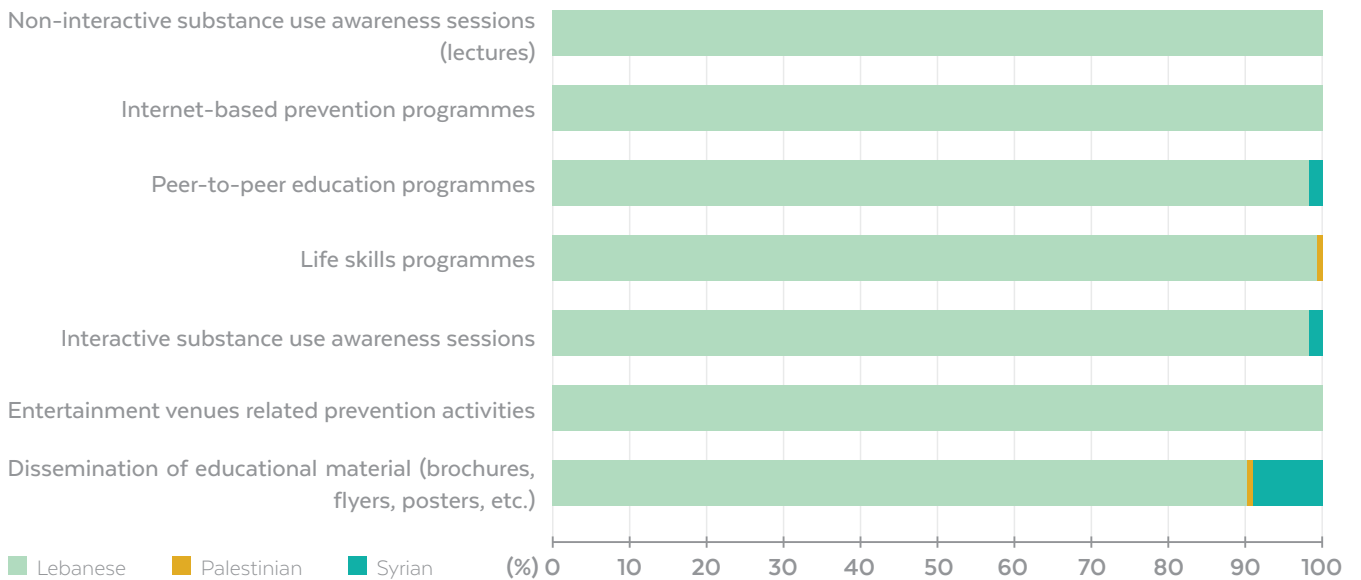


FIGURE 4 . Percentage of beneficiaries from prevention activities by sex in 2017 in 12 facilities



Internet based prevention programmes were attended by males only while females only participated in the parenting activities. In five prevention activities out of eight, females were the majority of participants (figure 4).

FIGURE 5 . Percentage of beneficiaries from prevention activities by nationality in 2017 in 12 facilities



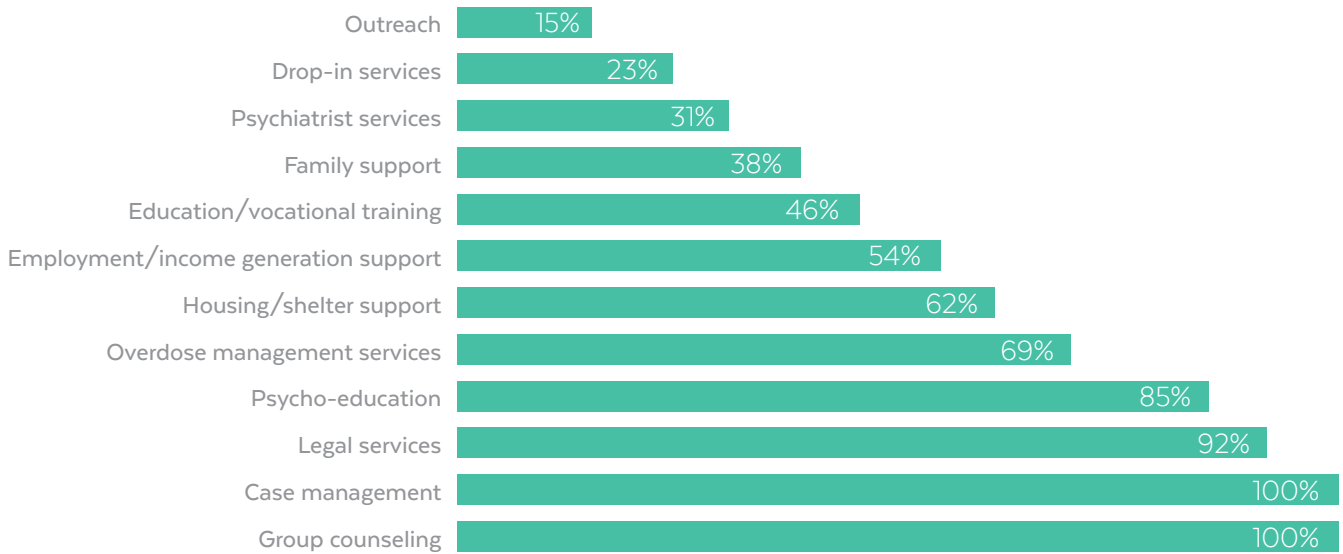
In the eight prevention activities listed in figure 5, Lebanese constituted the majority of beneficiaries as reported by the 12 facilities.

SECTION 3. TREATMENT, REHABILITATION, HARM REDUCTION, SOCIAL RE-INTEGRATION

Health interventions for persons with substance use disorders encompass a spectrum of services with differing outcomes and intensity of intervention: rehabilitation,

treatment, harm reduction and social re-integration. The organizations in Lebanon provide different types of substance use response services along this spectrum.

FIGURE 6 . Percentage of facilities providing interventions by type of service (n=13)



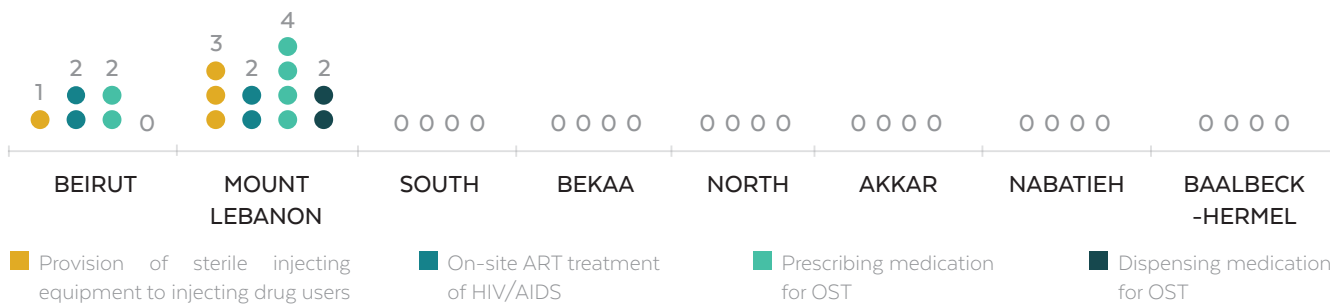
Reception centers are not available. Employment or income generation support programmes were reported by 54% of facilities; however, there is no mechanism to track the employability of the persons with substance use disorders. Out of the 13 facilities, 69% provide overdose management services, which include providing necessary support to people with drug use disorders emphasizing the need for rehabilitation, reintegration and the recovery itself. However, none of the facilities reported having a structured and clear mechanism for overdose prevention, which incorporates the availability of on-site opioid antagonist medication. It is noteworthy that 23% provide drop-in services and 15% provide outreach services (figure 6).

FIGURE 7 . Percentage of facilities providing psychological interventions by type (n=13)



The psychological interventions provided at treatment facilities are based on Cognitive Behavioral Therapy (CBT), Motivational Enhancement Therapy (MET) and Inter-Personal Therapy (IPT) approaches (figure 7).

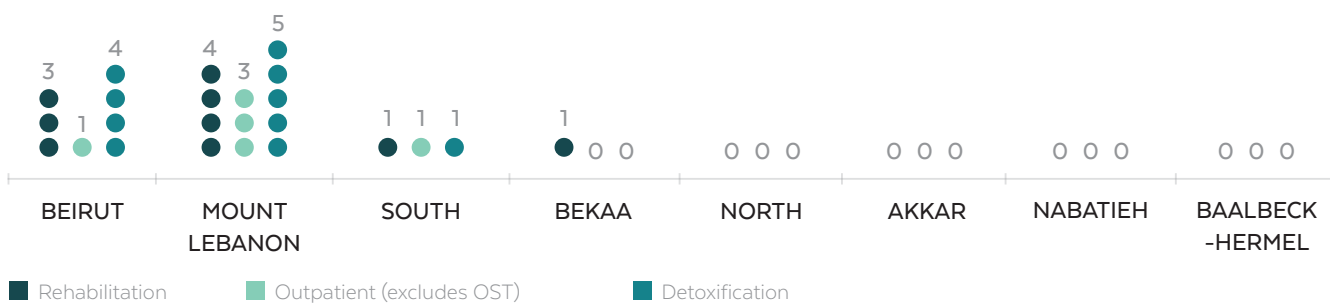
FIGURE 8 . Number of locations providing harm reduction services by governorate (n=14)



Opioid Substitution Therapy is provided by facilities in two governorates: Beirut and Mount Lebanon; however, dispensing of the medication is available in Mount Lebanon governorate only. The other governorates have

neither prescription nor dispensing facilities. Provision of NSP is also limited to four facilities; two in Beirut and two others in Mount Lebanon governorates (figure 8).

FIGURE 9 . Number of locations providing treatment services by governorate (n=14)



Detoxification services are provided in public and private hospitals, and in some facilities, services for mental health and other comorbidities are included in the treatment plan. Detoxification, rehabilitation and outpatient services are not available in peripheral areas but rather in main cities of Beirut and Mount Lebanon (figure 9). In the South, detoxification, outpatient and rehabilitation are provided each in only 1 location and in

the Bekaa only rehabilitation is available in 1 location. The provision of needle syringe programme is ensured by 27% out of 14 treatment facilities, whereas 87% of facilities provide on-site testing for Hepatitis B and C. On-site anti-retroviral treatment (ART) for HIV/AIDS is provided by 29% of facilities having substance use treatment services (figure 10). The National Aids Programme at the MOPH provides ART free of charge.

FIGURE 10 . Percentage of facilities providing services for substance use co-morbidities (n=14)

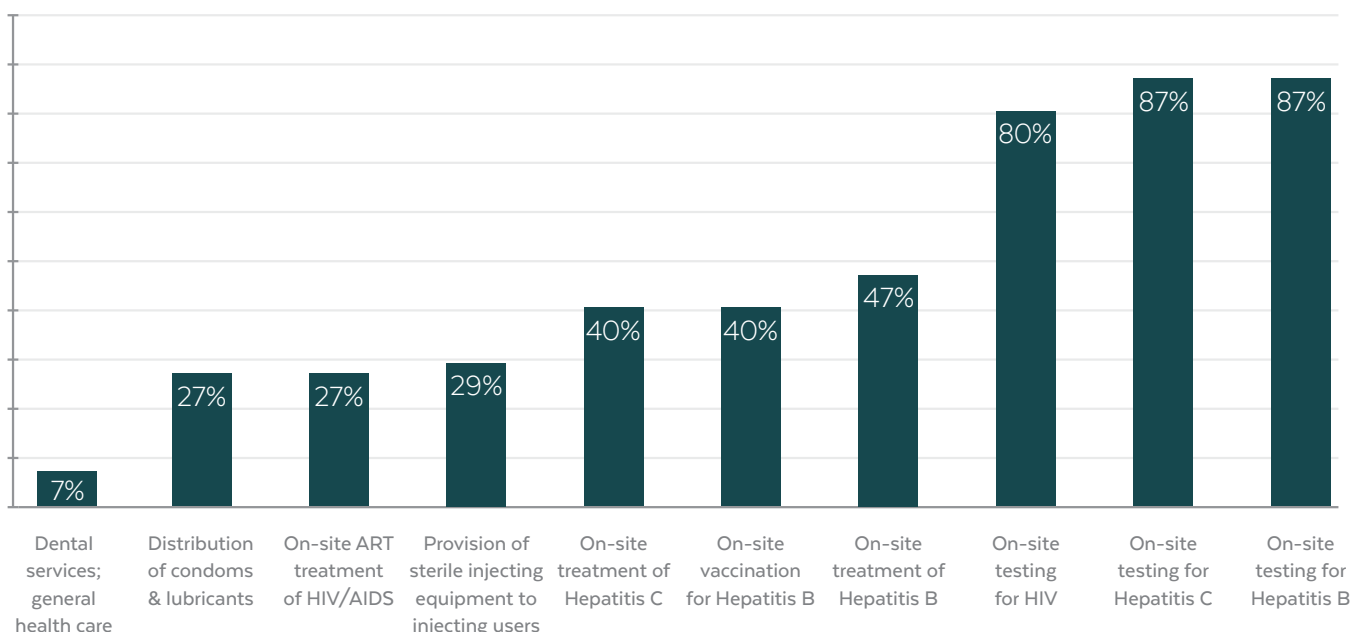


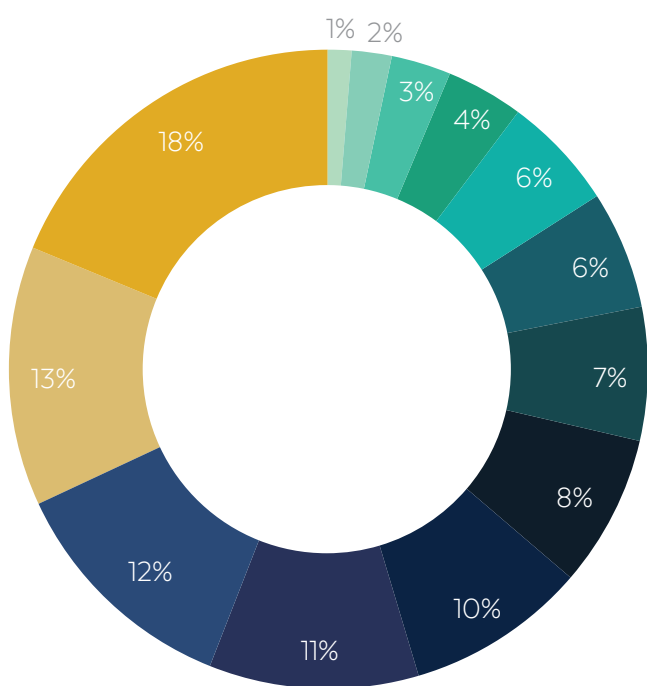
TABLE 2 . Percentage of organizations offering services during the specified time (n=14)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	100%	100%	100%	100%	92%	69%	46%
PM	46%	54%	54%	54%	46%	46%	38%

Approximately 50% of organizations provide services in the afternoon or evening times (table 2), whereby persons who have jobs and seek any type of services have decreased options for after work hours.

Multi-disciplinarity among service providers plays a key role in the treatment. Psychiatrists, psychotherapists, pharmacists, nurses, social workers among other professionals work in a team to provide care for persons with substance use disorders. The ratio of each profession differs among facilities depending on the model of care that they follow.

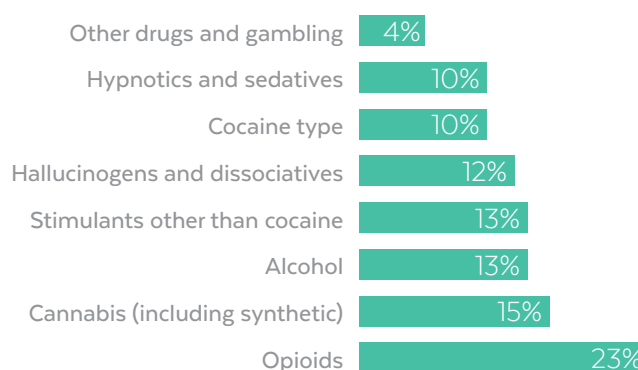
FIGURE 11 . Type of service providers for treatment of substance use disorders (n=12)



- Peer workers
- Pharmacists
- Community health workers
- Medical doctors specialized in addiction medicine
- Outreach workers
- Medical doctors not specialized in psychiatry or addiction medicine
- Nursing assistants
- Other professionals (lawyers, psychiatry residents)
- Addiction/psychiatric nurses
- General psychiatrists
- Social workers
- General nurses
- Psychotherapists

A total of 234 service providers for substance use treatment were reported. Community health workers accounted for approximately 3% of the total workforce and addiction or psychiatric nurses accounted for approximately 10%. Psychotherapists accounted for approximately 18% and social workers for 12% of the total workforce (figure 11).

FIGURE 12 . Percentage of persons in treatment for addiction by substance (n=14)



Persons with Opioids addiction constitute 23% of total persons reported to be in treatment whereas persons with Cocaine addiction constitute 10%. Persons with problematic alcohol intake were reported as 13% of persons who were reported in treatment (figure 12). Persons with addiction on prescription drugs (hypnotics & sedatives and stimulants other than cocaine) constituted together 23% of the total persons in treatment (figure 12).

TABLE 3 . Reported exclusion criteria from hospitals and residential long-term treatment facilities

CATEGORY	EXCLUSION CRITERIA (AS REPORTED BY PARTICIPANT ORGANISATIONS IN THE SURVEY n=6)
Treatment Relapses	<ul style="list-style-type: none"> • Chronic drug use with multiple hospital admissions due to relapses • People who were stopped from treatment for non-compliance and transferred to another facility
Co-morbidities	<ul style="list-style-type: none"> • Persons who have a specific medical condition that does not allow them to move around (get up the stairs, etc.) when the treatment facility requires full mobility • Persons with medical conditions that are easily transferrable and transmissible among individuals • Persons who demonstrate violent behavior and can be a threat to the whole group’s safety • Persons with schizophrenia • Persons with life threatening disease that requires treatment in a general hospital • Persons with non-treated HIV • Persons who have the tendency of engaging in disruptive behavior in a group setting and patients who are suffering from severe mental illness instabilities and severe cognitive disabilities
Willingness to Enter Treatment	<ul style="list-style-type: none"> • Persons that are referred against their will • Persons not willing to abide by hospital rules • Persons who are actively using drugs and/or alcohol with no attempts of stopping or decreasing
Legal Issues	<ul style="list-style-type: none"> • Persons who have complicated legal problems and have warrants against them

The reported exclusion criteria for treatment services were classified in the following categories: treatment relapses, co-morbidities, willingness to enter treatment and legal issues (table 3).

Out of the 15 facilities, 40% apply one or several exclusion criteria reported in table 3. In addition, 13% of facilities reported that persons with physical disability, severe mental disorders (schizophrenia) and persons with complex legal status are excluded from receiving services.

SECTION 4. VULNERABLE GROUPS

As defined in the Inter-ministerial Substance Use Response Strategy for Lebanon 2016–2021, vulnerable groups were identified as groups of persons who would need a tailored approach in the substance use response. Their accessibility to needed services might be restricted by their entourage or by the stigma they are likely to be exposed to.

Group 1 included persons who are using substances and who are more susceptible to stigma or marginalization; are less likely to seek substance use services; and are at a higher risk for physical and mental health comorbidities: People who inject drugs (PWID) living with communicable diseases, Women with substance use disorders and persons from the LGBT community using drugs (MOPH et al., 2016).

FIGURE 13 . Percentage of PWID living with communicable diseases targeted by prevention intervention (n=12)

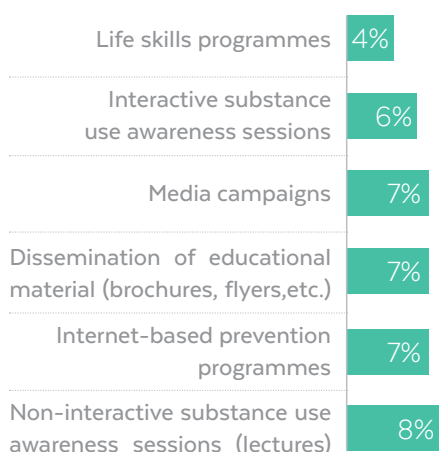


FIGURE 14 . Percentage of facilities who provide services for PWID living with communicable diseases (n=12)



People who inject drugs (PWID) living with communicable diseases are targeted by 4% of life skills programmes (figure 13). Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 62% receive persons with HIV/AIDS using drugs in their services and 85% receive persons with Hepatitis B or C in their services (figure 14).

FIGURE 15 . Percentage of women with SUD targeted by prevention intervention (n=12)

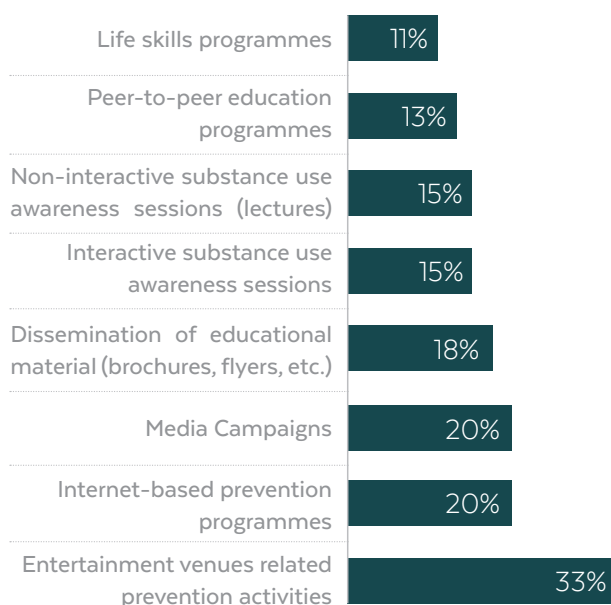


FIGURE 16 . Percentage of facilities receiving women with SUD in their services (n=12)

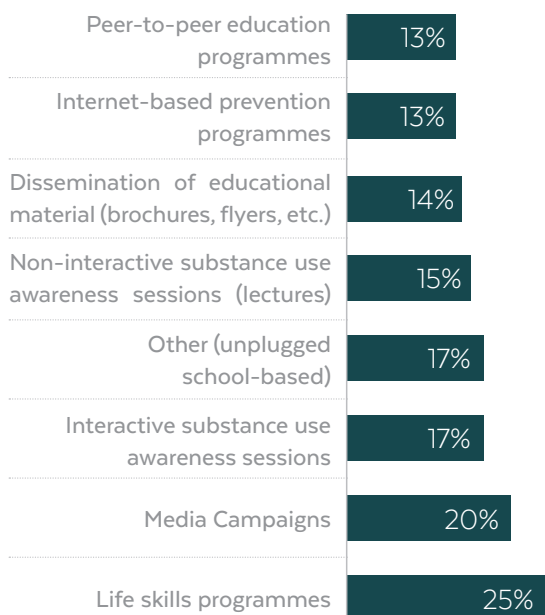


Women with SUD are targeted by 11% of life skills programmes and by 33% of entertainment venues related prevention activities (figure 15). Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 62% receive pregnant women (figure 16).

Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 92% receive persons from the LGBT community using drugs in their services.

Group 2 comprises persons living in a context that further limits the accessibility to substance use response services: children living in adverse circumstances, youth and adolescents, Palestinian refugees, displaced population and persons in prison (MOPH et al., 2016).

FIGURE 17 . Percentage of children living in adverse circumstances targeted by prevention intervention (n=12)



Children living in adverse circumstances with SUD are targeted by 25% of life skills programmes and by 13% of peer-to-peer education programmes (figure 17).

FIGURE 18 . Percentage of youth and adolescents targeted by prevention intervention (n=12)

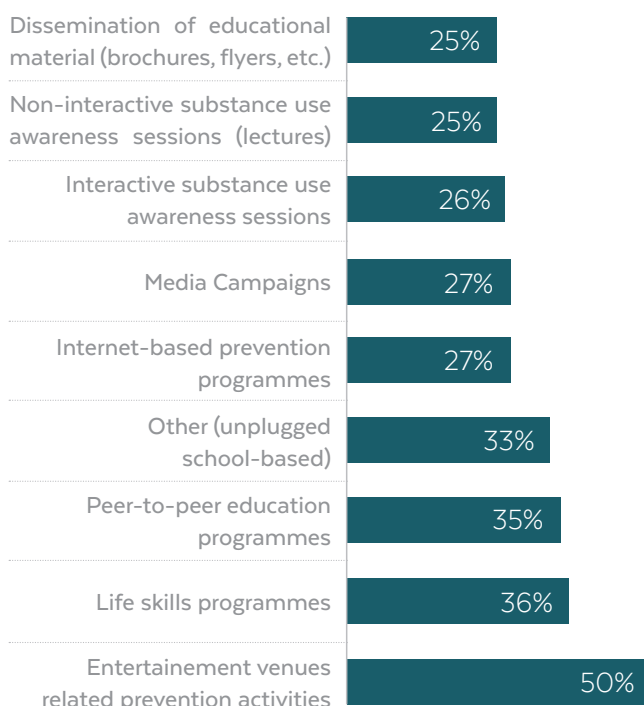
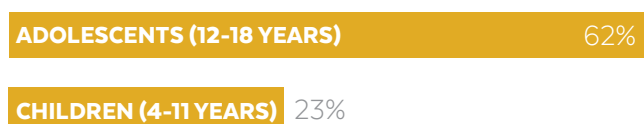


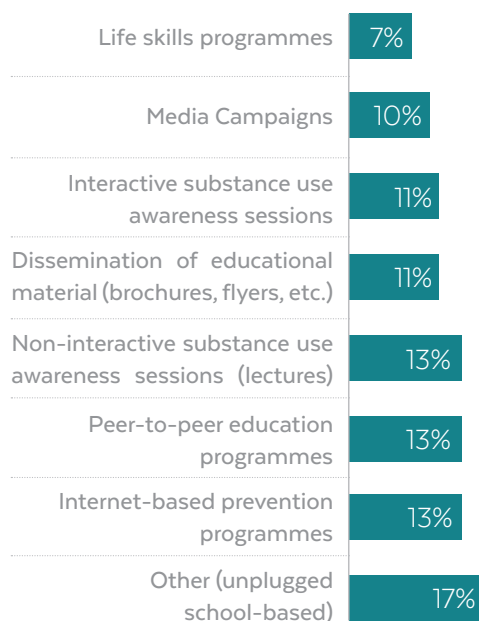
FIGURE 19 . Percentage of facilities receiving youth and adolescents in their services (n=12)



Youth and adolescents with SUD are targeted by 50% of entertainment venues related prevention activities* by 36% of life skills programmes and by 35% of peer-to-peer education programmes (figure 18). Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 62% receive adolescents (12-18 years) (figure 19).

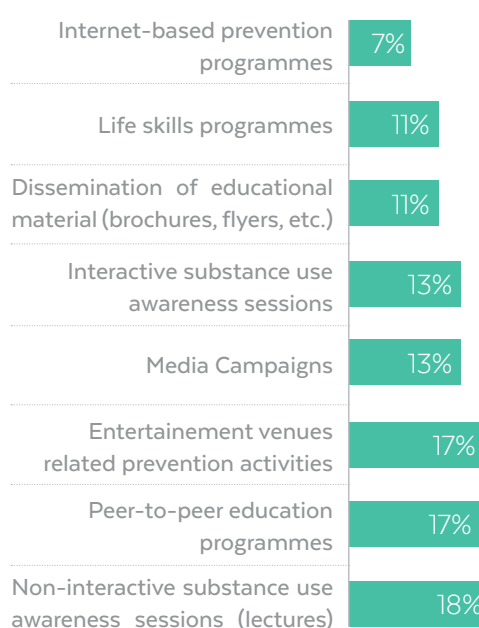
*See Annex I: Glossary of Terms

FIGURE 20 . Percentage of Palestinian refugees targeted by prevention intervention (n=12)



Palestinian refugees with SUD are targeted by 17% of school-based prevention activities, and by 7% of life skills programmes (figure 20).

FIGURE 21 . Percentage of displaced population targeted by prevention intervention (n=12)



Persons with SUD from the displaced population are targeted by 7% of internet-based programmes and by 11% of non-interactive substance use awareness sessions (figure 21). Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 85% receive migrants, displaced and refugees in their services and 69% receive homeless people.

Persons in prison

Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 54% receive persons in prison using drugs in their services and 84% receive persons referred by the justice system.

SECTION 5. LINKING FINDINGS TO STRATEGY

The findings of this report are for the most inline with the situation analysis of the Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021 and provide an additional insight into the needs and challenges faced in providing services.

Some findings are encouraging such as having a diverse workforce that promotes multi-disciplinarity in treatment of substance use disorders. However, the workforce is not sufficient to address the growing needs of services. Additionally, persons with substance use disorders have the option of receiving treatment in outpatient or inpatient setting, but the services are centralized with limited geographical coverage to peripheral areas.

In the below table, key findings were summarized in term of what needs to be addressed and linked – when feasible- to a specific objective in the Strategy. Findings have been linked to three out of the six domains of the Strategy, focusing on:

- Domain I: Leadership and governance
- Domain II: Health and Social Sectors welfare response
- Domain VI: Vulnerable groups

Finding	Strategic objectives from the Inter-ministerial Substance Use Response Strategy 2016-2021
Domain I: Leadership and Governance	
<p>In 2017, the main source of funding for prevention and treatment activities was fundraising and grants.</p>	<p>1.2.1 Revise ministerial budgetary allocations for substance use response towards expansion of evidence-based interventions.</p> <p>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.</p>
Domain II: Health and Social Sectors welfare response	
<p>The material used in prevention activities varied between facilities and was less commonly based on international evidence-based programmes recommended by international authorities.</p>	<p>2.1.3 Regularly disseminate an up-to-date list of evidence-based community-based prevention interventions to all relevant actors.</p>
<p>All 12 prevention facilities reported conducting life skills programmes, interactive substance use awareness sessions and disseminating educational material, including brochures, flyers, etc.</p>	<p>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.</p> <p>2.1.4 Develop and disseminate quality standards to ensure the sustainable effectiveness of prevention programmes.</p> <p>2.1.7 Conduct implementation research and outcome evaluation research to study the effectiveness of life-skills education programmes in schools and in Psychosocial Support programmes.</p>

Finding	Strategic objectives from the Inter-ministerial Substance Use Response Strategy 2016-2021
None of the facilities reported having a structured and clear mechanism for overdose prevention, which incorporates the availability of on-site opioid antagonist medication. Approximately 50% of facilities provide services in the afternoon or evening times.	2.1.9 Develop an evidence-based national programme for the prevention of drug overdose.
Detoxification, rehabilitation and outpatient services are not available in peripheral areas but rather in main cities of Beirut, Mount Lebanon.	<p>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.</p> <p>2.1.15 Pilot methadone treatment in at least one facility.</p> <p>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.</p>
Opioid Substitution Therapy is provided only in two governorates: Beirut and Mount Lebanon.	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.
Provision of NSP is also limited to four facilities; two in Beirut and two others in Mount Lebanon governorates.	2.1.17 Assess the availability of and accessibility to NSP services and develop an action plan to address the recommendations from the assessment.
Employment or income generation support programmes were reported by 54% of facilities; however, there is no mechanism to track the employability of the persons with substance use disorders.	2.1.19 Pilot a protected employment project in collaboration with municipalities.
Reception centers are not available.	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.
There is no formal referral system linking all services together.	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”).

Finding	Strategic objectives from the Inter-ministerial Substance Use Response Strategy 2016-2021
<p>There is no formal referral system linking all services together.</p>	<p>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.</p>
<p>Community health workers accounted for approximately 2% of the total workforce and addiction or psychiatric nurses accounted for approximately 7%. Psychotherapists accounted for approximately 12% and social workers for 8% of the total workforce.</p>	<p>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.</p>
<p>Accreditation standards for prevention of substance use services in Lebanon are lacking and facilities are not accredited with programmes from outside Lebanon.</p>	<p>2.3.1 Develop national guidelines for substance use disorders treatment and rehabilitation and for social re-integration services.</p> <p>2.3.2 Develop accreditation standards for programmes providing substance use treatment and rehabilitation taking into consideration the special needs of vulnerable groups.</p> <p>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”.</p>
<p>Persons with Opioids addiction constitute 23% of total persons reported to be in treatment whereas persons with Cocaine addiction constitute 10%. Persons with problematic alcohol intake were reported as 13% of persons who were reported in treatment.</p>	<p>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.</p>
<p>Domain VI: Vulnerable groups</p>	
<p>Children living in adverse circumstances with SUD are targeted by 25% of life skills programmes and by 13% of peer-to-peer education programmes.</p>	<p>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.</p>
<p>Palestinian refugees with SUD are targeted by 17% of school-based prevention activities, for example “Unplugged” programme and by 7% of life skills.</p>	<p>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).</p>

Finding	Strategic objectives from the Inter-ministerial Substance Use Response Strategy 2016-2021
<p>Displaced population with SUD is targeted by 7% of internet-based programmes and by 11% of non-interactive substance use awareness sessions.</p>	<p>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.</p>
<p>Among the 13 facilities providing treatment, rehabilitation, harm reduction or social re-integration, 54% receive persons in prison using drugs in their services.</p>	<p>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.</p>

CONCLUSION

The report has described findings from a comprehensive mapping exercise of facilities providing treatment and prevention services and the scope of service provision to persons with substance use disorders in Lebanon. This mapping presents descriptive data about the characteristics, the distribution and the coverage of services for substance use disorders and Annex III provides a directory of the facilities and their contact details. As highlighted in the introduction, the mapping exercise was not designed to assess the effectiveness of diverse models of service provision and hence this report does not discuss the quality of services but rather highlights recommendations about the types of services that are evidence-based and needed for persons with substance use disorders in Lebanon.

Although several gaps exist in understanding the effectiveness of different models, three observations can be withdrawn from this exercise:

First, there is an inequitable geographic distribution of treatment services and services are centralized in two governorates. Second, there is a scarce use of evidence and/or standards in the delivery of services, both mostly in prevention interventions. Third, the identified gaps are addressed by the strategic objectives of the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021.

This report and the directory are intended as resources for stakeholders, service-providers, policy-makers and researchers who aim to explore further information about the provision of services for persons with substance use disorders allowing informed planning and evidence-based decision-making.

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ANNEX I. GLOSSARY OF TERMS

Detoxification

Medically managing the symptoms resulting from suddenly stopping the regular use of alcohol and other addictive substances.

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.

Rehabilitation

It is the processes of medical and psychosocial treatments aiming to support the person with substance use disorders to recover.

Harm reduction

The application of a set of public health principles aimed at preventing or reducing the negative consequences associated with drug use.

Outreach

Activities and organizations that access and engage with people in the community with specific problems (Example: Substance use) to improve their health and wellbeing and reduce the risks of drug use.

Drop-in service

A place where people with substance use disorders may call or pass by for advice or assistance.

Family support

Specialized social welfare services. Environmental factors, disadvantages and adversities, that can be prevented and treated.

Employment/income generation support

Evidence-based psychosocial and behavioral interventions.

Overdose management services

Services that need to be ensured in order to support people with drug use disorders and emphasize the need for rehabilitation, reintegration and the recovery itself.

Case Management

Ensuring continuum of care through appropriate case management, this can be done by increasing the availability and accessibility to high quality, evidence-based, gender and age sensitive prevention, harm reduction, treatment, rehabilitation and social re-integration services.

Group counseling

Form of psychosocial treatment through being in a group setting with a group counselor.

Psychological interventions

Cognitive behavioral therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a talking therapy that can help persons manage their problems by changing the way they think and behave. It is most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.

Motivational enhancement therapy (MET)

The clinician assumes an advisory, rather than an authoritative role, and seeks to understand what the patient values - this process builds empathy and fosters a therapeutic alliance from which it may be possible to promote behavioral modifications. It reduces high-risk behaviors. The approach consists of 6 or more sessions since the patient is considered to have severe drug use disorders.

Inter-personal therapy (IPT)

Interpersonal Psychotherapy (IPT) is an empirically validated treatment for a variety of psychiatric disorders. The evidence for IPT supports its use for a variety of affective, anxiety, and eating disorders, and for a wide age range, from children to the elderly.

Prevention interventions

Interactive substance use awareness sessions

Consists of an informative session about the types of drugs and their subsequent effects delivered to a group of people in an interactive way.

Life skills programmes

A combination of sessions targeting children and youth through building their skills delivered by teachers in school setting or during PSS 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.

Non-interactive substance use awareness sessions

Consists of an informative session about the types of drugs and their subsequent effects delivered to a group of people as a lecture.

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.

Media campaigns

Preventive interventions using media (social media, TV etc.), that are visible and have the potential to reach a large number of people relatively easily.

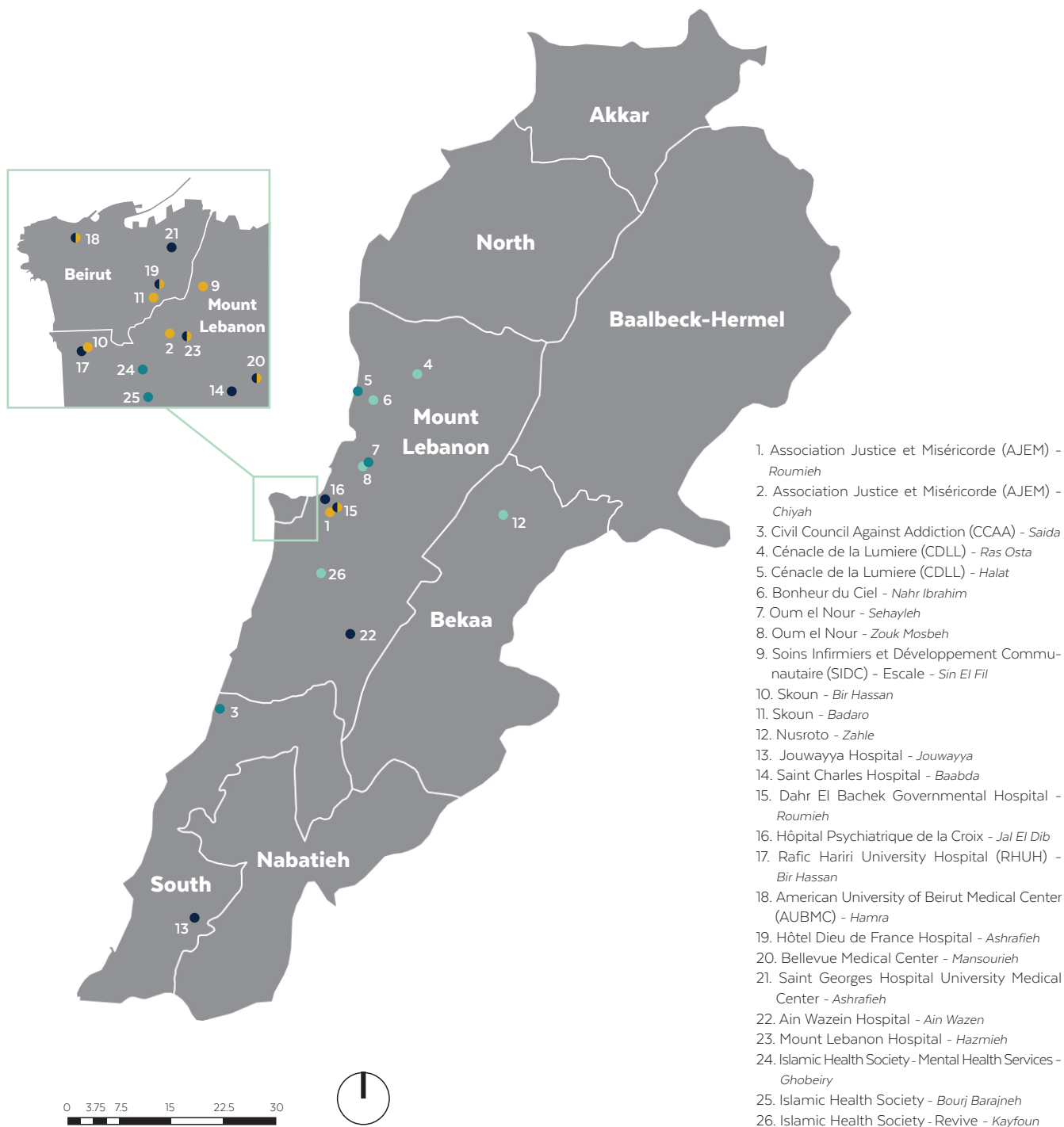
Entertainment venues related prevention activities

Preventive interventions targeted towards persons in entertainment venues such as pubs, bars or concerts.

Internet-based prevention programmes

Form of psychosocial treatment through internet and webs (applications, websites).

ANNEX II. MAP OF SERVICES FOR SUBSTANCE USE DISORDERS IN LEBANON



Disclaimer: This map can be used to orient persons with Substance Use Disorders to available treatment services. The MOPH is currently developing accreditation standards for the Substance Use treatment facilities. Private clinics were not listed. Copyright 2018

ANNEX III. DIRECTORY OF FACILITIES PROVIDING SERVICES FOR SUBSTANCE USE RESPONSE IN LEBANON

Name of organisation	Phone Number
Beirut Governorate	
Skoun - Badaro	01-381660 / 01-381580
American University of Beirut Medical Center (AUBMC)	01-350000 ext. 5650
Hôtel Dieu de France Hospital	01-615300
Saint Georges Hospital University Medical Center	01-441000
Mount Lebanon Governorate	
Association Justice et Miséricorde (AJEM)**	01-901560 / 03-131570
Oum el Nour**	09-635672 / 71-721243
Bonheur du Ciel	01-255220
Oum el Nour**	09-223700 / 09-219042
Soins Infirmiers et Développement Communautaire (SIDC) - Escalé	01-491705
Skoun - Bir Hassan	01-845503 / 01-845512
Islamic Health Society - Mental Health Services	01-554196
Islamic Health Society - Bourj Barajneh	01-469114 / 01-469115
Islamic Health Society - Revive	03-064331
Saint Charles Hospital*	05-451100
Dahr El Bacheh Governmental Hospital*	04-872145
Hôpital Psychiatrique de la Croix*	04-710224
Rafic Hariri University Hospital (RHUH)	01-832909 / 01-832900 / 01-832902
Bellevue Medical Center	01-682666 / hotline 1565
Ain Wazein Hospital	05-502416 / 05-502417
Mount Lebanon Hospital	05-957000
South Governorate	
Civil Council Against Addiction (CCAA)	07-752096
Jouwayya Hospital*	07-411080 / 07-411081
Bekaa Governorate	
Nusroto	03-742535

*Hospitals contracted with the MoPH for detox programmes

**Centers contracted with the MoPH for treatment programmes

