

National Report on Drug Situation in Lebanon

2017



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



National Report on Drug Situation in Lebanon

2017



AFMM
Association
Francophone
pour les
Malades
Mentaux



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List of Abbreviations

AFMM	Association Francophone pour les Malades Mentaux
AJEM	Association Jeunesse Et Misericorde
DAC	Drug Addiction Committee
EMCDDA-ENP	European Monitoring Center for Drugs and Drug Addiction-European Neighborhood Policy
GDP	Gross Domestic Product
GSHS	Global School Health Survey
HIV/AIDS	Human Immunodeficiency Virus/Aquired Immune Deficiency Syndrome
ISF	Internal Security Forces
MENAHRA	Middle East and North Africa Harm Reduction Association
MOJ	Ministry of Justice
MOPH	Ministry of Public Health
NAP	National Aids Program
NGO	Non Governmental Organizations
NMHP	National Mental Health Programme
NODDA	National Observatory for Drugs and Drug Addiction
OST	Opioid Substitution Treatment
UNHCR	United Nations High Commissioner for Refugees
UNODC	United Nations Office of Drugs and Crime
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in the near East
WHO	World Health Organization

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Introduction

Substance Use Disorders contribute to the global burden of non-communicable diseases given their increasing impact on health. Independently responding to Substance Use Disorders becomes challenging as several factors combined interact with handling the disorder such as: biological (the direct impact of drugs on the system), psychological (such as depression, stress and anxiety...), and socio-economic (such as poverty, culture, violence, social instability, unemployment...), all of which are interrelated and have implications on all segments of society, especially young people.

Statistical data in Lebanon indicates an increase in the rate of use of addictive substances, drugs and alcohol, especially among youth. In one study it was found that about 4.7% of students in public and private schools, aged 13 to 15, used one or more drugs at once, and more than 70% of them used drugs under the age of 14. This number is alarming and we are aware that very few people who use drugs get the necessary treatment. However, available studies are still insufficient, sometimes outdated or lacking precision.

Therefore, in order to obtain a database based on evidence and facts and could constitute the basis for the development of national strategies to respond to Substance Use Disorders away from speculations, the Ministry of Public Health established the National Observatory for Drugs and Drug Addiction as part of the implementation of the “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021”. The first report of the Observatory was issued in collaboration with the Ministry of Education and Higher Education, the Ministry of Interior and Municipalities, the Ministry of Social Affairs, the Ministry of Justice as well as the Lebanese Customs, for whom we are grateful for sharing national statistics and data on the drug situation in Lebanon. Those statistics include drug use among the general population, the number of persons arrested for drug use per year, drug-related comorbidities in addition to statistics on the size of the drug market in Lebanon from internal supply to citizens’ easy access to drugs and their prices.

The results of the first report of the Observatory confirm that the domains of action stipulated in the “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021” address national priorities and needs. They also confirm the urgent need to implement this strategy, which constitutes a national road map that has been developed in a consensus among all ministries and stakeholders.

The Ministry of Public Health will ensure the continuity of this fruitful collaboration between ministries, agencies and institutions to complement efforts targeted toward completing implementation of the strategy, which began since its launch.

*Ghassan Hasbani
Deputy Prime Minister
Minister of Public Health*

Foreword

This is the first report stemming from the National Observatory on Drugs and Drug Addiction (NODDA) that provides a comprehensive overview of the drug situation in Lebanon. This joint effort was made possible through the close collaboration of the relevant ministries, with the technical support of AFMM, EMCDDA – ENP, UNODC, WHO and the funding of Pompidou Group.

This report with its objective, factual and reliable data constitutes a reference document for evidence-based policy-making.

It was produced by the NODDA, which was established in March 2016 in line with the Inter-ministerial Substance Use Response Strategy 2016-2021 with the aim of informing national policies related to drugs and drug addiction.

I am particularly pleased with the continuous fruitfulness of the collaboration between the ministries involved.

And I would like here to thank all the General Directors and the focal points of the collaborating ministries for their support, cooperation and commitment throughout the process.

Finally I would like to praise the NODDA steering committee, especially the Association Francophone pour les Malades Mentaux as well as the Narcotics Department and the National Mental Health Programme at the MOPH for providing the needed support for the successful establishment of NODDA and to thank and all those who contributed to this report.

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Executive Summary

Since the reporting system is different across ministries and NGOs, challenges in compiling data and duplication of data arise. In addition, drug-related deaths are under-reported and data on overdoses is unavailable.

Prevalence

Limited data is available on drug prevalence among the general population. According to the Global School Health Survey, the prevalence of lifetime drug use among schoolchildren aged 13-15 years old increased to 4.7% in 2011 compared to 3.5% in 2005.

Drug Market

Salvia is the new psychoactive substance currently identified among persons using drugs Most common drugs seized in Lebanon are: cannabis, cocaine, Captagon and ecstasy.

Drug-Related Policy

The use of narcotics and psychoactive drugs without medical prescription is classified as a crime in Lebanon with an imprisonment sanction varying between 3 months and 3 years in addition to a fine. The Drug Law 673 of the year 1998 provides the persons arrested or prosecuted for drug use with the option to be referred to a ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option of treatment or sanction. In 2010, the MOPH issued the decision 849/1 for the safe organization and provision of OST.

A national “inter-ministerial substance use response strategy for Lebanon 2016-2021” was launched on 22 December 2016 jointly by the Ministries of Public Health, Social Affairs, Education and Higher Education, Interior and Municipalities and Justice as a response for substance use including drugs, alcohol and tobacco use to ensure the development

of a sustainable system for substance use response.

Currently, there are national mechanisms to coordinate on specific drug-related issues such as the drug addiction committee and the Opioid Substitution Therapy. **And the NMHP at MOPH is actively working for the establishment of an inter-ministerial technical steering committee to facilitate implementation and monitoring of the “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021”.**

Prevention and Treatment

MEHE, MOSA and MOPH collaborate with NGOs in the prevention of drug use disorders. **There is no reported list of national evidence-based prevention programs and there is no national mechanism to monitor the quality of the prevention programs.**

Between 2013 and 2016, a cumulative number of 11,152 persons were arrested for drug use and 400 cases (4%) were referred to the DAC. Half of them (200 persons) received treatment until recovery and 150 persons are still under treatment. Only 50 persons got their files re-sent to the source of referral for non-compliance to treatment.

Most of the 15 NGOs providing specialized treatment services (around 80%) were located in Mount Lebanon and Beirut. **The total number of reported residential beds for the treatment of persons with drug use disorders is 382 (7 NGOs),** with 10% dedicated to females (2 NGOs).

In 2016, 2595 persons with drug use disorders were reported to be admitted in 10 treatment facilities (for rehabilitation, detoxification or outpatient treatment). Most of the persons on treatment (82%), were between 18 to 38 years old. One NGO reported admitting persons with drug use disorders starting at the age of 16 years. Persons seek treatment for their addiction to heroin, cannabis and cocaine, mainly.

Between December 2011 and December 2016, 1712 persons with drug use disorders were enrolled in the OST programme.

Between 2011 and 2016, there was an overall decrease in the number of persons who tested positive for hepatitis B and C, at different treatment facilities by 71% and 55% respectively. One NGO reported providing syringes and condoms to persons with drug use disorders.

The dispensing of buprenorphine is available in two locations, Mount Lebanon and Beirut, whereas the provision of OST program is available at 4 NGOs, 3 clinics and 8 hospitals in the same two governorates. There is no national overdose prevention service. And little is known about self-help groups, support groups and informal support.

Linking Data to National Strategy

Several gaps identified in this report are being addressed by the Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021 and a summary table linking data to this strategy is included in the chapter 5 of this report.

Background

Lebanon is a Mediterranean country with a geographical area of 10452 km² extending over 80 km at its widest point and over 217 km from North to South. The country is surrounded by the occupied Palestinian territory to the South, the Syrian Arab Republic to the North and the East, and the Mediterranean Sea to the West. Lebanon is divided administratively into eight governorates or “mohafazat”: Akkar, Baalbek/Hermel, Beirut, Bekaa, Mount Lebanon, Nabatieh, North and South.

Since the start of the Syrian crisis, the total resident population increased by more than 30% placing Lebanon as the host of the highest number per capita of displaced Syrians. This demographic change has impacted seriously on the country’s economy, infrastructure, basic services, employment and environmental health. The population of Lebanon in 2015 is estimated to be 5643634 (including Palestinians living in camps and displaced Syrians) (WHO-MOPH, 2015).

Lebanon is classified as an upper-middle income country, where 25% of the population is under 15 years of age and around 85% of the population live in urban areas, concentrated in Beirut and Mount Lebanon (MOPH, 2014a).

Lebanon has a highly fragmented public-private mix health system, with a dominant private sector, an active Non-Governmental Organization (NGO) sector, and a public sector progressively recovering its leadership and regulatory role (Ammar, 2009). In 2012, the total health expenditure was estimated to be 7.2% of GDP, with an out-of-pocket expenditure for health-related services of 37% (MOPH, 2014a). After several years of pooled efforts and collaboration with multiple actors, the Ministry of Public Health (MOPH)

established the National Mental Health Programme (NMHP) in May 2014 (MOPH, 2015a). A five-year strategy to reform the mental health system in Lebanon was launched by the Programme in May 2015 (MOPH, 2015a).

One of its strategic objective is to develop a substance use strategy (MOPH, 2015a). In the aftermath, the “Inter-ministerial Substance Use Response Strategy 2016-2021” was launched in December 2016 with the strategic objective 4.1.3. to “establish an evidence-based national drug observatory at the MOPH in line with international guidelines to collect, analyze and generate evidence” (MOPH, 2016a) under domain 4 “Monitoring and surveillance” of this Strategy. This was achieved at the MOPH in close collaboration with the Narcotics Department and the National Mental Health Programme in March 2016, responding to the growing need for objective, reliable and comparable data.

This first national report on the drug situation in Lebanon focuses on the drug prevalence, market, policy, treatment and prevention in Lebanon. The aim of this report is to inform national policies related to drug and drug addiction as per the substances listed in schedules of the Drug Law 673/1998. This report is intended to be used by the relevant ministries, researchers and specialized drug-related NGOs.

Methodology

Terminology

The term “drug use” employed throughout the report is specific to the use of drugs under national control from schedules of the Drug Law 673/1998 whereas the term “substance use” encompasses tobacco and alcohol in addition to drugs.

The term persons with “substance use disorders” refers to persons who are seeking or receiving treatment.

The term persons with “drug-related crimes” is used to refer to persons in confrontation with the legal system for drug-related issues other than drug use in Lebanon.

Additional definitions of terms used in the report is available in Annex I.

Data collection

The National Observatory on Drugs and drug Addiction developed a drug-related information map between March and October 2016, allowing the identification of 17 periodic databases and 3 ad-hoc surveys at a national level (MOPH, 2016b). A description of the main sources of information on drug-related data at the national level is available in annex III. Relevant laws were compiled in consultation with lawyers and judges. Key informant interviews were also conducted with drug-related departments at the Ministries of Education and Higher Education, Interior and Municipalities, Justice, Public Health, Social Affairs and the Lebanese Customs, in addition to 1 NGO that is the regional hub on harm reduction and 7 local NGOs providing drug-related services. Furthermore, a phone call survey with local drug-related NGOs was conducted to complement available data on the capacity of drug related treatment services. When there was complete lack of data, surveys or reports conducted at sub-national level were included.

Date range included in the report is 2000 till 2016 for surveys and 2011 till 2016 for databases. A questionnaire was developed for data collection from the ministries based on indicators adapted from indicators from EMCDDA and UNODC and the availability of data based on the drug information map in Lebanon. Focal persons from the collaborating ministries were officially appointed and formal approval was obtained for data sharing across ministries.

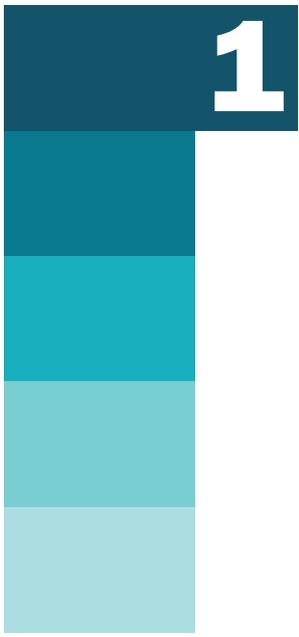
Data Analysis

Dates of data collection not date of publication of the references were cited. Descriptive analysis using numbers and percentages on available data was conducted and percent change was calculated when data was available for 3 or more years. This report was then shared with local and international experts for review. Feedback was compiled and comments integrated.

Limitations

- Due to the limited data and studies availability in the last five years especially in the prevalence chapter, reporting dates included 2003-2011 data.
- While three databases were accessible yearly since 2011, which facilitated comparisons, other databases were accessible since 2015. The quality of the methodology of the studies and reports used was not checked.
- The reporting system, in general, is different across ministries and NGOs, leading to challenges in compiling data and resulting in duplication.
- Available mapping of drug related prevention and treatment services is not comprehensive and some of it was not updated. Additional mapping is needed to identify other facilities providing similar services.

- The death certificate system in Lebanon lacks documentation on the underlying cause of death.
- Social and culture stigma prevails with lack of coverage of substance use related services for persons with substance use disorders by the different insurance schemes, leading to under-reporting both at the level of personal drug use and at the level of service providers.
- Following the MOPH directive 46 of 2016, health providers were asked to refrain from reporting drug-related overdose to Internal Security Forces (ISF), encouraging treatment, without putting in place an alternative system of reporting to the MOPH.



1 Prevalence

1.1 DRUG USE

1.1.1 Drug Use in the General Population

Limited data is available on drug prevalence among the general population. Data from 2003 indicated that the prevalence of lifetime drug use among persons aged 18-44 years old was 0.6% (Karam et al., 2008), whereas, the 12-month prevalence of persons with drug use disorders aged 18-44 years was 0.3% for the same period. One third of these persons were classified as having drug use dependence with a physiological dependence syndrome (Karam et al., 2006). In 2015, the number of persons who inject drugs in Greater Beirut was estimated to be 3,114 people (MENAHRRA, 2015).

During 2005, the prevalence of lifetime drug use (using drugs, such as marijuana, cocaine, heroin, ecstasy and medical tranquilizers, one or more times during their life) among 5,115 students aged 13-15 years old was 3.5%. Male students (5.6%) were significantly more likely than female students (1.5%) to report lifetime drug use. Public schools students (3.5%) were less likely than private school student (4.3%) to report lifetime drug use (GSHS, 2005).

During 2011, the prevalence of lifetime drug use among 2,286 students aged 13-15 years old increased to 4.7% compared to 2005 survey. Percentage of students who used marijuana one or more times during their lifetime was reported encompassing 3.3% of surveyed schoolchildren. Male students (6.3%) were significantly more likely than female students (1%) to report lifetime marijuana use. Public schools students (2.7%) were less likely than private school students (3.9%) to report lifetime marijuana use (GSHS, 2011).

A national school survey conducted in 2009 indicated that 85% of students aged 12-19 years have ever heard about cannabis, 80% about cocaine and 64% about heroin. Furthermore, 20% of them knew someone who uses cannabis, 11% of them knew someone who uses cocaine and 7% of them knew someone who uses heroin (MedNET, 2009).

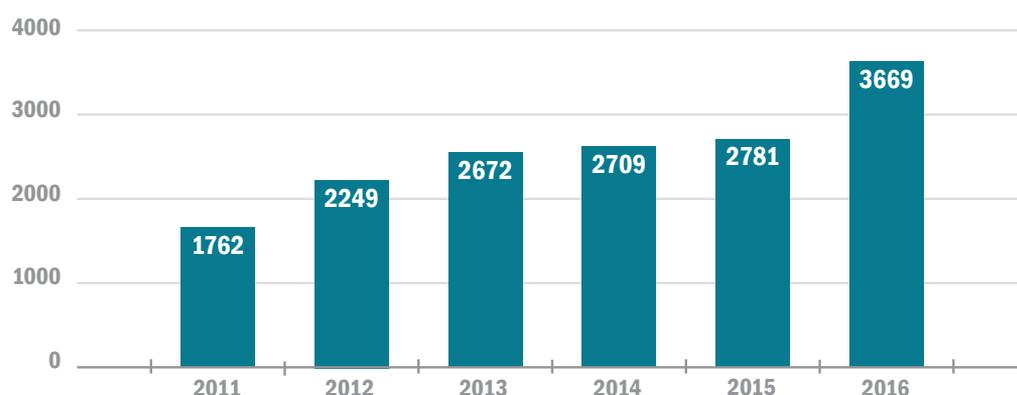
In 2001, about three-fourth (75.7%) of high-school students aged 17 years old, thought that the use of cocaine or heroin was a crime whereas more than half of the students thought the same of cannabis or ecstasy (57.7% and 57.3%, respectively). During the same year, the reported age of first use of any substance was 9 years old (Karam et al., 2010).

1.1.2 Persons arrested for drug use

1.1.2.1 Persons arrested in detention centers for drug use or for drug-related crimes

In 2016, there are 108% more persons arrested for drug use compared to 2011 (Figure 1).

Figure 1: Number of persons arrested in detention centers for drug use (2011-2016)



Data source: MOIM 2016a

There is 233% reported increase of number of persons who are less than 18 years arrested for issues related to drug use in 2016 compared to 2011 (table 1). The majority of

persons arrested for drug use are males (table 2) and on average, approximately 80% are young adults between 18 and 35 years (table 1).

Table 1: Number of persons arrested in detention centers for drug use by age category (2011-2016)

Age Group	2011	2012	2013	2014	2015	2016	% Change
< 18 years	33	39	46	80	63	110	+233%
18-25 years	796	847	952	985	976	1385	+74%
26-35 years	585	928	1033	1114	1175	1521	+160%
> 36 years	348	435	641	530	567	653	+88%
Year	2011	2012	2013	2014	2015	2016	% Change

Data source: MOIM, 2016a

There is 111% reported increase in number of males arrested for drug use in 2016 compared

to 2011 and 26% increase in number of females arrested for drug use (table 2).

Table 2: Number of persons arrested in detention centers for drug use by sex (2011-2016)

	62	77	76	97	64	78	+26%
	1700	2172	2596	2612	2717	3591	+111%
Year	2011	2012	2013	2014	2015	2016	% Change

Data source: MOIM, 2016a

In 2016, there was a 69% increase of persons arrested for drug-related crime, compared to 2012 (table 3).

Table 3: Number of persons arrested in detention centers for drug-related crimes (2012 - 2016)

<i>Persons Arrested for Drug-related Crime</i>						
Broker	399	458	494	612	718	+80%
Dealer	117	118	148	132	171	+46%
Smuggler	49	95	135	92	112	+129%
Carrier	9	15	50	18	12	+33%
Farmer	3	1	10	6	5	+67%
Producer	8	7	4	5	2	- 75%
Other*	31	23	37	15	20	- 35%
TOTAL	616	717	878	880	1040	+69%
Year	2012	2013	2014	2015	2016	% Change

*arrested for crime other than drug and during investigation found to have drug-related crime

Data source: MOIM, 2012, 2013, 2014, 2015, 2016b

1.1.2.2 Persons imprisoned for drug use or for drug-related crimes

Between 2014 and 2016, on average, 7% of the inmates were females, and 4% were juveniles (aged between 15 and 18 years). In 2016, there was 12% increase of juvenile prison inmates compared to 2014,

and more specifically 15% increase of male juvenile prison inmates. However, there was a 23% decrease of adult prison inmates in 2016 compared to 2014 (table 4).

Table 4: Number of prison inmates by age and sex (2014-2016)

	15	10	8	- 47%
	395	403	453	+15%
TOTAL	410	413	461	+12%
<hr/>				
	524	463	441	- 16%
	9362	8249	7161	- 24%
TOTAL	9886	9112	7602	- 23%
TOTAL	10296	9525	8063	- 22%
Year	2014	2015	2016	% Change

Data source: Ministry of Justice (MOJ), 2014, 2015, 2016

The percent of prison inmates arrested for substance use is increasing for male juveniles by 45% in 2016 compared to 2014, whereas for the same period, there were

no changes in numbers observed for male adults. Moreover, there is decrease of adult female prison inmates by 17% (table 5).

Table 5: Number of prison inmates arrested for drug use (2014-2016)

 < 18 years	3	-	1	- 200%
	35	44	64	+45%
 > 18 years	54	43	46	- 17%
	1576	1565	1576	0%
TOTAL	1668	1652	1687	+ 1%
Year	2014	2015	2016	% Change

Data source: MOJ, 2014, 2015, 2016

For male inmates, the percent of prison inmates with drug related crimes among total prison inmates has increased from 2014 to 2016, by 83% for juvenile and 14% for adult, whereas

for the same period, there is decrease in the percent of juvenile and adult female prison inmates by 80% and 17%, respectively (table 6).

Table 6: Number of prison inmates with drug-related crime (2014-2016)

 < 18 years	5	0	1	- 80%
	40	43	73	+83%
 > 18 years	108	77	90	- 17%
	1763	1819	2013	+14%
TOTAL	1916	1939	2177	+ 14%
Year	2014	2015	2016	% Change

Data source: MOJ, 2014, 2015, 2016

In 2001, heroin was reported as the most common substance of arrest, with about one-third of those in prison for substance use ever receiving treatment prior to imprisonment (Karam et al., 2010). According to a study among 580 adult inmates at Roumieh prison between August 2007 and February 2008, 54% of the inmates admitted using

drugs, with 7% sharing needles in prison. The main drugs used in prison were: 36% cannabis, 23% cocaine and 0.8 % ecstasy. Additionally, around half of persons incarcerated for drug use were serving their second prison sentence, and 8.3% their third or fourth (Dabaghi & Mack, 2008).

1.2 DRUG-RELATED COMORBIDITIES

1.2.1 HIV, Hepatitis B and C

In 2007, among 212 persons who inject drugs, around 65% knew about Human Immunodeficiency Virus (HIV), its routes of transmission, and the methods of prevention. Approximately half of them recognized sharing needles and 30% using systematically a condom over the

past month (Kerbage & Haddad, 2014). In 2015, in Greater Beirut, 390 persons who injected drugs in the previous 30 days were screened for HIV and Hepatitis from which 0.3% were positive for HIV and 27.6% were positive for Hepatitis C virus (MENAHR, 2015).

1.2.2 Mental Health Comorbidity

There is no reported data on mental health comorbidity among persons with substance use disorders.

1.3 NON-FATAL OVERDOSES AND DRUG-RELATED EMERGENCIES

During 2015, in Greater Beirut, non-fatal opioid overdoses were reported by more than half of 390 persons who inject drugs (MENAHR, 2015).

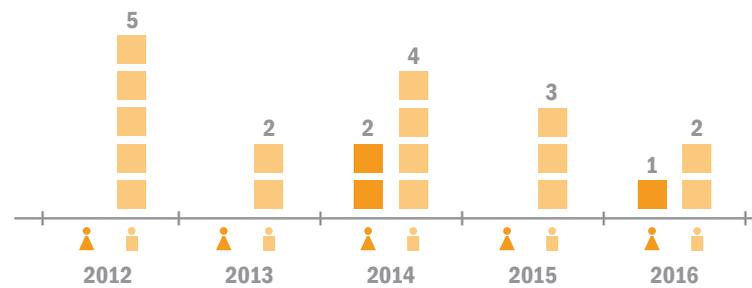
1.4 DRUG-RELATED DEATHS

1.4.1 Drug-induced Deaths (overdoses/sudden withdrawal)

A total of 19 deaths resulting from direct drug use, such as overdoses or sudden substance use withdrawal, were reported to internal

security forces between 2012 and 2016 from which 16% were females (figure 2).

Figure 2: Number of direct drug-induced deaths (2012-2016)



Data source: MOIM, 2012, 2013, 2014, 2015, 2016b

1.4.2 Indirect Drug-induced Deaths

A total of 2 indirect drug-induced deaths, such as resulting from car accident under the effect

of drug, were reported to internal security forces between 2012 and 2016 (figure 3).

Figure 3: Number of indirect drug-induced deaths (2012-2016)



Data source: MOIM, 2012, 2013, 2014, 2015, 2016b



2 Drug Market

2.1 SUPPLY TO AND WITHIN THE COUNTRY

The geographic location of the Bekaa valley and its Mediterranean climate constitutes a favorable environment for the cultivation of cannabis. Its location near the borders

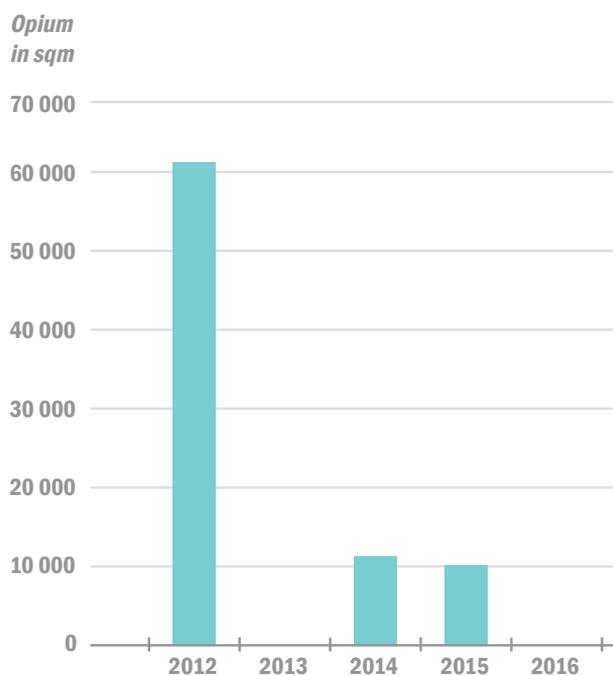
enabled trafficking and facilitated hosting high quality cannabis cultivation since the 1920s (Afsahi & Darwich, 2016; Roussinos, 2014).

2.1.1 Drug Cultivation and Dismantlement

In 2015, a qualitative survey indicated that cannabis illegal cultivation was limited to 2 districts in the Bekaa valley, with trivial quantities being produced in the Akkar area, and an estimation of cultivated area of at least 20,000 hectares, with around 20,000 families involved in this illegal business (Afsahi & Darwich, 2016). Opium is also

illegally cultivated in Lebanon but there is no data reported about the area cultivated. With regards to opium, there were 62,000 square meters dismantled in 2012 and the surface dismantled decreased in 2014 and 2015 (Figure 4). In 2016, there were no reported areas being dismantled.

Figure 4: Areas of Opium dismantled by year in square meters (sqm) (2012-2016)



Data source: MOIM, 2012, 2013, 2014, 2015, 2016b

2.1.2 New Psychoactive Substance

Salvia is the new psychoactive substance currently identified among persons using drugs (MOIM, 2016b).

2.1.3 Drug trafficking and seizures

Over the past 5-years, there was 54% increase in drug seizures; among all criminal intention of use, there was 33% decrease in drug seizures among producers

between 2012 and 2016 (table 7). In addition, there was a 25% decrease in the airport seizures for the same period (table 8).

Table 7: Number of drug seizures by drug-related crimes (2012-2016)

<i>Drug-related crimes</i>						
	2012	2013	2014	2015	2016	% Change
Facilitation	369	472	377	393	548	+49%
Dealing	334	387	556	549	526	+57%
Smuggling	33	85	77	64	84	+155%
Transport	7	11	23	11	8	+14%
Illegal Cultivation	6	7	18	10	6	0%
Production	6	8	4	5	4	- 33%
Other*	23	20	32	13	21	- 9%
TOTAL	778	990	1087	1045	1197	+54%
<i>Year</i>	2012	2013	2014	2015	2016	% Change

*arrested for crime other than drug and during investigation found to have drug-related crime
Data source: MOIM 2012, 2013, 2014, 2015, 2016b

Table 8: Number of drug seizures by location of seizure (2012-2016)

<i>Location of Seizure</i>						
	2012	2013	2014	2015	2016	% Change
Lebanese Territory	1913	2175	2372	2496	3303	+72.7%
Airport	24	30	24	22	18	- 25.0%
Land	1	8	4	4	1	00.0%
Sea	2	2	3	3	1	- 50.0%
TOTAL	1940	2215	2404	2525	3323	+71.3%
<i>Year</i>	2012	2013	2014	2015	2016	% Change

Data source: MOIM 2012, 2013, 2014, 2015, 2016b

Between the drugs seized, cannabis, cocaine, Captagon and ecstasy remain the most common drugs seized, whereas Salvia

is the new psychoactive drug, seized for the first time in 2016 (table 9). Between 2012 and 2016, among the drugs seized at the

Lebanese Customs, cocaine and Captagon were the drugs being smuggled the most. The quantities varied between 24.5 and 91.8

kilograms for the cocaine and 5,615,416 and 41,426,000 pills for the Captagon (Lebanese Customs, 2016).

Table 9: Types and quantities of drugs seized (2012-2016)

Type of Drug Seized

Cocaine (kg)					
	2012	2013	2014	2015	2016
	27.8	53.2	72.7	168.4	184.7
Opium and Opiates					
Heroin (kg)	20.2	17.4	3.9	5.7	4.4
Cannabis					
Herbal Cannabis (kg)	1016	161.3	3 063.1	-	7 637.3
Cannabis Oil (mL)	10	-	29	75	8
Cannabis Seeds (kg)	551.7	12.4	1 641.9	-	83.5
Amphetamine-type stimulants					
Amphetamine (g)	105 000	5 700	-	0.5	-
Fenetylline (Captagon) (pills)	463 977	12 390 124	35 276 219	15 065 081	12 758 882
Ecstasy (pills)	3 040	1 786	169	1 047	2 256
3,4-methylene-dioxymetamphetamine (MDMA) (g)	-	27.5	63.8	1.6	584
Hallucinogens					
D-Lysergic acid diethylamine (LSD) (pills)	-	-	-	1 947	-
News Psychoactive Substances					
Salvia (kg)	-	-	-	-	13.6
Year	2012	2013	2014	2015	2016

Data source: MOIM 2012, 2013, 2014, 2015, 2016b

In 2015 and 2016, among the unknown seized substances, the most frequently identified substances after analysis by the forensic

laboratory were: cocaine, amphetamine and tetrahydrocannabinol (THC) (table 10).

Table 10: Number of identified substances after analysis of unknown samples seized by type of drug (2015-2016)

<i>Name of Substance Identified after Analysis of Unknown Sample Seized</i>	<i>Number of Samples Identified</i>	
Cocaine	61	47
Amphetamine	59	70
Tetrahydrocannabinol (THC)	44	39
Heroin	10	5
3,4-methylene-dioxymethamphetamine (MDMA)	2	6
	2015	2016

Data source: MOIM 2016c

2.2 DRUG ACCESS

2.2.1. Perceived access to drugs

With respect to the perceived availability of substances, slightly less than half (44%) of 1307 secondary school students reported perceiving that it was easy/very easy to obtain

tranquilizers and more than one in ten students (15%) thought heroin was easily/very easily available in 2001 (Karam, Ghandour, Maalouf, & Yamout, 2003; Karam, 2010).

2.2.2 Price of drugs

Cannabis is less expensive than both cocaine and heroin. The retail price of cocaine is four

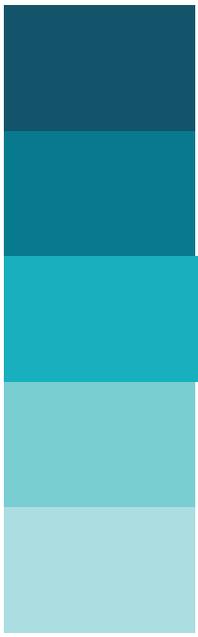
times more than the retail price of heroin (table 11).

LBP 1,500 = USD 1

Table 11: Price range of drugs at illegal wholesale and retail in 2016

	<i>Range of Wholesale Price (per kg)</i>	<i>Range of Retail Price (per g)</i>
Cocaine	52 500 000 LBP - 90 000 000 LBP	60 000 LBP - 120 000 LBP
Heroin	12 000 000 LBP - 22 500 000 LBP	15 000 LBP - 30 000 LBP
Cannabis (resin)	600 000 LBP - 750 000 LBP	1 500 LBP - 7 500 LBP
	<i>Price of 1000 Pills</i>	<i>Price per Pill</i>
Captagon	10 500 000 LBP	10 500 LBP

Data source: MOIM 2016b



3 Drug-Related Policy

3.1 LEGAL FRAMEWORK

The 1961 Single Convention on Narcotic Drugs launched the international cooperation in the field of drug repression, to which Lebanon adhered under Law 60 on 30 December 1964. It called upon all signatory States to take all necessary legislative and administrative measures to enforce the provision of the Convention and established the Commission on Narcotic Drugs through the United Nations Economic and Social Council and the International Narcotics Control Board. The Convention has consecrated the concept of alternative treatment for persons with drug use disorders instead of condemning them, as well as the need to take the necessary measures to provide them with medical treatment, post-care, rehabilitation and social re-integration. Under Law 425 of 15 May 1995, the Government of Lebanon signed the 1972 Protocol adopted by the United Nations Conference in Geneva that amended the Single Convention on Narcotic Drugs of 1961. Its recommendations were based primarily on urging States to take into account the general social context in which persons at risk of addiction are living in and to develop means of promotion, awareness and others for the protection of the health and mental health status of young people.

In 1994, Lebanon concluded the Convention on Psychoactive Substances in Vienna on 21 February 1971 under Law 291 of 22 February 1994, which established the principle of cooperation between States, the World Health Organization and the Commission on Narcotic Drugs of the United Nations Economic and Social Council on the classification of substances to be subject or retrieved from control, and organize schedule of substance under control. It also mandated States on how to discard controlled substances listed in the approved schedules, to regulate prescriptions in accordance with safe medical practice and regulations aiming to protect public health and well-being and to develop the necessary frameworks for international cooperation in the export and

import of such substances.

In 1995, the Government of Lebanon concluded the United Nations Convention against Illicit Trafficking of Narcotic Drugs and Psychoactive Substances of 1988 under Law 426 of 15 May 1995, emphasizing the obligation of monitoring the sources of funding for drug trafficking and related money.

In line with the Single Convention on Narcotic Drugs of 1961 and its amendment in the 1972 Protocol, the Drug Law 673 of the year 1998, listed all plants and substance classified as narcotic drugs or their precursors in four schedules annexed to the drug law by dependency potential and therapeutic usefulness.

The law has, moreover, assigned to the Minister of Health the functions of amending these schedules by proposing a decree adding or deleting or moving from one schedule to another, a drug or precursor, in line with the recommendations of the International Narcotics Control Board in Vienna. To date, a number of decrees have been issued on the basis of which the tables have been amended accordingly.

In Lebanon, the use of narcotics and psychoactive drugs without medical prescription is classified as a crime with a prison sanction varying between 3 months and 3 years in addition to a financial fine, depending on the type of drug used (Narcotic Drugs and Psychoactive Substances Law 673, enacted in 1998, and its amendments, Articles 127 to 130). According to this law, drug dealers, or persons who facilitate drug dealing, are more severely punished. Law 463 from the penal code is also used for sanctions execution related to drugs. More specifically, article 3 and 15 from this law provide persons with substance use disorders, who have not been involved in drug dealing and have demonstrated good conduct, the opportunity for a decrease in sentence duration.

While the 1998 law on drugs provides persons with drug use disorders the choice between prison and sanction when arrested (Article 183), however, persons with drug use disorders who also facilitate drug dealing and dealers using drugs can't benefit from these provisions.

This law provides the possibility for persons arrested for drug use with the option to be referred to a ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option of treatment or sanction, either before, during or after sentence (Articles 183, 189 and 198). Pursuit can be dropped if the person voluntarily presents in front of the DAC (Article 183). The procedure begins by the presentation of persons with drug use disorders before the DAC, which refer them to specialized treatment facilities following clear procedures for rehabilitation (Articles 182-198), and the cost of treatment remains at the expense of the state (Articles 184 and 189). According to article 189, persons who earn a certificate of recovery will be exempted completely from legal pursuit.

The same law (Articles 199-204) requires from the Ministry of Public Health to establish or adopt detoxification facilities to treat persons with drug use disorders, as well as psychosocial clinics to treat them for their psychological dependence. In parallel, the Ministry of Social Affairs was entrusted with the establishment or adoption of one or more qualified institutions and competent staff to care for persons with drug use disorders after recovering from dependence on drugs and thus rehabilitating them for integration into society.

The professional staff and those who are following up with the treatment of the persons with drug use disorders are subject, by the Law 673, to professional confidentiality. The law also stipulates that the families who are dependent on the person receiving treatment may be given a monthly subsidy by a decision of the Minister of Social Affairs based on a proposal of the aforementioned drug addiction committee (DAC).

In addition to sanctions and referral to treatment for persons with drug use disorders, the drug law emphasizes supply reduction, other penal provisions, governance bodies and international cooperation for drug regulation.

To reinforce the protection of persons with drug use disorders from arrest while seeking treatment, the MOPH has issued a directive in March 2016 (number 46) requesting hospital administrations and medical personnel to refrain from reporting overdose cases to the ISF. This directive also stresses the need to respect the rights of persons with drug use disorders to receive essential healthcare while ensuring their confidentiality.

In 2010, the MOPH issued the decision 849/1 for the safe organization and provision of OST. In 2011, and in order to facilitate the access to OST, both buprenorphine (2 mg and 8 mg) and methadone (1, 5, 10, 20 and 50 mg) were registered at the MOPH as controlled substances requiring distinct processes for prescribing and dispensing.

3.2 NATIONAL STRATEGY

In 2012, an initial inter-ministerial national strategic plan to face substance use threats was drafted covering the period 2013-2020. This national plan remained a draft.

After the establishment of the National Mental Health Programme at the MOPH, the first national strategy for mental health and substance use was developed and launched in May 2015 covering the period of 2015-2020 (MOPH, 2015a). One of the strategic objectives in that strategy was to develop a strategy focused on substance use. In line with this objective, an “Inter-ministerial Substance Use Response Strategy for Lebanon” was developed covering the period of 2016-2021 (MOPH et al., 2016a).

Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021

This National inter-ministerial strategy was launched on 22 December 2016 jointly by the Ministries of Public Health, Social affairs, Education and Higher Education, Interior and Municipalities and Justice as a response for substance use including alcohol, drugs and tobacco use (MOPH et al., 2016a). The strategy was the result of a participatory process involving all stakeholders in the substance use response and was designed to ensure consensus among all actors on a common vision for substance use response and on strategic goals and objectives that are responsive to the identified needs.

The mission of the strategy is stated below:

“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”
(MOPH et al., 2016a).

Six domains of action were identified in the strategy:

- 1- Leadership and governance
- 2- Health and social welfare sectors response
- 3- Supply reduction
- 4- Monitoring and surveillance
- 5- International cooperation
- 6- Vulnerable groups

In terms of health and social welfare service development and organization, the strategy adopts the UNODC-WHO pyramid model for the re-organization and re-orientation of

current services into community-based services rather than solely focusing on specialized services (Figure 5).

Figure 5: The UNODC-WHO service organization pyramid for substance use disorders treatment and care



Reference: (MOPH, 2016a)
Adapted from: (UNODC, 2014)

A detailed implementation plan was developed for the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021

in close coordination with the collaborating ministries. A monitoring and evaluation framework is also being developed.

3.3 COORDINATION MECHANISMS

National Council for Drugs

The substance use Law 673 of the year 1998 (article 205) establishes a national council for drugs chaired by the president of the Lebanese Government and is composed from the Ministers of the Public Health, Social affairs, Education and Higher Education, Youth and Sports, Interior and Municipalities, Justice, Agriculture, Finance, and Foreign Affairs in addition to the Vice-President and Secretary of the Lebanese government. This council aims at strengthening national governance for substance use response. This council was only active in 2012 for the development of the initial inter-ministerial national strategic plan.

Drug Addiction Committee

In application to the article 199 of the Drug Law 673/1998, the Drug Addiction Committee (DAC) was formed in 2004. As per the last decision from the Minister of Justice, the DAC is chaired by the Ministry of Justice and with representatives from the Ministries Social Affairs, Ministry of Interior, Ministry of Public Health and relevant non-governmental organizations.

The Committee is in charge to take the necessary measures to ensure care and treatment before, during and after the investigation and prosecution. The Committee is referring persons for detoxification in beds contracted by the Ministry of Public Health

and for rehabilitation and social re-integration in non-governmental organizations contracted by the Ministry of Social Affairs. The Ministry of Social Affairs assigned social workers to participate in the work of the Committee.

Opioid Substitution Therapy (OST) Committee

In 2011, a committee was established to develop the OST guidelines and comprised the Ministry of Public Health (Narcotics department and National AIDS Program) and Interior and Municipalities in addition to the UNODC, the Lebanese Psychiatric Society and NGOs' representatives. The Narcotics department at the Ministry of Public Health was assigned to supervise the implementation and monitoring.

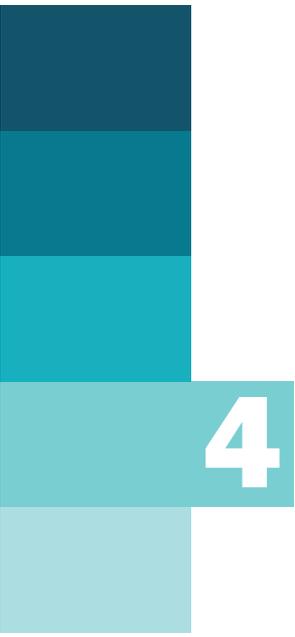
National Mental Health Programme

The National Mental Health Programme (NMHP) established at MOPH was a key actor in providing the needed coordination between the different ministries and with the relevant stakeholders for the development and launching of the Inter-ministerial Substance Use Response strategy for Lebanon 2016-2021. The NMHP is actively working for the establishment of an inter-ministerial technical steering committee to facilitate implementation and monitoring of the Inter-ministerial Substance Use Response Strategy.

3.4 PUBLIC EXPENDITURES

In 2016, the Ministry of Public Health covered 85% of the cost of 724 admissions in public and private hospitals for detoxification or other type of treatment of persons with substance use disorders which constitutes 0.06% from the total yearly hospital expenditures (MOPH, 2016c). For the same period, the Ministry of Social

Affairs reported covering the cost of the rehabilitation of 1865 persons with substance use disorder from 8 NGOs. Of whom 593 persons (including 2% females) in residential facilities in outpatient programs and 154 prison inmates with substance-use disorder using a specific budget line for vulnerable groups.



4 Prevention and Treatment

4.1 PREVENTION

In 2010, the National Program for the Prevention of Addiction was established at the Ministry of Social Affairs aiming to develop a national plan to strengthen awareness and prevention of harmful substance use through building networks and cooperation with all stakeholders and coordinating the preventive activities conducted by NGOs.

Since its establishment the program has been conducting capacity-building activities for staff in social development centers and collaborating with NGOs in organizing preventive activities. At the request of a number of schools, social institutions, parishes and scouting movements, the following programs were implemented in 2016: youth movement program, life skills development program, parents' awareness and education programs, and youth awareness workshops (MOPH et al., 2016a).

The Ministry of Education and Higher Education works in cooperation with relevant organizations, academic institutions and internal security forces to implement preventive activities in schools. The Internal Security Forces also engage with NGOs in organizing awareness seminars and training of trainers (MOPH, 2016d).

In 2011, an "Anti-Drug Day" conference, was carried out by the MOPH and hosted at the Grand Serail. It covered topics related to the prevalence of substance use in Lebanon, the role of the different sectors in promoting preventive measures and tackling use of drugs, and the way forward regarding anti-drug campaigns and programs.

The conference was attended by influential figures including the Prime Minister and the Minister of Public Health, physicians and

primary healthcare practitioners, WH representatives, civil society representatives, media representatives (MOPH, 2016d). In 2012, a national drug prevention campaign was implemented by the MOPH.

The campaign utilized prominent figures including basketball star and local television stars to relay its anti-drug messages, in addition to television spots, billboards, brochures and posters (MOPH, 2012a).

NGOs have been active since the 1990s in the prevention of drug use disorders, and have largely contributed to education about drugs in school settings, family and parenting skills training, vocational training and income-generating support. Data for number of beneficiaries and specific target audiences is not available.

Between June 2011 and February 2012, one NGO conducted a harm reduction awareness campaign targeting prison inmates including women and juveniles in 14 prisons, in collaboration with the National Aids Program (NAP), ISF, UNODC and two implementing partners. Among the selected topics was addiction treatment, which targeted 665 inmates; prevention from and early diagnosis of HIV, hepatitis B and C targeted 1180 inmates; and prevention, diagnosis and treatment of sexually transmitted infections targeted 1214 inmates. A two-day training was also held for 35 ISF staff (head of prisons, medical directors, prison supervisors and guards) (AJEM, 2012).

There is no reported list of national evidence-based prevention programs and there is no national mechanism to monitor the quality of the prevention programs.

4.2 TREATMENT

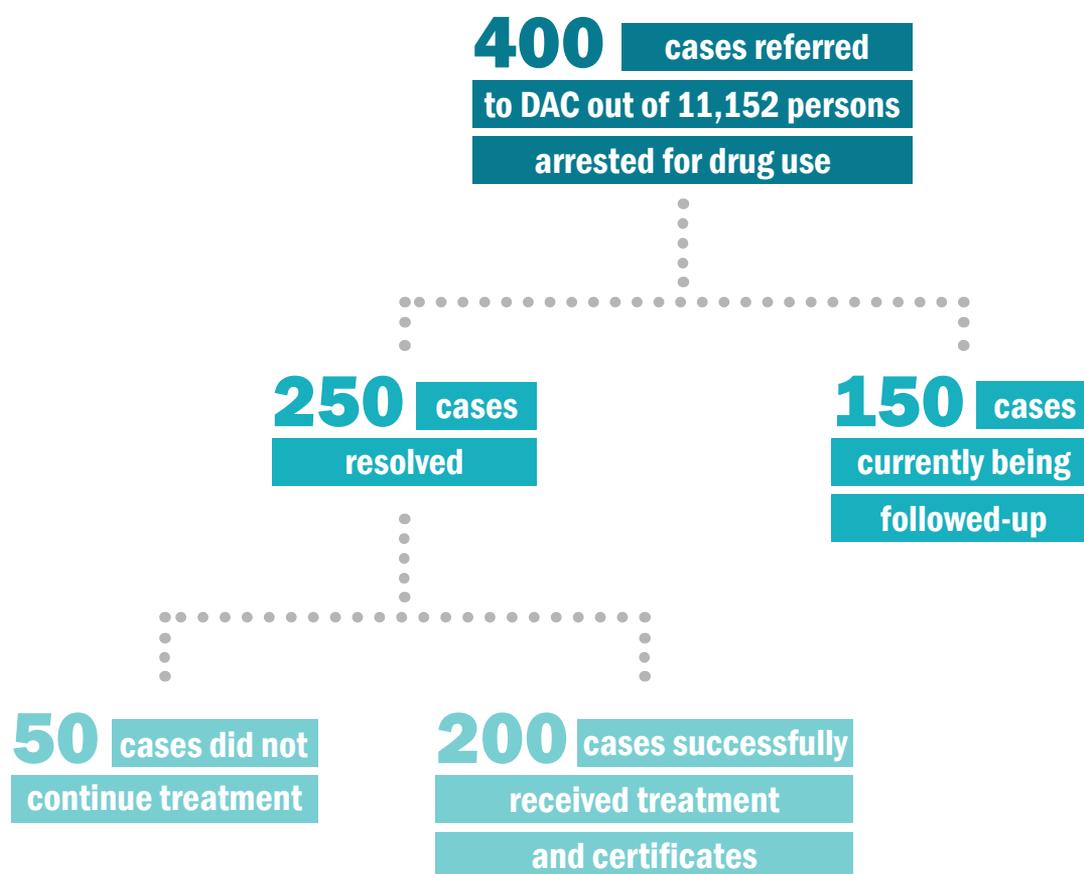
4.2.1 Treatment as an Alternative to Imprisonment

For persons with drug use disorders arrested by the ISF, the judges are requested by law 673/1998 to offer them the choice between getting imprisoned and getting treated. If the persons with drug use disorders elect for treatment, they are referred to the DAC.

From 2013 until 2016, and after the re-activation of the drug addiction committee, there were approximately 400 cases referred to the committee making up approximately, 4 % (400 cases from 11,152) of the persons arrested for drug use, as reported by the Ministry of Justice.

Out of the 400 cases, around 250 got reviewed, of which about 200 persons accepted to get supervised treatment and got certificates of recovery at the end of treatment. The remaining 50 persons got their files re-sent to the source of referral either for discontinuing treatment or non-compliance during treatment duration. There are 150 remaining cases that are under follow-up by the committee since these cases are undergoing treatment (Figure 6).

Figure 6: Estimated number of cases referred to DAC between 2013 and 2016 and status



4.2.2 Treatment Availability

Services for persons with substance use disorders are provided by NGOs, private clinics and hospitals. Many of these NGOs are engaged in lobbying and advocacy to increase treatment availability. Little is known about private clinics.

The total number of beds for the treatment of persons with drug use disorders, as of 2016, is 382 (7 NGOs), with 10% dedicated to

females (2 NGOs). One NGO reported admitting persons with drug use disorders starting at age 16 years.

From a total of 15 NGOs providing specialized services in more than one location, most of them (around 80%) were located in Mount Lebanon and Beirut.

4.2.3 Treatment Modalities and Interventions

4.2.3.1 Community care

4.2.3.1.1 Outreach

During the year 2016, 53% (10 out of 19) of the NGOs reported conducting periodic outreach activities either in the community, schools or prisons.

Needle and Syringe Programme

One NGO reported providing 47,738 syringes to persons with drug use disorders during the year 2016 (SIDC, 2016).

Voluntary Counseling and Testing Centers (VCT)

Four NGOs specialized in drug-related services are included in the National Aids Program list of organizations that provide Voluntary Counseling and Testing (VCT) for HIV/AIDS (MOPH, 2015b).

Condoms distribution

One NGO reported providing 32,114 condoms to persons with substance use disorders during the year 2016 (SIDC, 2016).

Overdose Prevention Services

One NGO reported starting Naloxone program. There is no national overdose prevention programme.

4.2.3.1.2. Other community-care

There is no available data or information about self-help groups, support groups and informal support.

4.2.3.2 General services

4.2.3.2.1 Primary health care services

Screening and Brief Interventions

In preparation for the introduction of systematic screening and brief interventions for persons with drug use within the current health system, and in the context of integration of mental health in primary care, the NMHP at the MOPH initiated in 2014 a series of trainings on mental health GAP Action Program (mhGAP), in which substance use disorders was a priority condition for treatment. These trainings consisted of Training of Trainers (ToT) for 16 mental healthcare professionals, and training of 106 medical staff working in 43 primary health care centers within the MOPH network (MOPH, 2014b).

Additionally, in 2016, a two days training on “ASSIST (the Alcohol, Smoking and Substance Involvement Screening Test) and Brief Interventions for substance users” was organized to train specialists and to discuss possible implementation at primary care level. The training was attended by 16 participants from different organizations working in the field of substance use response (MOPH, 2016e).

Other Primary Health Care Services

Since systematic screening and brief interventions for persons with substance use disorders are not yet integrated into the primary health care system, referral and basic health services including first aid and wound management for persons with substance use disorders are not yet developed. Continued support to persons in treatment or in contact with a specialized treatment service remains within specialized programmes.

4.2.3.2.2 Generic social welfare services

One NGO has a drop-in center providing services for persons with drug use disorders including food, unconditional social support, hygiene services, and ensuring access to more specialized health and social services as needed (psycho-social counseling and psychiatric consultation). However, there are no reported services of housing/shelter.

4.2.3.3 Specialized services

4.2.3.3.1 Specialized drug dependence services

Multi-disciplinary treatment of physical and mental comorbidities are integrated in outpatients and Opioid Substitution Therapy programmes.

Outpatient Treatment

Outpatient treatment including social support and psychotherapy is provided either at private clinic level or at the level of NGOs.

Opioid Substitution Therapy

In 2011 and in preparation to the introduction of the OST program, MOPH trained relevant healthcare multidisciplinary professionals on national protocols. Buprenorphine was the only medication used since it was considered more suitable than methadone for the treatment settings available in Lebanon, considering its pharmacological characteristics and its safety profile. Psychiatrists are in charge of its prescription. An electronic web-based

information system, the Opioid Substitution Therapy Information System (OSTIS), was centralized within the department of narcotics at MOPH to closely monitor the use of buprenorphine. The dispensing of buprenorphine is available in two locations, Mount Lebanon and Beirut, whereas the provision of OST program is available at 4 NGOs, 3 clinics and 8 hospitals in the same two governorates.

Hospital-based treatment

- **Short-term Inpatient treatment:** Detoxification treatment is available at hospital level.

- **Overdose treatment at emergency room:** In 2016, a two-day training on management of psychiatric emergencies for around 200 doctors and nurses working in the emergency rooms of 115 private and public hospitals was conducted. It included Naloxone administration protocols in emergency setting (MOPH, 2016e).

4.2.3.3.2 Specialized social welfare services

Little is known about the support provided to family members of persons with drug use disorders, in addition to vocational training, recovery support, income generation or micro-credits programs, leisure time planning and specialized social re-integration.

4.2.3.4 Long-stay residential treatment

Long-term residential treatment is mainly provided by NGOs with vocational training, recovery management services and ongoing therapeutic support. Limited data is available about integrating life skills training within residential treatment programs. Treatment duration is on average 15-18 months with an aftercare follow-up of 15 months on outpatient basis (Skoun, 2010).

In 2006 and for few years, one NGO managed to run rehabilitation program for persons with drug use disorders inside Roumieh prison with a capacity of 40 beds. It was a multi-disciplinary program based on cognitive behavioral therapies with a follow-up after release from prison (Kerbage & Haddad, 2014). The same NGO provides a mid-way house and housing services for ex-inmates with substance use disorders.

4.2.4 Treatment Accessibility

Among 5 NGOs surveyed in 2009, the two main reported reasons for denying access to services were (Skoun, 2010):

- Having known psychiatric comorbidities
- Having needs not fitting with available services.

In addition, 2 NGOs reported denying access based on sexual orientation or the presence of hepatitis B, C or HIV (Skoun, 2010). In 2016, the total number of persons reported to be on treatment from different type of facilities providing services (rehabilitation, outpatient treatment, detoxification) increased by 94% compared to 2011 (table 12).

Table 12: Number of persons with drug use disorders accessing different type of treatment (2011-2016)

<i>Treatment Accessibility</i>							
Total Number of Reporting Facilities	8	8	NA	8	9	10	+25%
Total Number of Persons with drug use disorders on Treatment	1335	1875	NA	1877	2249	2595	+94%
Year	2011	2012	2013	2014	2015	2016	% Change

Data source: MOPH, 2011, 2012b, 2013, 2014c, 2015c, 2016f

4.2.4.1 Demographic Characteristics of Persons in Treatment

Between 2014 and 2016, on average 82% of the reported persons from 9 facilities are between 18 to 38 years old. In 2015 and 2016, respectively 2 and 4 male persons below 16

years and 16 and 22 male persons between 16 and 18 year old were reported in treatment in addition to 1 female person below 16 years in 2016 (table 13).

Table 13: Number of persons with drug use disorders in treatment, by age and sex (2014-2016)

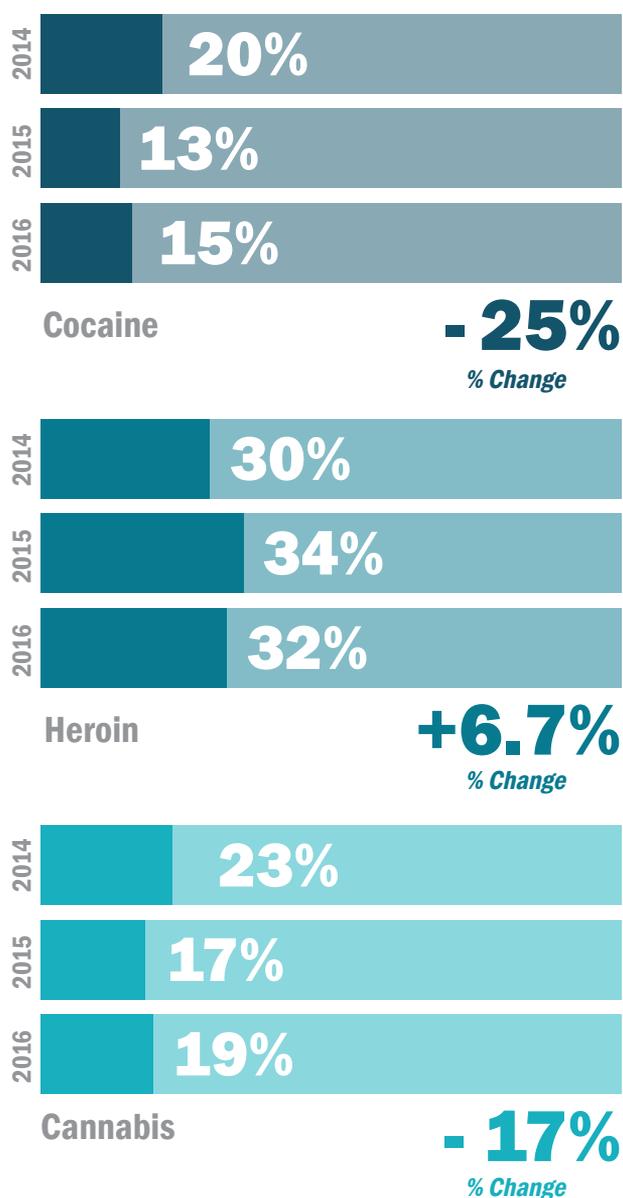
Age Group			TOTAL			TOTAL			TOTAL	
< 16 years	0	0	0	2	0	2	4	1	5	-
16-18 years	0	0	0	16	0	16	22	0	22	-
19-28 years	874	72	946	920	98	1018	1081	93	1174	+24%
29-38 years	543	68	611	647	41	688	872	60	932	+53%
39-48 years	163	14	177	168	15	183	229	28	257	+45%
> 48 years	141	2	143	147	19	166	171	34	205	+43%
TOTAL	1721	156	1877	1900	173	2073	2379	216	2595	+38%
Year	2014			2015			2016			% Change

Data source: MOPH, 2014c, 2015c, 2016f

Between 2014 and 2016, persons seeking treatment were mainly using heroin, cannabis and cocaine (figure 7). Other drugs that persons seek treatment for are: amphetamine, benzodiazepine, hallucinogen and tramadol.

In 2001, about half of all persons in treatment had a history of police arrests (Karam et al., 2010). Between December 2011 and December 2016, 1712 persons with drug use disorders were enrolled in the OST program. The majority were young males between 26 and 35 years old with 6% being females (El-Khoury, Abbas, Nakhle, & Matar, 2016). Approximately, half of them were enrolled in 2012 and by mid-2014, 71% of those enrolled were still in active treatment (MOPH, 2015c).

Figure 7: Percent of persons with drug use disorders in treatment, by top 3 primary drugs used (2014-2016)



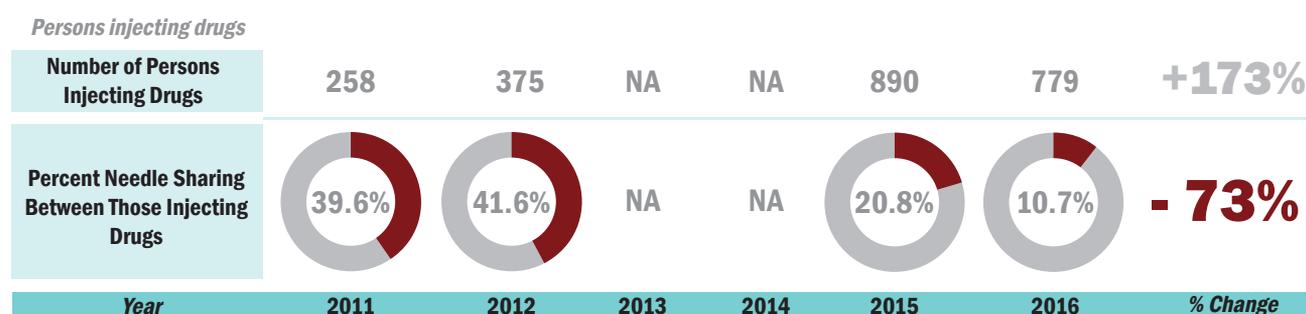
Data source: MOPH, 2014c, 2015c, 2016f

4.2.4.2 Drug-related Comorbidities of Persons in Treatment

Among the facilities that reported on persons injecting drug, the percent of needle sharing

in 2016 decreased by 73% compared to 2011 (table 14).

Table 14: Number of persons injecting drugs and percent sharing needles (2011-2016)



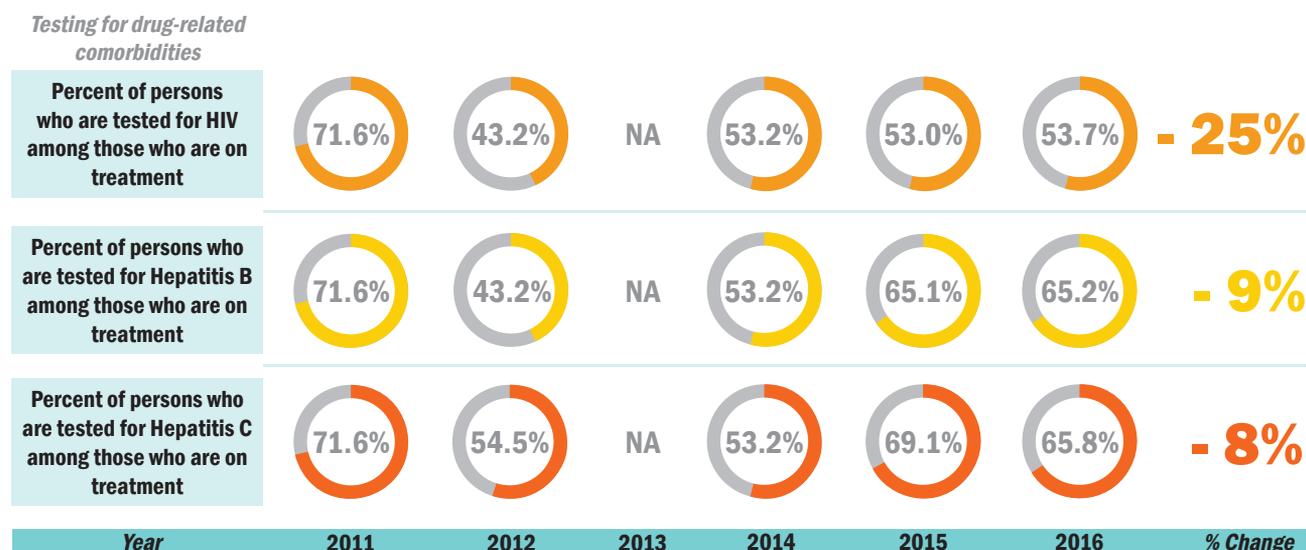
Data source: MOPH, 2011, 2012b, 2013, 2014c, 2015c, 2016f

4.2.4.2.1 HIV, Hepatitis B and C

Among persons with substance use disorders at different treatment facilities, there was an overall decrease in the number of persons who are being tested for drug-related

comorbidities between 2011 and 2016, by 25%, 9% and 8% for HIV, Hepatitis B, and Hepatitis C, respectively (table 15).

Table 15: Percent of persons in treatment facilities tested for drug-related comorbidities (2011-2016)



Data source: MOPH, 2011, 2012b, 2013, 2014c, 2015c, 2016f

Among persons with substance use disorders at different treatment facilities, there was an overall decrease in number of persons who tested positive for hepatitis B and C, by

71% and 55% respectively, between 2011 and 2016. Three persons tested positive for HIV between 2014 and 2016 (table 16).

Table 16: Percent of persons with substance use disorders who tested positive for drug-related comorbidities in treatment facilities (2011-2016)

<i>Testing Positive for Drug-related Comorbidities</i>							
Percent of Positive HIV tests among persons tested	0.0%	0.0%	NA	0.3%	0.3%	0.07%	NA
Percent of Positive Hepatitis B tests among persons tested	0.7%	0.4%	NA	0.4%	0.2%	0.2%	- 71%
Percent of Positive Hepatitis C tests among persons tested	27.7%	11.6%	NA	16.1%	9.9%	12.4%	- 55%
Year	2011	2012	2013	2014	2015	2016	% Change

Data source: MOPH, 2011, 2012b, 2013, 2014c, 2015c, 2016f
 NA: not available

4.2.4.2.2 Mental Health

In 2002, 65% out of the 222 persons with substance use disorders admitted to acute psychiatric unit of general hospitals

were found to have comorbid psychiatric disorders (Karam, Yabroudi, & Melhem, 2002).

4.2.5 Treatment Diversification

Treatment and rehabilitation programs for persons with drug use disorders are usually multi-disciplinary and use more than one approach such as: abstinence, Cognitive

Behavioral Therapy (CBT), OST and other harm reduction interventions, faith-based and therapeutic community.

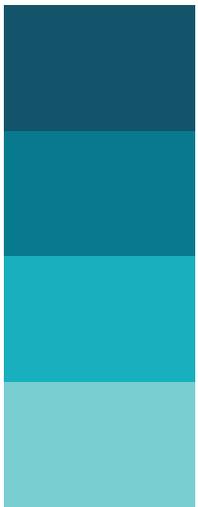
4.2.6 Treatment Affordability

When persons with substance use disorders are admitted for detoxification at the expenses of the Ministry of Public Health, they contribute with a small share to the cost of their detoxification (15%). They can access rehabilitation programs at no cost, the NGOs complementing the coverage of the Ministry of Social Affairs and providing additional coverage through donors and fundraising activities.

For Opioid Substitution Therapy, the expenses of the psychiatrist consultation and urine test excluding the cost of buprenorphine are reported to be made available at an affordable cost by at least 3 NGOs.

For the drug-related comorbidities associated mainly with intravenous drug use (Rached A.A et al., 2016):

- Newborns are receiving the first dose of hepatitis B vaccine at hospital free of charge since 1998 (subsidized by the MOPH)
- The hepatitis B vaccine is available free of charge in most of the dispensaries and primary health care centers all over Lebanon (subsidized by the MOPH)
- The cost of HIV anti-retroviral treatment is fully covered by the National AIDS program (NAP) at the MOPH
- Psychiatric co-morbidities cost is integrated in the cost of rehabilitation programs.



5 Linking Data to National Strategy

The following section aims to link the data of the report with the Inter-ministerial Substance Use Response Strategy 2016-2021 for Lebanon, through highlighting some of the set national strategic objectives that would

contribute in addressing gaps/challenges/issues highlighted in this report on the drug situation in Lebanon.

It is therefore a selection of some strategic objectives.

Drug situation in Lebanon – data 2016	Strategic objectives from the Inter-ministerial Substance Use Response Strategy 2016-2021
Prevalence	
<p>According to the Global School Health Survey, the prevalence of lifetime drug use among schoolchildren aged 13-15 years old increased to 4.7% in 2011 compared to 3.5% in 2005.</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> <p>2.1.8 Pilot the effectiveness of peer-to-peer education programmes in schools.</p>
Drug Market	
<p>Salvia is the new psychoactive substance currently identified among persons using drugs. Most common drugs seized in Lebanon are: cannabis, cocaine, Captagon and ecstasy.</p>	<p>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.</p> <p>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.</p> <p>3.1.2 Support the Drug Repression Bureau in developing an action plan to strengthen illicit substances supply reduction.</p> <p>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.</p>
Drug-Related Policy	
<p>The use of narcotics and psychoactive drugs without medical prescription is classified as a crime in Lebanon with an imprisonment sanction varying between 3</p>	<p>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</p>

months and 3 years in addition to a fine. The Drug Law 673 of the year 1998 provides the persons arrested for drug use with the option to be referred to a ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option of treatment instead of prison.

for Lebanon 2015-2020” including regulations of availability and use of substances .

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

Currently, there are national mechanisms to coordinate on specific drug-related issues such as the drug addiction committee and the Opioid Substitution Therapy. And the NMHP is actively working for the establishment of an inter-ministerial technical steering committee to facilitate implementation and monitoring of the Inter-ministerial Substance Use Response strategy for Lebanon 2016-2021.

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.

Since the reporting system is different across ministries and NGOs, challenges in compiling data and duplication of data arise.

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).

Prevention and Treatment

MEHE, MOSA and MOPH collaborate with NGOs in the prevention of drug use disorders. There is no reported list of national evidence-based prevention programs and there is no national mechanism to monitor the quality of the prevention programs.

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.

	<p>2.1.3 Regularly disseminate an up-to-date list of evidence-based community-based prevention interventions to all relevant actors.</p> <p>2.1.4 Develop and disseminate quality standards to ensure the sustainable effectiveness of prevention programmes.</p> <p>2.1.5 Disseminate guidelines regarding reporting and portrayal of alcohol, tobacco and other substance use in the media and audio-visual products.</p> <p>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.</p>
<p>Between 2013 and 2016, a cumulative number of 11,152 persons were arrested for drug use and 400 cases (4%) were referred to the DAC. Half of them (200 persons) received treatment until recovery and 150 persons are still under treatment. Only 50 persons got their files re-sent to the source of referral for non-compliance to treatment.</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> <p>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.</p>
<p>Most of the 15 NGOs providing specialized treatment services (around 80%) were located in Mount Lebanon and Beirut. The total number of reported residential beds for the treatment of persons with drug use disorders is 382 (7 NGOs), with 10% dedicated to females (2 NGOs).</p> <p>In 2016, 2595 persons with drug use disorders were reported to be admitted in 10 treatment facilities (for rehabilitation, detoxification or outpatient treatment). Most of the persons on treatment (82%), were between 18 to 38 years old. One NGO reported admitting persons with drug use disorders starting at the age of 16 years. Persons seek treatment for their addiction to heroin, cannabis and cocaine, mainly.</p>	<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>2.1.16 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> <p>2.1.19 Pilot a protected employment project in collaboration with municipalities.</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>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.</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-psycho-social and recovery model, at all levels of care, in collaboration with relevant actors.</p>
<p>Between 2011 and 2016, there was an overall decrease in the number of persons who tested positive for hepatitis B and C, at different treatment facilities by 71% and 55% respectively. One NGO reported providing syringes and condoms to persons with drug use disorders.</p>	<p>2.1.17 Assess the availability of and accessibility to NSP services and develop an action plan to address the recommendations from the assessment.</p>
<p>Between December 2011 and December 2016, 1712 persons with drug use disorders were enrolled in the OST program. The dispensing of buprenorphine is available in two locations, Mount Lebanon and Beirut, whereas the provision of OST program is available at 4 NGOs, 3 clinics and 8 hospitals in the same two governorates.</p>	<p>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.</p> <p>2.1.15 Pilot methadone treatment in at least one facility.</p>
<p>There is no national overdose prevention service. And little is known about self-help groups, support groups and informal support.</p>	<p>2.1.9 Develop an evidence-based national programme for the prevention of drug overdose.</p> <p>2.1.18 Facilitate the establishment of self-help and mutual aid groups.</p>
<p>In addition, drug-related deaths are under-reported and data on overdoses is unavailable.</p>	<p>2.1.9 Develop an evidence-based national programme for the prevention of drug overdose.</p>

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² References related to Lebanese drug-related laws, decrees and decisions are cited in annex II.

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Annexes

Annex I. Glossary of Terms³

Informal community care

Includes **support through friends and family, self-help and outreach**. **Outreach** being activities and organizations that access and engage with people who use drugs in the community to improve their health and wellbeing and reduce the risks of drug use.

Primary health care services

General health care and general mental health centers comprise public or private, governmental or non-governmental outpatient facilities, which provide outpatient treatment services to persons using drug among a range of other health and mental health services. This category includes general practitioners (medical doctors or family doctors in private practice) and non-specialized outpatient mental health care units.

Generic social welfare services

Setting that facilitates the access of persons with substance use disorders to health and social services, in particular those that help to prevent and **reduce health-related harm** associated with drug use. They target persons currently using drugs, 'hard-to-reach' and high-risk groups among persons using drug and persons experimenting the use of drug.

Specialized Drug Dependence Services

Specialized treatment units (outpatient) comprise public or private, governmental or non-governmental units which specialize in and whose primary focus is the treatment of drug dependence on an outpatient basis.

Hospital-based residential treatment unit (inpatient; including psychiatric hospital, inpatient medical detoxification unit): Specialist medical, psychiatric and/or psychosocial treatment services that address drug dependency, carried out in hospitals (often psychiatric hospitals or psychiatric wards in general hospitals).

Non-hospital based residential treatment unit (inpatient) Treatment environments in which persons with substance use disorders live together and follow a program of counseling or therapy in order to achieve social and psychological change. A range of theoretical approaches, including family, psychodynamic, cognitive-behavioural therapy, medical or 12-step approaches may underpin residential treatment programs.

Specialized social welfare services

Specialized social re-integration units: units that primarily focus on social re-integration services (housing-, education- and employment-related services) and are dedicated to vulnerable groups.

Long stay residential treatment

Therapeutic community units: typically a drug-free environment in which persons with substance use disorders live together in an organized and structured way in order to promote social and psychological change. The responsibility for the daily running of the community is shared among residents and staff members.

³ Adapted from: UNODC, & WHO. (2015). *International Standards for the treatment of drug use disorders*. Vienna. https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf

Annex II. List of Drug-related Laws in Original Language⁴

International Conventions

Convention on International Cooperation in Drug Control, 1961, concluded in Lebanon under Act No. 60/64 of 30 December 1964.	اتفاقية لتعاون الدولي في مجال مكافحة المخدرات لسنة ١٩٦١ أبرمها لبنان بموجب القانون رقم ٦٠/٦٤ تاريخ ٣٠/١٢/١٩٦٤.
The Protocol of 1972, adopted by the United Nations Conference in Geneva and amended by the Single Convention on Narcotic Drugs of 1961, was concluded by Law No. 425 of 15 May 1995 in Lebanon.	بروتوكول سنة ١٩٧٢ الذي اعتمده مؤتمر الأمم المتحدة المنعقد في جنيف والمعدل للاتفاقية الوحيدة للمخدرات لسنة ١٩٦١ أبرمها لبنان بموجب القانون رقم ٤٢٥ صادر في ١٥/٥/١٩٩٥.
Convention on Psychotropic Substances, annexed at Vienna on 21 February 1971, concluded by Law No. 291 of 22 February 1994 in Lebanon.	اتفاقية المؤثرات العقلية المرفقة والمعقودة في فيينا في ٢١ شباط ١٩٧١ أبرمها لبنان بموجب القانون رقم ٢٩١ صادر في ٢٢/٢/١٩٩٤.
United Nations Convention against Illicit Traffic of Narcotic Drugs and Psychotropic Substances of 1988, concluded in Lebanon under Act No. 426 of 15 May 1995.	اتفاقية الأمم المتحدة لمكافحة الاتجار غير المشروع في المخدرات والمؤثرات العقلية لسنة ١٩٨٨ أبرمها لبنان بموجب القانون رقم ٤٢٦ صادر في ١٥/٥/١٩٩٥.

Laws

Law No. 673 Date 16/03/1998 on narcotics and psychotropic substances and precursors.	القانون رقم ٦٧٣ تاريخ ١٦/٣/١٩٩٨ المتعلق بالمخدرات والمؤثرات العقلية والسلائف.
Law No. 463 Date 17/09/2002 related to sanctions execution.	القانون رقم ٤٦٣ تاريخ ١٧/٩/٢٠٠٢ المتعلق بتنفيذ العقوبات.
Patient Rights Law and Informed Consent No. 574 of 11/02/2004.	قانون حقوق المرضى والموافقة المستنيرة رقم ٥٧٤ صادر في ١١/٢/٢٠٠٤.
Medical Ethics Law No. 288 issued on 22/02/1994 and amended by Law No. 240 on 22/10/2012.	قانون الآداب الطبية رقم ٢٨٨ صادر في تاريخ ٢٢/٢/١٩٩٤ والمعدّل بموجب القانون رقم ٢٤٠ تاريخ ٢٢/١٠/٢٠١٢.

Decisions and Directives

Decision No. 849 Date of 02/09/2010: Related to conditions of adopting substitution treatment for drug users.	قرار رقم ٨٤٩ تاريخ ٢/٩/٢٠١٠ يتعلق بشروط اعتماد العلاج البديل لتعاطي المخدرات.
Decision No. 61/1 of 23 January 2001 regulating the circulation of items listed in the schedules annexed to the Narcotics Act of 1998.	القرار رقم ٦١/١ صادر في ٢٣/١/٢٠٠١ نظّم كيفية التداول بالأصناف المدرجة في الجداول الملحقة بقانون المخدرات لعام ١٩٩٨.

⁴ Amendments related to the schedules of the Law 673 of the year 1998 were not included in this list.

Decision No. 54/1 of 23/01/2001 specifies the conditions that must be met for the patient to obtain drugs and some psychoactive substances listed in Table II.	القرار رقم ٥٤/١ صادر في ٢٣/١/٢٠٠١ حدّد الشروط الواجب توفرها لحصول المريض على المخدرات وبعض المؤثرات العقلية المدرجة في الجدول الثاني.
Decision No. 56/1 issued on 23/01/2001 set the conditions and documents required to obtain records of drugs and synthetics.	القرار رقم ٥٦/١ صادر في ٢٣/١/٢٠٠١ حدّد الشروط والمستندات المطلوبة للحصول على سجلات للمخدرات والمواد التخليقية.
Decision No. 55/1 issued on 23/01/2001 specify the conditions that must be provided for obtaining a prescription book for drugs or materials and preparations for Schedule II.	القرار رقم ٥٥/١ صادر في ٢٣/١/٢٠٠١ حدّد الشروط الواجب توفرها للحصول على دفتر وصفات مخدرات أو مواد ومستحضرات الجدول الثاني.
Decision No. 58/1 issued on 23/01/2001 concerning the types and quantities of narcotic materials needed for the treatment of urgent cases.	القرار رقم ٥٨/١ صادر في ٢٣/١/٢٠٠١ المتعلق بأنواع وكميات المواد المخدرة اللازمة لعلاج الحالات المستعجلة.
Decision No. 59/1 issued on 23/01/2001 concerning the organization of keeping the register and files of drugs in the Ministry of Public Health.	القرار رقم ٥٩/١ صادر في ٢٣/١/٢٠٠١ المتعلق بتنظيم مسك السجل والملفات الخاصة بالمخدرات في وزارة الصحة العامة.
Decision No. 519/1 issued on 24/07/2002 concerning the determination of the conditions for the distribution of samples of substances and preparations listed in Schedule III, "Psychological materials".	القرار رقم ٥١٩/١ صادر في ٢٤/٧/٢٠٠٢ المتعلق بتحديد شروط توزيع عينات المواد والمستحضرات المدرجة في الجدول الثالث "المواد النفسية".
Directive 55 of 1/4/2006 concerning informing the Internal Security Forces of incidents caused by the act of others by fax.	التعميم رقم ٥٥ الصادر في ١/٤/٢٠٠٦ المتعلق بإعلام قوى الأمن الداخلي عن الحوادث المتأثية عن فعل الغير بواسطة الفاكس.
Directive 46 Date of 22/03/2016: Related to the application of circular No. 55/1 Date: 01/04/2006.	تعميم رقم ٤٦ تاريخ ٢٢/٣/٢٠١٦ يتعلق بتطبيق التعميم رقم ٥٥/١ تاريخ ١/٤/٢٠٠٦.
Decision No. 1302/1 issued on 29/09/2010 related to the establishment of a social programme called "National Programme for the Prevention of Drug Use".	القرار رقم ١٣٠٢/١ الصادر في ٢٠١٠/٩/٢٩ المتعلق بإنشاء مشروع إجتماعي تحت عنوان "البرنامج الوطني للوقاية من الإدمان".
Decision No. 20 issued on 12/01/2011 related to the nomination of representatives for the drug addiction committee stipulated in article 199 of the Drug Law 673 date 16/03/1998.	القرار رقم ٢٠ الصادر في ٢٠١١/١/١٢ المتعلق بتسمية ممثلين في لجنة مكافحة الإدمان على المخدرات المنصوص عليها في المادة ١٩٩ من القانون رقم ٦٧٣ تاريخ ١٦/٣/١٩٩٨.

Annex III. List of Main Sources of Drug-related Information at National Level⁵

Annual Report Questionnaire (ARQ)

Narcotics Department at the Ministry of Public Health

The Annual Report Questionnaire (ARQ), developed by UNODC, enables the monitoring and the biennial reporting of the implementation of the political declaration and plan of action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to the Commission on Narcotic Drugs by Member States. The report consists of four parts:

- 1-Legislative and institutional framework,
- 2-Comprehensive approach to drug demand reduction and supply,
- 3-Extent and patterns of drug use,
- 4-Extent and patterns of and trends in drug crop cultivation and drug manufacture and trafficking.

Basem Database

Prison Directorate at the Ministry of Justice

The Prison Directorate's database objective is to closely monitor prison inmates. As such, this database includes entry and exit date, demographic information and offences for prison inmates. Basem contains data on all of the 23 prisons in Lebanon. The database is up-to-date.

Data from Drug Addiction Committee

Drug Addiction Committee at the Ministry of Justice

The DAC provides the persons with drug use disorders incurring legal pursuit with the option of rehabilitation instead of prison. As such, the committee maintains a registry of persons referred and the outcome of their rehabilitation.

Data from Drug Repression and Money Laundering Section

Drug Repression and Money Laundering Section at the Lebanese Customs

This section monitors the general trade history and drug-related offences through two databases, Nizam Najem and Nizam Nar.

Global School Health Survey (GSHS)

World Health Organization

The GSHS is a school-based survey conducted every five years primarily among school students with the support of Center for Disease Control, Ministry of Public Health and Ministry of Education and Higher Education addressing the leading causes of morbidity and mortality among children worldwide including a module on drug use. The third GSHS conducted in 2017 comprised the age group 13-17 years.

HIV/AIDS national database

National AIDS Program at the Ministry of Public Health

The NAP's aims are: to limit the HIV/AIDS epidemic; gather statistics on reported cases of HIV/AIDS; coordinate with ministries, NGOs, media, religious leaders, UN agencies and other key stakeholders; and improve the situation of people living with HIV. The NAP is also responsible for making available and distributing Anti-Retroviral Treatment to all HIV positive persons as well as offering post exposure prophylaxis to persons with accidental exposure to the virus including sharing infected needles. Data on HIV/AIDS transmission through IDU is available from this database.

⁵ More details on the databases are available in:

Ministry of Public Health. (2016b). *Information Map. National Observatory on Drugs and Drug Addiction. Beirut: Lebanon*

Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) Survey

Pompidou Group

MedSPAD provides an insight into the drug use situation in non-European countries of the Mediterranean Region. It gathers information about young people's attitudes and behaviour in relation to the consumption of alcohol, tobacco and other substances. It adapted the European School Survey Project on Tobacco, Alcohol and Other Drugs (ESPAD) methodology to the Mediterranean context. It was conducted for the first time in Lebanon in 2008 in collaboration with the Department of Social and Family Medicine of Saint Joseph University in Beirut.

Opioid Substitution Treatment Information System (OSTIS)

Narcotics Department at the Ministry of Public Health

Opioid Substitution Treatment (OST), an evidence-based harm reduction programme, was adapted and launched in Lebanon in January 2012 based on WHO guidelines. The programme uses Buprenorphine under strict supervision by a trained psychiatrist and close follow-up by a multidisciplinary mental health team. OSTIS is an online system and consists of records of persons on OST treatment with their socio-demographic information, associated co-morbidities and medical consultations.

Data from Central office for the Repression of Drug-related Offences (OCRTIS)

Drug Repression Bureau at the Ministry of Interior and Municipalities

The objective of this bureau is the pursuit and repression of drug-related crimes. All

drug-related offences seized by the police or customs on the Lebanese territory (including overseas departments) are registered in the OCRTIS database. In addition, it contains information about drug-related arrests.

Data from Specialized Social Care Unit

Specialized Social Care Unit at the Ministry of Social Affairs

This unit supports services for vulnerable population including persons with drug use disorders. Among its services, this unit provides financial support for rehabilitation activities for persons with drug use disorders. Registry of persons in treatment with socio-demographic information and type and frequency of services provided are accessible from this unit.

Data from Forensic Laboratory

Forensic Laboratory at the Ministry of Interior and Municipalities

The laboratory aims at conducting research and physical, chemical, biological, spectra tests and offers the needed expertise in scientific research. Data on the number and type of identified substances are accessible from the Laboratory.

