Lebanese Republic
Ministry of Public Health
National Mental Health Programme

DRUG ADDICTION COMMITTEE: TREATMENT & FOLLOW-UP

IMPROVING REFERRAL SYSTEM FOR PERSONS WITH SUBSTANCE USE DISORDERS

LEBANON 2019

DRUG ADDICTION COMMITTEE: TREATMENT & FOLLOW-UP

IMPROVING REFERRAL SYSTEM FOR PERSONS WITH SUBSTANCE USE DISORDERS

LEBANON 2019

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.

Both English and Arabic versions are available at: *http://moph.gov.lb*

Suggested citation: Ministry of Public Health (MOPH). 2019. Drug Addiction Committee: treatment & follow-up - 2019. Beirut: Lebanon.

NMHP-MGT-REP-SEV 001/19

AFMM Association Francophone pour les Malades Mentaux

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

TABLE OF CONTENTS

- Foreword 6
- Acknowledgements 7
- Background and Methodology 8
- SECTION 1. Challenges under the current legislative framework 9
  - **Chapter 1.** In terms of the mandate 9
  - **Chapter 2.** In terms of the organizational framework 9
- SECTION 2. Recommended amendments to the current Law by the National Mental Health Programme 11
  - **Chapter 1.** Reasons for the decriminalization of possession & personal consumption 11
  - **Chapter 2.** Observations and recommendations to reform Drug Law 14
- SECTION 3. Lessons learned and recommendations 16
  - **Chapter 1.** Scope of Work of the Drug Addiction Committee 16
  - **Chapter 2**. Key Principles governing the Drug Addiction Committee's Work 17
  - **Chapter 3.** Communication with the Drug Addiction Committee 17
  - **Chapter 4.** Guidelines on conducting the Individual Assessment 18
  - **Chapter 5.** Guidelines and recommendations for Decision Making 20
  - **Chapter 6.** Recommended Referral Chart 22
  - **Chapter 7.** Confidentiality and Security of Information 23
- SECTION 4. Terms of Reference of the Drug Addiction Committee 24
  - **Chapter 1.** Purpose and role of the committee 24
  - **Chapter 2.** Principles sponsoring the committee's work 24
  - **Chapter 3.** Membership of the committee 25
  - **Chapter 4.** Decision making process 25
  - **Chapter 5.** Functions 26
  - **Chapter 6.** Recommendations 27
- ANNEX I. Working groups agenda 30
  - **Workshop 1.** October 12, 2018 30
  - **Workshop 2.** October 19, 2018 30
  - **Workshop 3.** October 26, 2018 31
  - **Workshop 4.** November 2, 2018 31
- ANNEX II. Map of services for substance use disorders in Lebanon 32
- ANNEX III. Directory of facilities providing services for substance use response in Lebanon 33

FOREWORD

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

In line with the "Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021", the National Mental Health Programme (NMHP), in partnership with Association Francophone pour les Malades Mentaux (AFMM) and with the funding of Pompidou Group of the Council of Europe, developed this document to support the work of Drug Addiction Committee (DAC) for referral of arrested persons with drug use disorders to treatment as an alternative to imprisonment. This document ensures technical reinforcement of the referral policies and procedures to optimize treatment of persons with substance use disorders in a participatory approach. This work aims to respond directly to the strategic objective 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" of the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021.
To ensure a course of work that is relevant to the Lebanese context, the desk review was complemented with field research including a series of consultations, meetings and workshops with the current members of the committee, representatives of the relevant ministries, as well as professionals in treatment centers and non-governmental organizations providing substance use treatment and rehabilitation services.

In addition a series of workshops with DAC members took place; this allowed the generation of recommendations to address challenges identified by the committee, since its activation in the year 2013 that informed this document.

These established procedures, support the work of DAC towards the achievement of its objectives of prevention, dissuasion, treatment, risk and harm reduction, treatment and reintegration as enshrined in the Lebanese laws. It details the course of action along with practical frameworks, mechanisms, guidelines and principles that should be enacted once a person with substance use disorder contacts the committee.

We are confident that the thorough process of procedures establishment, along with the high level of commitment showcased by DAC members and other relevant stakeholders and professionals, will be a step forward towards ensuring the respect of substance users' human rights, indignity, right for treatment and reintegration in the community guaranteed by the timely, effective and evidence-based referrals and protection measures benefiting substance users on the Lebanese territories.

Dr. Walid Ammar
Director General
Ministry of Public Health

ACKNOWLEDGEMENTS[1]

Editorial
Ministry of Public Health
Rasha Abi Hana, National Mental Health Programme
Nayla Geagea, National Mental Health Programme
Sandra Pardi Maradian, National Mental Health Programme
Bedros Kazazian, National Mental Health Programme

Coordination
Ministry of Public Health
Rachel Btaiche, National Mental Health Programme

Technical review
Ministry of Public Health
Rabih El Chammay, National Mental Health Programme
Wissam Kheir, National Mental Health Programme

Association Francophone pour les Malades Mentaux
Ramzi Haddad, MedNET correspondent within Pompidou Group

Administrative support
Ministry of Public Health
Amjad Malaeb, National Mental Health Programme

Special thanks to the members of the Drug Addiction Committee who participated in all the workshops and contributed to the elaboration of recommendations

[1] All names in the acknowledgment section are list by alphabetical order as per last name without professional titles

BACKGROUND AND METHODOLOGY

This comparative study comes within the context of support and improvement the work of the Lebanese Drug Addiction Committee (DAC) on the technical level, and to propose the legislative reforms needed to enhance the committee's work, resources and autonomy.

The project includes several stages, some of which focus on consultations and field research and the others are based on studies and reports from other countries experience in addressing and approaching substance use. The most important challenges facing the Committee's work in Lebanon were identified and refuted as a preliminary step, which was supplemented later on with interviews, meetings and consultative workshops with current members of the Drug Addiction Committee, representatives of the relevant ministries, workers in rehabilitation centers and non-governmental organizations that provide substance use treatment. In parallel with these consultations and workshops organized and implemented by the National Mental Health Programme in partnership with Skoun Addiction Center, a non-governmental organization, in 2018 (Annex I: links to the workshops October to November), the programme has conducted a comparative study of a number of models and prototypes that adopt mechanisms and measures similar to that of the Lebanese Drug Addiction Committee which can directly benefit the topic in the shape of reforms and lessons learned.

In light of the collected data and gathered recommendations, the most appropriate criteria, considerations and reforms to the Lebanese context have been identified. This work comes in parallel with adopting a decriminalization policy of substance use for which compelling reasons are further elaborated in this report. It has been clear that the Portuguese model proves to be the reference model for concluding the most important reforms and recommendations that could improve the work of the Committee in Lebanon. Part of the changes could be achieved without the need of legislative amendments, such as the improvement of the Committee's human, logistical and material resources, which could be secured by the related ministries. Other recommendations require legal reforms of the current Drug Law No. 673 date of 1998.

The present report contains four sections. The first section reflects the main challenges currently faced by the Committee; the second section presents the most important reasons for legislative amendments towards decriminalizing the use of drugs and enhancing the Committee's power and autonomy; The third section deals with the frameworks, stages of treatment and the principles that govern the Committee's work; and finally in the fourth section includes the Committee's terms of reference and relevant recommendations.

SECTION 1. CHALLENGES UNDER THE CURRENT LEGISLATIVE FRAMEWORK

The following are the main challenges faced by the Drug Addiction Committee since its re-activation in 2013, based on the available studies and reports, which constitutes the preliminary material for the preparation of formal consultations and workshops that were held at later stages of the project.

Chapter 1. In terms of the mandate

We will not elaborate on the legislative reforms that could be put forward, considering it will be addressed thoroughly in the next section; however, apart from any legislative reforms, some steps should be identified to improve and activate the Committee's work, including:

- Strengthening the resources of the Ministry of Public Health by applying the provisions of articles 200 and 201 of the Drug law No. 673 of 1998 which discusses the establishment or contracting of one or more "community health care centers or outpatient care clinics" that treat drug dependency.
- Activate the National Council of Drugs in accordance with articles 205 to 210 of the 1998 substance use law, considering it to be responsible for the development and elaboration of public policies related to the use of substances.
- Upscale the Directorate for the fight against drugs, to the level of the Central Directorate for the fight against drugs, as stated in Article 211.

Chapter 2. In terms of the organizational framework

In 1998, the legislator settled for only determining the Committee's general tasks and the mechanism for which its members are appointed; and experience had proven how critical this gap is on both the organizational and practical levels, which is a fundamental challenge to the effective functioning and performance of the committee. Following the consultations conducted with various stakeholders during the workshops (refer to annexes for more details), the most important problems are summarized as follows:

Based on the above, four workshops were designed to discuss and develop solutions and recommendations to address the problems mentioned previously, to document and build on the committee's experience during the past years, and also to identify the resources needed to improve the committee's work and its effectiveness along with the mechanisms of cooperation and coordination needed between ministries, treatment centers and government bodies during the stages of treatment, along with the private sector during the rehabilitation and integration phase.

For details on the workshops and the important issues presented, we annexed the agenda in details (Document No.1).

- Lack of clarity in the criteria of which the members are named.
- The committee's lack of needed technical human resources.
- Centralization of the Committee's work.
- Lack of clear decision-making mechanism.
- No distinguishing between the measures taken with occasional users and persons with a Substance Use Disorder.
- Failure to develop the principles that govern the committee's work and the implementation of its functions, like the frequency of meetings, how to communicate with the committee, administrative processes and others.
- The absence of a job description of the committee's members and their assistants.

- The absence of a code of work ethics.
- Lack of accredited treatment centers and absence of the accreditation standards and protocols necessary for adopting new centers.
- Almost complete lack of coordination between the committee, the judiciary, the clinics, the treatment institutions, the psychiatric clinics and the care institutions.
- Almost complete absence of communication channels between the judicial police/public prosecution and the committee.
- Absence of protocols on how to evaluate cases, determining type and duration of treatment, and the requirements needed to obtain a "certificate of recovery".
- Absence of an officially approved referral mechanism.
- Shortage in material and logistical resources and absence of budgetary allocations.
- Absence of training programs and capacity building.
- Absence of a centralized digital system which collects information, enters data and protects the confidentiality of users.
- Absence of monitoring and evaluation mechanisms that measure key outcomes and show the appropriate response to issues related to substance use.

Based on the above, four workshops were designed to discuss and develop solutions and recommendations to address the problems mentioned previously, to document and build on the committee's experience during the past years, and also to identify the resources needed to improve the committee's work and effectiveness along with the mechanisms of cooperation and coordination needed between ministries, treatment centers and government bodies during the stages of treatment, along with the private sector during the ehabilitation and integration phase. For details on the workshops and the important issues presented, we annexed the agenda in details (Document No. 1).

SECTION 2. RECOMMENDED AMENDMENTS TO THE CURRENT LAW BY THE NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

In December 2016, the Ministry of Public Health, the Ministry of Social Affairs, the Ministry of Education and Higher Education, the Ministry of Internal Affairs and Municipalities, and the Ministry of Justice, had launched the "Inter- ministerial substance use response strategy for Lebanon 2016-2021" to guide national efforts engaged towards supply reduction and towards the prevention, harm reduction, treatment, rehabilitation and re-integration of persons with substance use disorders.

This strategy is one of the key strategic objectives of the "Mental Health and Substance Use Prevention, Promotion and Treatment Strategy for Lebanon 2015-2020", which was launched a year after the establishment of the National Mental Health Programme at the Ministry of Public Health. One of the objectives of the inter-ministerial strategy was to revise the law towards the decriminalization of illicit drug use in line with international treaties and public health principles.

Therefore, the observations and recommendations of the National Mental Health Programme (NMHP) are based on amending the current Drug law No. 673 of 1998 in order to achieve this objective and through all angles assumed by this decriminalization policy as per the below.

Therefore in the first chapter, we review the compelling reasons for the proposal of the National Mental Health Programme to adopt the decriminalization of substance use, followed in chapter 2 by a series of recommendations related to legislative reforms of the Drug law No. 673 of 1998.

Chapter 1. Reasons for the decriminalization of possession & personal consumption

What follows are the most compelling reasons that led the NMHP to establish a decriminalization policy, which governs all plans, projects and initiatives to be executed within the framework of the implementation of the Inter-Ministerial strategy.

FIRST, integration of the human rights concept into the Lebanese domestic law, in particularly the approach to the right to health

It is clear that the international approach to substance use issues tends to focus more on human rights rather than on the punitive policy that leads to health damage that goes beyond the damage it seeks to prevent. In a report on the right to health and international drug control (2010) in the United Nations General Assembly, the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health called for a legislative policy on drug issues to be based on the right to health, and recommended that domestic laws should be reformed to decriminalize the use and possession of drugs. Instead, intensify efforts to increase access to essential medicines and treatment[2]. It is also established that every person's right to the enjoyment, including individuals who suffer from substance, is an absolute right that is not to be discriminated against or partially applied, a right enshrined by international conventions, national constitutions, including the Lebanese constitution.

In this regard, it should be recalled that the integration of the human rights concept into the Lebanese legislative frameworks has become the basic approach of the fundamental freedoms and rights concept. The principles of human rights have entered into Lebanese domestic law in two stages:

The first stage is when Lebanon joined the first two international covenants on September 1972, the first covenant being the economic, social and cultural rights while the second discusses the civil and political rights under the law implemented by Decree No. 3855 on September 1, 1972.

The second stage is when the Universal Declaration of Human Rights became part of the preamble to the Constitution by Constitutional Law No. 18 dated 21/9/1990, which states the obligation to commit under the second paragraph of the introduction, which states:

"B- Lebanon, of Arabic Identity and belonging, is bound to the charters of the League of Arab States in which it is a founding and active member of. Lebanon is also a founding and active member of the United Nations, also committed to its charters, and it's Universal Declaration of Human Rights. The State embodies these principles in all fields and domains without exception".

[2] Report No. A / 65/255 issued on 6 August 2010 by the United Nations General Assembly - Sixty-fifth Session

Lebanon has acceded to the International Covenant on Economic, Social and Cultural Rights (1966) and ratified a number of international conventions that enshrine the right to health, including the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989). These international conventions approved by the Lebanese state are considered to be the official sources that constitute the rule of law alongside national sources, such as the domestic law. And in article 2 of the Code of Civil Procedure, the Lebanese legislator enshrines the precedence of international law over domestic law according to rule of hierarchy.

"Courts shall abide by the hierarchy of rules when the provisions of international treaties are inconsistent with the provisions of domestic law. The first precedes the second".

In the same context, and in accordance with the preamble of the single convention on Drugs of 1961, concluded by Lebanon under Act No. 60/64 of 12 December 1996, the main objective of the current international drug control regime is "human health and well-being". Expanding the implementation of interventions that reduce drug use related damage - such as harm reduction initiatives - and the decriminalization of certain laws that regulate drug control which can clearly improve the health and well-being of substance users and general population[3].

SECOND, review some strict provisions on the use of substances since they lead to numerous human rights violations

It is obvious that the adoption of strict provisions that punish substance users cause numerous violations of fundamental rights and freedoms rather than using an approach that minimizes and mitigates damage. One of the most prominent violations is undermining the right to health caused by the reluctance of substance users and individuals suffering from addiction to resort to health services for fear of punishment, which deprives them access to health and preventive information that addresses their substance dependence; it is something that could lead those involved to torture and cruel treatment or punishment according to a report addressed to the committee against Torture at the United Nations by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[4]. In the same context, deregulation in some drug laws would reduce recourse to compulsory medical treatment, which often ignores evidence-based medical practices thus failing to meet the quality factor required by the right to health.

In addition, linking non-prosecution to the pursue of follow-up treatment until obtaining a certificate of recovery leads a large number of people to undergo unnecessary medical treatment because the current proposal continues to impose a prison sentence on accidental drug users.

On the other hand, retaining a punishment on non-dependent substance users contradicts the principles of proportionality, necessity and non-discrimination that all states must abide in their penal and criminalization policies. In most cases, arrest, imprisonment with potentially long-term harmful effects are disproportionate measures for an individual who only used drugs out of curiosity or for recreational reasons without harming themselves and their society[5].

THIRD, decriminalization the use of substances does not mean legitimizing it

A less restrictive approach to drug control requires a radical change in penal and criminalization policies of substance use related issues, particularly in terms of demand and use. From the perspective of human rights and the right to health, the continuation of criminal and freedom-related penalties for the use or possession of substances needs to be reconsidered, where past decades of criminalization has failed to reduce the major risks resulting from these actions[6]. In order to avoid a common error, the emphasis here is that de-penalization or decriminalization does not mean legalization, where the use and possession of substances remains legally prohibited but decriminalized. The legislator is to be urged to consider adopting an approach based on the application of administrative sanctions, such as imposing fines and financial and non-pecuniary penalties, knowing that the act of using controlled substances is an administrative offense that cannot be criminalized and therefore eliminating any punishment that deprives freedom.

[3] Review of the Report of the United Nations General Assembly on the Right to Health and International Drug Control (2010), op. Ci
[4] Available on the following link: www.ohchr.org/Documents/Issues/Health/drugPolicyLaw.pd
[5] A review of a Human Rights Watch report entitled "All this because of cannabis joint, Tunisia's repressive drug law and a road map for its reform, February 2016
[6] Review of the statement issued by United Nations experts following the United Nations General Assembly session on drug control and the mechanism to urge States to adopt a human rights-based approach to drug issues, including measures to decriminalize the use of narcotic drugs, April 2016, available on the following link: http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=19833&LangID=E

FOURTH, the decriminalization of the use of substances would limit forms of discrimination and stigmatization

The stigmatization of the substance users is mainly derived from the approach that the latter is considered to be a society outcast. It is very clear that substance users face many forms of discrimination in medical and professional environments and even at times in intimate and family surroundings. It's a matter of fact that drug-related penal policies would exacerbate the fragility of the legal situation of vulnerable groups and minimize their legal protection. In a recent report by the World Health Organization entitled " Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations", the organization urged all countries to adopt critical enabling factors, primarily "to review, and revise, laws, policies and practices when necessary, and to work on decriminalizing behaviors such as the use and injection of drugs, and to eliminate unfair application of law, civil regulations and regulations against those people who use/inject drugs[7].

FIFTH, The decriminalization of the use of substances would reduce prison overcrowding

The recommendations stipulated in resolution A / RES / S-30 / 1 of the General Assembly of the United Nations in 19 May 2016 "encourage the development of alternative measures of conviction or punishment in cases of an appropriate nature in accordance with the provisions of the three international drug control conventions taking into consideration the relevant United Nations standards and rules such as the "United Nations Standard Minimum Rules for Non-custodial Measures", known as the Tokyo Rules[8].

A discussion paper prepared by the United Nations Office on Drugs and Crime (UNODC) in October 2009, entitled "From coercion to cohesion: treatment of drug dependence through health care, not punishment", drew the attention that some of the countries that impose severe penalties for drug possession and personal consumption has a greater number of drug users placed in prisons, which carries significant costs on society. This approach does not seem to have a deterrent effect on drug use in society if compared to that of countries that do not impose sanctions on drug possession and personal consumption[9].

This is a brief of the most important reasons why the National Mental Health Program is calling for decriminalization and abolition in its strategy. There is no doubt that adopting this approach would radically and fundamentally change the proposed amendment to the 1998 substance use law, which the NMHP intends to raise and discuss with parliamentary committees and other concerned parties. The following are the main recommendations regarding the proposed approach.

[7] The full report is available on the FAO website: www.who.int

[8] The full report can be found at: http://www.un.org/arabic/documents/instruments/docs_ar.asp

[9] The contents of the discussion paper can be found at the following link: https://www.unodc.org/docs/treatment/Coercion/Coercion_ARABIC.pdf

Chapter 2. Observations and recommendations to reform Drug Law

Recommendation to amend Article 126 of the Drug law No. 673 of 1998

Applicable Provisions

The current article does not contain any reference to individuals who facilitates the access to substances for no compensation, or those who promote substances in order to provide for their needs. The courts have been accustomed to penalize such acts of promotion.

Notes and Recommendations of the National Mental Health Programme - Ministry of Public Health

It is clear that persons with a Substance Use Disorder often seek to facilitate or supply substances amongst each other, which they usually do as a result of physical and psychological dependency and for the sake of providing their needs. The fact is that the introduction of this clause, although a result of the legislator's desire to avoid penalizing promotional acts that are not serious in terms of the implications and consequences, is actually depriving article 127 out of its content, by preventing persons with a Substance Use Disorder who are in dire need of services and medical care to benefit from treatment as an alternative to prosecution. Not taking into consideration the exception added to amended Article 186 (which we will refer to later on).

Following the decriminalization of the use of substances adopted by the NMHP, we propose replacing the imprisonment penalty with an administrative penalty if the act of selling the substance is proved to be motivated by a need.

Recommendation to amend Article 127 of the Drug law No. 673 of 1998

Applicable Provisions

The current article states a three months to three years imprisonment period

Notes and Recommendations of the National Mental Health Programme - Ministry of Public Health

- Resorting to treatment and thus the possibility of stopping the prosecution still requires a state of physical or psychological substance dependence, therefore first time substance users are incidentally penalized by incarceration with no possibility for time reduction.
- The retention of criminalization and punishment policy would prompt substance users to resort to unnecessary medical and therapeutic measures, which would ultimately constitute a form of forced treatment, since users usually fake substance dependency to avoid imprisonment.
- The article did not specify the mechanism for substituting penalties for community work.
- Following the decriminalization of the use of substances adopted by the NMHP, we propose replacing the incarceration penalty with an administrative penalty set by the Drug Addiction Committee.

Recommendation to amend Article 186 of the Drug law No. 673 of 1998 the merge of articles 187 and 188

Applicable Provisions

Reviewing articles 184-188 of applicable law.

Notes and Recommendations of the National Mental Health Programme - Ministry of Public Health

- In view of the importance of determining how the treatment is to be evaluated by the Ministry of Public Health, the NMHP recommends that the general principles governing the criteria for treatment methods and procedures should be included in the law and not only limited to the referral of a ministerial decision; in particular, some of the general rules prohibiting, for example, forced treatment which leads to incarceration in exceptional cases and under clear and strict conditions.
- It is necessary to define the concept of discontinuity in the article or at least the compelling reasons, since it would expose the user to freedom-related penalties as a result to article 127 referral.
- The development of a mechanism that allows substance users to object to any remedial measure that could result in the detention of their liberty.
- At any case, the NMHP reiterates its recommendation to replace any non-custodial punishment with administrative penalties that could be emphasized.
- Doubling financial sanctions, for example, or prolonging the period of the user's obligation to perform public benefit services - without reaching actual imprisonment.

Recommendation to amend Article 189 of the Drug Law No. 673 of 1998

Applicable Provisions

If a substance user persists on following up treatment according to the decision of the Drug Addiction committee, and only when the management of the clinic reports recovery from addiction along with a doctor's

report showing recovery of psychological dependence, then and only then would the Drug Addiction committee grant a certificate of recovery exempting the patient from prosecution and cost of treatment which will be covered by the state.

However, if the patient stops the treatment and does not persevere until obtaining the said certificate of recovery, it is necessary to pursue him according to law. Both treatment center management and the psychiatrist are obliged to inform the committee in case of treatment breakout.

Notes and Recommendations of the National Mental Health Programme - Ministry of Public Health

There is a problem in defining "breakout" in the second paragraph, considering that studies and specialist's opinions in this field confirm that treatment is often accompanied by a number of unavoidable relapses due to the medical condition of the substance user.

Despite the mentioning of the phrase in the second paragraph, it would be better to clarify it further so judges could familiarize to it, by adopting for example the approach taken by French legislator, where the judges had the authority to renew treatment measures in the event of repetition of the act.

The NMHP also recommends to amend the article in the proposal that the experts referred should be affiliated with treatment centers that are currently collaborating with the Ministry of Social Affairs.

In general, the approach to decriminalization entails a review of the content of this article on the following levels:

1. Decriminalization entails a decision of non-prosecution before the competent court, and the mere activation of the mechanisms and measures of the Drug Addiction Committee is more than sufficient.

2. Thus, administrative penalties, if adopted, can be issued exclusively by the committee.

Even if the concept of breakout has been clarified and thus avoiding any confusion, its occurrence should not expose the substance user to criminal prosecution in the event of decriminalization.

Recommendation to amend the establishment mechanism of the Drug Addiction Committee

In this regard, the NMHP suggests the following recommendations:

- Chairmanship of the committee:

In view of the essential role of the Ministry of Public Health in addressing issues of psychological and physical dependence on substances, and considering that the committee's functions and powers are all related to the promotion of care and treatment rather than punishment, the programme recommends that the committee be co-chaired by a representative of the Ministry of Public Health and the Ministry of Justice, knowing that the representative of the latter can be a judge specialized in illicit substances.

- Development of new mechanisms to object certain treatment measures issued by the committee, especially when the substance user suffering from addiction is coerced into treatment or to the detention of liberty.

- Propose to divide the mechanism of the Committee's work into two phases in order to distribute the tasks and reduce the burden of administrative centralization according to the following:

1. The first stage is all about conducting a health, social, and economic assessment along with psychological and physical circumstances that surround the patient, to be performed by social or health workers, or specialized people in regards to physical or psychological dependence and to be appointed by the Ministry of Public Health; in order to have a full report about the case annexed with suggestions.

2. After evaluation, the recommendations are to be submitted to the Drug addiction committee members so they can be able to take the necessary measures.

The committee's geographical presence in each governorate can be met by bureaucratic disruption and insufficient financial and human resources; for this reason, full geographical coverage within all Lebanese territory can be secured through the assignment of working groups composed of specialists whose mission is to interview patients and evaluate their condition.

- Respect the confidentially of substance users by omitting any mention of possession for personal use or substance use on judicial records.

SECTION 3. LESSONS LEARNED AND RECOMMENDATIONS

In 2001, Portugal decriminalized the possession and use of substances, a pivotal event in terms of national legislative policy and a milestone in the international approach to substance use;

- *Studies show that the number of substance users has not increased significantly since decriminalization, but rather decreased in some social groups depending on the context;*
- *Substance use in Portugal is currently among the lowest in the European Union, and the numbers show that substance use related diseases (such as HIV, hepatitis B or C) has generally declined;*
- *Portugal is one of the countries that have largely succeeded in developing and reforming the substance use policy;*
- *The structure and operations of the Dissuasion Committee are similar to the structure of the Drug Addiction Committee in Lebanon, in particularly with regard to treatment perspective and the interaction with judicial and security bodies;*
- *Portugal provides a good example of best practices that the Drug Addiction Committee in Lebanon can comply by.*

Chapter 1. Scope of Work of the Drug Addiction Committee

The aim of this chapter is to define the scope of work of the Drug Addiction Committee based on the Portuguese model.

Substance use committees should be established to safeguard best practices and evidence-based approaches to substance use and illicit substance possession. It should adopt a humane model and sees the person with substance use condition as a patient in need of treatment, rather than a criminal to be punished, thus working on the evidence-based grounds that imprisonment is not the answer to substance use and minor illicit substance offenses.

Such Committees should work towards the achievement of its aims of prevention, dissuasion, treatment, risk and harm reduction, rehabilitation and reintegration. It provides services on several grounds:

Prevention Level

- Provide awareness and support to those who are not substance-dependent to prevent addictive behavior.
- Provide education and awareness for vulnerable populations who are at a higher risk of substance use.
- Sensitize social and health service providers to support users and their families in a professional and tailored approach.

Treatment Level

Refer persons with substance use disorders to appropriate facilities and services to receive adequate interventions and ongoing support and care.

Rehabilitation and reintegration level

Establish networks and referrals system with CSOs and community and livelihood centers to ensure reintegration within the society.

Chapter 2. Key Principles governing the Drug Addiction Committee's Work

The aim of this chapter is to adopt key principles governing the Drug Addiction Committee's work based on the Portuguese model.

The work of the committee's members and technical officers supporting it and interacting with individuals with substance use should be guided by the following principles:

- *Do no Harm:*
  Assurance of the safety of physical, mental and emotional health of substance users.
- *Commitment to Professionalism within Assigned roles:*
  Maintenance of a professional boundary with substance users and avoidance of progression of intimate relationships.
- *Protection of Confidentiality:*
  Assurance of confidentiality of information. Violation of confidentiality can jeopardize all involved parties.
- *Provision of contextualized and culturally sensitive work:*
  Response to the needs of substance users based on understanding of the general context, (including needs, social status etc.), in relation to the available procedures and services.
- *Be sensitive:*
  Engagement in discussions with substance users carefully, bearing in mind that the topics discussed are sensitive and personal.
- *Diligence in Perseverance, Consistency and Patience:*
  Attentiveness in human rights documentation. Dealing with substance users with flexibility, perseverance and patience.
- *Adoption of Objective Approach:*
  Equality in the treatment of all substance users, regardless of the gender, religion, political affiliation, or others.

Chapter 3. Communication with the Drug Addiction Committee

The aim of this chapter is to identify means of contact and communication with the Drug Addiction Committee based on the Portuguese model.

Different possible routes of contact with the committee

Individuals with substance use conditions come in contact with the Drug Addiction Committee through different routes, and knowing the background of each case may help the committee to make the most appropriate decisions[10]. Based on the Portuguese model, the following are the possible scenarios:

- *Contact with the committee through the Police:*
  When a person is found by the police using, buying or in possession of illicit substances, the substance is seized and the police ask to see identification, record the circumstances of arrest, weigh and identify the substance(s) and produce a report within 72 hours. This includes the date on which the person is required to present themselves to the Committee. Referrals are made to the Committee hearing that is closest to the person's area of residence and not where they were arrested (except for nonresidents). The police then notify the committee, but it is the individual's responsibility to re-schedule if they cannot attend on that date.
- *Contact with the committee through the Court:*
  Courts can send people to the Committee if the court concludes that a person is a user and not a dealer.
- *Contact with the committee through the Prison Authorities:*
  The Committee engages with prisoners in two sets of circumstances: When someone was due for a hearing but ends up in prison; and when a prisoner is caught with an illegal substance whereby the prison authorities notify the police, the police refers the case to the public prosecutor, and the public prosecutor refers the case to the committee.
- *Voluntarily:*
  This includes the person identifying themselves in need of help, or people in the support network of the person identifying them as in need of help. Through any member of the immediate support network; GPs, (school) counsellors, local authority officers, etc.

[10] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.

Making Appointments

A person is required to attend the committee's hearing upon notice. However, not all of them do and the way the committee ensures attendance is important. This is ensured by the below considerations[11]:

- It is advisable to adopt motivational methods rather than coercive methods to ensure compliance, as the latter won't promise commitment in the future.
- It is recommended to get someone to attend by maintaining repeated follows up rather than a one-time invitation.
- The committee can establish contact with the person through several ways, escalating the seriousness of the mode of contact every time their invitation is met with non-compliance:
  - They can contact the person informally.
  - They can suggest other hearing date through a written letter for up to three times.
  - Ask the police to serve the person with a notice to attend.
  - If the person cannot be traced, it is recommended that the committee checks with the health and social services to check whether the person is in hospital, prison, etc.
  - Administer an administrative sanction for non-compliance as a last resort.

Upon arrival to the appointment, Drug Addiction Committee members thoroughly explain the process of the hearing to the person in a comprehensive way. The panel members check the identity of the person and give the person the time to ask questions and make clarifications/corrections to the information that the committee already holds (via reports by the court police or others) about the circumstances of the user's apprehension[12].

Components of the Interview

The meeting with the committee may take one to two hours during which the person talks with the committee members and to a technical officer (usually a psychologist, a social worker, a mental health nurse, or a sociologist). The person may have the right to request that a certain therapist of his or her choice to be present; in such cases the rules of participation should be established by the committee. During this meeting, the committee aims to establish an appropriate course of action, to safeguard the health and wellbeing of the individual[13].

Chapter 4. Guidelines on conducting the Individual Assessment

During the assessment, a semi structured interview should be conducted to gather important information that help guide the referral process. Information is gathered about the person, along with details of the substance use including specific circumstances and risk factors. It is crucial that a rapport and trust relationship is established during this assessment, which helps motivate the person to follow the agreed upon course of action[14]. In addition, the person's level of risk and the person's level of commitment should be assessed, as they are important indicators of behavioral change.

Gathering Information

The evaluation interview should be conducted by the technical officer who gathers information about the individual's overall profile (including life status, interests, and health history)[15].

The gathered information should include:

- Demographic information (including personal, family, social and economic circumstances).
- Medical History.
- Details of substance use (history, type, current frequency, place of use, circumstances of use, and context):
  - Sample questions about substance use: At what age did they first experiment with substances? What substances does the person use or has used?
- Special consideration to be made to the substance use in the overall context of a person's life to enable offering targeted interventions, in line with available support networks for the individual:
  - Information about: employment and job experience, education (school or university), family and relationships (including parents and significant others), hobbies, activities and sports, future plans, goals and aspirations.
  - Sample questions: If a young person is living at home, how do they get along with their parents? Do the parents know about their use?

[11] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58. [12] ibid. / [13] ibid. / [14] ibid. / [15] ibid.

- The committee's role is to explore, identify and refer in a way that the person can be enabled with tools to deal with the underlying problems in their lives. Thus, information should not only focus on symptomatic aspects of substance use but also be focused on the root causes of substance use (like family problems, bereavement, divorce, poverty, unemployment, distress, etc.):
    - Sample questions about substance use: In what context did the person first experiment with substances? What were the circumstances of their life at the time of first use?

Assessment of Risk and Specific Circumstances

WHO's ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) is a helpful tool that can be used to help with assessing the degree of substance dependence. ASSIST is a questionnaire that can be applied in about 10 minutes. It has eight questions and includes 10 main substances: tobacco, alcohol, cannabis, cocaine, amphetamines, ecstasy, sedatives, hallucinogens, opiates, other substances[16].

Following assessment of substance use, the consumption of substances by individuals is recommended to be placed on one of three levels of risk[17]:

- ***Level 1 - Low Risk:*** Low risk consumption is characterized by abstinence or low consumption, presence of alarm signals, behavior disturbances, multiple chronic diseases, and slight dependence.
- ***Level 2 - Moderate Risk:*** Moderate risk consumption is characterized by risky and harmful consumption, poly-consumption, risky behaviors, comorbidity, and dependence.
- ***Level 3 - High Risk:*** High risk consumption is characterized by severe dependence, poly-consumption, physical comorbidities, and serious psychopathology.

When determining the level of risk and assessing substances used, the notion of a hierarchy of substances must be contended. That is to say, it should be noted that a heavy use of a 'light' substance may be more harmful than the occasional use of a 'heavy' substance. In addition, a special consideration should be made to the impact of substance use on the life of the person (risks related to health condition, psycho-social functioning, mental health, employment and financial status, availability of support, etc.)[18].

In addition, the committee or the person may request to conduct medical examinations (including blood or urine tests), as deemed appropriate, before issuing the final verdict[19]. It is also important to distinguish between recreational users and persons with a Substance Use Disorder users, as dependent individuals will be at a higher level of risk and will need additional interventions. Special attention must also be given to those with re-appearances compared to those who appear for the first-time to the hearing, particularly those whose treatment was previously interrupted[20].

Motivational Intervention

Motivational interviewing should be an integral part of the individual assessment. During the motivational interview, the interviewer assesses the individual's motivation to make a behavioral change and undergo treatment. The aim of this interview is to encourage the person and support him or her to accept and start treatment by exploring and resolving their indecision towards it. As such, Drug Addiction Committee hearing members should play an active role in encouraging treatment, rehabilitation and social-reintegration as an alternative to imprisonment[21].

A variety of methods can be used to evaluate the outcomes of treatment compared to the trajectory of the person's life without treatment to persuade the person towards desired ends. In all the methods of persuasion adopted, respect for the dignity of the person and consideration for the human rights of the person must be maintained.

The Interview Atmosphere

The Committee's members are required to adopt a friendly, compassionate and authoritative approach, rather than an authoritarian one. They should discourage the person from any further harmful behavior. This welcoming approach should also be reflected in the physical and visual structure of the room/space where the hearing is held. Below are some considerations that should be taken to have the desired atmosphere[22]:

[16] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.
[17] General-Directorate for Intervention on Addictive Behaviours and Dependencies Ministry of Health-Portugal. "National Plan for Reducing Addictive Behaviors and Dependencies 2013-2020" June 2014 Retrieved from: http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/97/NPRABD_2013_2020_executive_summary.pdf.
[18] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.
[19] Decriminalisation, Law n.o 30/2000, of 29 November. "Portuguese Legal Framework Applicable to the Consumption of Narcotics and Psychotropic Substances" Retrieved from: https://www.unodc.org/res/cld/document/prt/law30_html/portugal_law_30_2000.pdf
[20] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.
[21] ibid. / [22] ibid.

- It is advisable to avoid hierarchical seating.
- It is advisable to keep socially acceptable/ comfortable distance, do not let the two parties be seated distant from each other.
- It is advisable to refrain from resembling the setting of a court and do not use court related signifiers.
- Best to avoid wearing formal costumes. This often creates a social distance with the other party.
- Engage in the conversation and conduct interviews in a casual way, and not as an interrogation. The aim behind the interview is to gather information about the person's personal and social situation and offer support. All committee members, along with the technical officer, should be compassionate and take an empathetic role.

Chapter 5. Guidelines and recommendations for Decision Making

Following the individual assessment, the technical officer should brief the committee members of the results of the assessment (level of risk, specific risk factors, impact on psychosocial wellbeing, etc.) and asks the committee to consider the case and decide on outcomes and interventions.

The technical officer should also share the results of the assessment with the person along with the decisions (and/or sanctions where appropriate) of the committee members and gives them the opportunity to comment and ask for amendments to the records, given valid reasons. The committee members then arrange dates for follow-up[23]. Accordingly, in order to meet the aforementioned tasks of committee, it is recommended that it has a multidisciplinary team that supports them technically and administratively (clinical psychologists, social workers, lawyers, administrative staff, etc.) who organize the casework and offer the diagnostic tools to enable the committee's decision making[24].

Recommendations on Treatment and Intervention Strategies

Based on level of risk, the following guidelines on intervention strategies can be adopted to facilitate the decision-making process during the hearing[25]:

- ***Level 1 - Low Risk:*** Consider selective and indicated prevention, early detection, early intervention, brief intervention and community intervention programs.
  - Referrals can be made to primary health care centers (function units), specialized healthcare (a technical team specialized in prevention).
- ***Level 2 - Moderate Risk:*** Consider indicated prevention, brief intervention, community intervention programs, integrated treatment, risk and harm reduction, and reintegration programs.
  - Referrals can be made to specialized healthcare centers (alcohol units, therapeutic communities, inpatient and outpatient units, community mental health teams, intensive support teams for smoking cessation, etc.).

[23] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.
[24] Decriminalisation, Law n.o 30/2000, of 29 November. "Portuguese Legal Framework Applicable to the Consumption of Narcotics and Psychotropic Substances" Retrieved from: https://www.unodc.org/res/cld/document/prt/law30_html/portugal_law_30_2000.pdf
[25] General-Directorate for Intervention on Addictive Behaviours and Dependencies Ministry of Health-Portugal. "National Plan for Reducing Addictive Behaviors and Dependencies 2013-2020" June 2014 Retrieved from: http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/97/NPRABD_2013_2020_executive_summary.pdf

- ***Level 3 - High Risk:*** Consider integrated treatment, detoxification, hospitalization for psychiatric pathology, treatment programs with opioids, risk and harm reduction, and reintegration programs.
    - Referrals can be made to specialized healthcare (alcohol units, therapeutic communities, detoxification units) and hospital healthcare (psychiatric wards at general hospitals, local mental health services, medical and surgical specialties services).

A requisite to proceed with the interventions, is to be have a suspension of the judicial process. A suspension means that the process is paused for a period of time, depending the level of risk the individual is assessed to be at. Persons assessed to be on level 1 (low risk), level 2 (medium risk) and level 3 (high risk) should receive minimum suspension periods of around 3 months, 4 months and 5 months and above, respectively. The process can only be suspended if an addicted person (with or without prior proceedings for offences) agrees to undergo treatment[26].

Types of Interventions

A wide range of interventions need to be integrated as part of treatment and rehabilitation, given the various risk factors and the many ramifications of substance use on a person's life. For all the services and facilities listed below, it is advised to refer to a public service when these services are available, accessible and adequate. However, persons with substance use disorders should be made available of alternatives to those that the Committee recommends. If the person decides to opt for a private health service instead of a public health service, the Committee shall inspect the credentials of such private health service provider and the person shall bear the respective costs of that private health service, unless otherwise specified[27].

These services can include referrals made to[28]:

- Treatment centers or hospitals (detoxification - Annex II & III).
- Employment & educational centers.
- Technical colleges, day centers, social centers, schools, homeless shelters.
- Programs run by community centers or charities.
- Legal assistance organizations, local authorities.
- Individual, group and family psychotherapy.
- Social care and social therapeutic services.
- Medical and nursing consultations.

Rehabilitation & Reintegration after Treatment Completion

The work of the committee does not end at the level of completing treatment/stabilization, but the committee should continue its supportive role in assisting the persons to reintegrate. The latter being an integral part of the treatment process, the work of committee is critical in helping persons become productive members again-practicing their rights and achieving the duties of the different roles they hold in society:

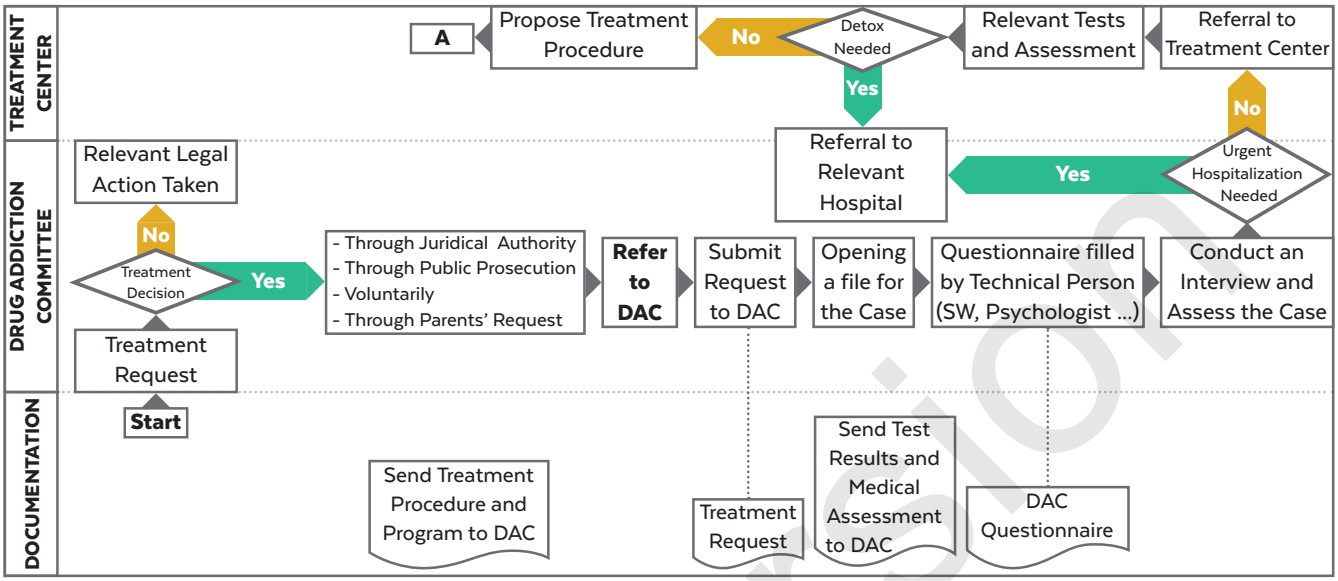
- Social and professional reintegration[29]:
    - Every operating organization, plays a re-integrative role (e.g. try to reconnect users to their families or other support networks).
- There can are also specific teams specialized in reintegration, which deal with providing assistance in providing support to provide basic needs such as housing, education, training and employment.
  Examples of initiatives include[30]:
    - Day centers where users learn and practice social and work-related skills.
    - Re-integrative housing (an intermediate transition between treatment centers and independent housing).
    - Needs-based vocational courses and re-employment programmes (In one version of the employment program the employer receives tax deductions during six months of apprenticeship for the stabilized previous user, and the employee is paid the minimum wage by the state).

[26] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.
[27] Decriminalisation, Law n.o 30/2000, of 29 November. "Portuguese Legal Framework Applicable to the Consumption of Narcotics and Psychotropic Substances" Retrieved from: https://www.unodc.org/res/cld/document/prt/law30_html/portugal_law_30_2000.pdf
[28] Silvestri, A. (2016). "Gateways from Crime to Health: The Portuguese Drug Commissions". Winston Churchill Memorial Trust, 1-58.
[29] ibid. / [30] ibid.

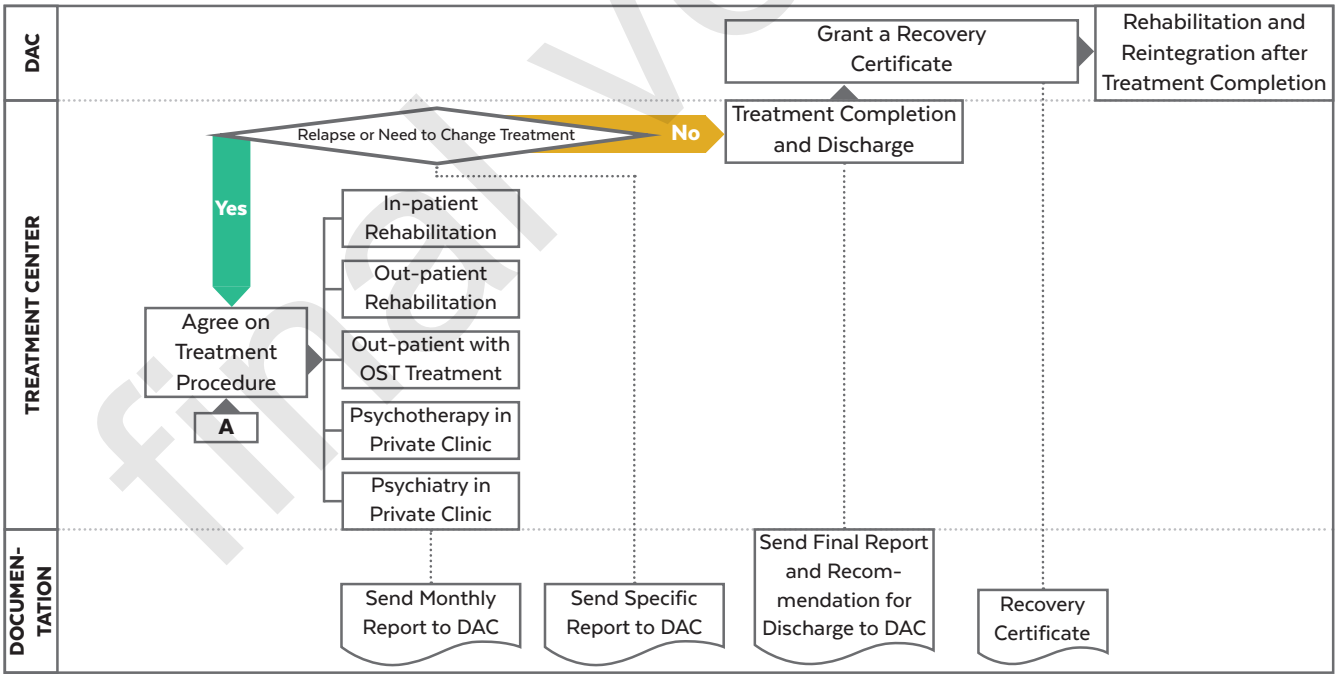
Chapter 6. Recommended Referral Chart

Below is the referral pathway for substance users starting by contact with the committee and referral to treatment until recovery.

DAC Referral. Phase 1 - Presentation to DAC and referral to treatment



DAC Referral. Phase 2 - Treatment procedure and recovery



Chapter 7. Confidentiality and Security of Information

The aim of this chapter is to list the essential steps and recommendations to safeguard confidentiality and security of information.
After the completion of interviews/assessment and gathering information, the committee should compile and store the data in a central registry where details of the proceedings (including attendance, type of offence provided by the law, etc.) can be found.
Committee members and the technical staff who come in contact with persons with substance use disorders, are require to guide their work by the principle of professional confidentiality and secrecy.
To safeguard confidentiality of personal information, the following guidelines may be followed:

- Document certification: Written records that do not disclose the identity of persons with mental health conditions are considered the safest in ensuring confidentiality. The use of audio or video recording is not recommended.
- Audio or video recording: They may be used to document evidence but should not be used to document the testimony of persons (i.e. the voice of an individual shall not be recorded or filmed, before obtaining their consent).

If the documentation team is sure that audio or video recording is possible without compromising the confidentiality of data, the following steps should be taken:

- Use of suitable devices: for example, a small dark color camera instead of white or silver color which reflects light.
- Practice using the camera in silent mode without having to look through the lens.
- Always take more than one picture for each person.
- Data Storage:
  - Use ID numbers to name files, instead of using real names of persons.
  - Download images on an encrypted database (Martus, for example: www.martus.org); when downloading them on a private computer, be sure to save the data in a password encrypted file.
  - Keep copies of the files and keep them stored in a separate and safe place.

SECTION 4. TERMS OF REFERENCE OF THE DRUG ADDICTION COMMITTEE

Chapter 1. Purpose and role of the committee

The Drug Addiction Committee seeks to guarantee the right to free treatment for substance users who are committed voluntarily or referred by the competent judicial authorities, considering it an alternative to criminal prosecution (In the second case) in accordance with the stages of tasks set out below.
In collaboration with concerned and relevant bodies, the committee will work on providing an incubator environment for those concerned to rehabilitate and reintegrate them into society, and in particular:

- Issue of protocols for adopted treatment centers to disseminate and unify the referral systems, coordinate mechanisms of work and constant evaluation throughout treatment stages, standardize scientific and medical criteria for different types of treatments, and other subjects which deems appropriate and contribute to the achievement of goals and functions.
- Ensure and urge treatment centers to respect the user/patient's rights at any stage of the treatment; and to inform the committee in the case of any breach of rights.
- Contribute to the dissemination and sensitization of all concerned parties (lawyers, judges, treatment centers of all kinds, ministries, substance users and their families and others) on the importance of the role of the committee in substance use cases.
- Contribute to the establishment of monitoring and evaluation mechanisms with measurable indicators that help in the development and implementation of preventive policies related to substance use cases.
- Coordinate and cooperate with concerned parties in both public and private sectors to develop and implement rehabilitation programs and to reintegrate substance users back into society.

Chapter 2. Principles sponsoring the committee's work

The committee adheres to a set of basic principles which guarantees the humanitarian, social and protectionism aspect of its work and role, most notably:

- Free treatment.
- Guaranteed and easy access to treatment.
- Professional confidentiality.
- No stigmatization and/or discrimination.
- Cooperation and transparency.
- Interventions based on scientific evidence.
- The appropriateness of treatment with the conditions and standards of living of substance users.
- Adopting a multidisciplinary systematic methodology and approaches that converge with the social and economic status of substance users, in addition to the medical aspect which is based on treatment.

The committee is also keen in the course of work of its work to ensure and safeguard the patients appearing before it, in particular:

- The right to personally resort to the committee or through the legal representative or members of the family.
- The right to access personal files and obtain a copy at any stage of the treatment.
- The right to object on the committee's decisions in accordance with the procedures stipulated by law.
- The right for legal counseling.
- The right to use an interpreter in case of difficulties in speaking the Arabic language.
- The right to refuse treatment.

Chapter 3. Membership of the committee

The committee is established through a decision taken by the minister of justice, and consists of:

Permanent members

- Judge grade 11 and above (President).
- Ministry of Social Affairs representative, on the condition that they previously served as head of the social welfare department.
- A doctor representing the Ministry of Public Health, on the condition that they have an experience in mental health and treating drug dependence cases.
- Drug Enforcement Bureau representative (Ministry of Interior and Municiplaities).
- A person who has a professional activity and expertise in private institutions to be appointed by the approved treatment centers periodically, every three years, on the condition that they have an experience on how to follow up on substance user treatment and a minimum of three years of field experience.

The Committee may appoint specialists for consultation on the different treatment trends adopted by the Ministry of Public Health.

Substitute members

In addition to the original member, each entity should appoint a substitute member according to the criteria mentioned above in order to avoid disabling the work of the committee in the event that one or more of the original members are unable to participate in the meetings of the committee, knowing that the substitute for the ministry of public health representative should be the head of the narcotics department in the before mentioned ministry, and the substitute for the ministry of internal affairs and municipality representative should be the highest ranking officer in the central drug control bureau.

The members commit to:

- Commit to a human rights approach in dealing with substance users.
- Conducting regular meetings.
- Attending all scheduled meetings.
- Sharing all relevant information with the Drug Addiction Committee members and duly notifying of any matter that may affect the work of the committee.

Chapter 4. Decision making process

- The committee holds meetings at least once every 10 working days. The Chairman of the committee can invite the members exceptionally in case of emergency or in the event of case overload or any other reason the chairman deems appropriate.
- The quorum is considered to be valid in the presence of chairman and at least two members of the committee.
- Members seek to take all decisions unanimously based on reports, laboratory and medical examinations; in case this is not possible, absolute majority decides.

Chapter 5. Functions

The committee assumes its functions in accordance to the stages of treatment as follows:

Engagement Phase

- Receive voluntarily treatment requests or those referred by the competent judicial authorities.
- Conduct a preliminary interview with substance users and present a primary assessment of their physical, psychological, social and economic health.
- Liaise closely with the judiciary (including public prosecutors) and the security forces to motivate and persuade substance users to ask for their right for treatment as a substitute to prosecution.
- Receive treatment requests for physical and psychological treatment from substance users.
- Sign a commitment to treatment agreement with substance users and ensure that they are not prosecuted if they follow through with the treatment.

Treatment Phase

- Determine the nature of treatment according to standard operating procedures and scientific based evidence protocols;
  - If the substance user does not need detoxification and does not have physical dependence on substances, the committee refers them to a specialized psychosocial clinic for follow up or entrusts their care to an institution or person suitable to help them.
  - If the substance user needs detoxification, the committee decides that they should stay in the specialized clinic for a period not exceeding three months. At the end of this period, the treatment center should provide the committee with a new report regarding their status.

If the substance user still needs additional treatment, the committee grants approval for the substance user to remain in treatment, such that the total period of detoxification does not exceed six months.

- Referral - and admission - to one of the approved treatment centers that provide free services appropriate to the nature of treatment required.
- Issue a certificate of recovery after termination of the treatment program and report it to the competent authorities, security and judiciary.
- Encourage substance users to pursue the full stages of treatment through continuous communication, motivation and case by case follow-up.
- Instruct the treatment center to provide the judge with periodic reports on the patient's condition and if necessary, to listen to the caregivers.
- Accepting the patient's objections on the committee's decision for the sake of keeping him/her in the General Court of treatment, and that extends to fifteen days from date of notification.
- Hear the substance user's statements and request clarifications as it deems appropriate.

Amendment, Modification or Variation

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the Drug Addiction Committee members.

Chapter 6. Recommendations

Raising awareness – outreach and collaboration with relevant stakeholders. Most recommendations focus on the need to promote the Committee and its role among agencies and authorities concerned with the issue of substance use and through the various groups of society in general through:

- Develop brochures, posters, visual and audio materials that promote the committee's role and function and explaining its working methods then disseminate them to public opinion in cooperation with civil society and media outlets.
- Develop brochures, posters, visual and audio materials that promote user rights.
- Develop and provide awareness tools regarding the role of the committee to be circulated to custody and detention centers, courthouses, concerned ministries and prisons, to ensure they are accessible and visible to everyone.
- Include substance use related laws course, especially focusing on the role of the committee, to be taught among the training curriculum for judges and legal councils.
- Cooperate with the General Directorate of the Internal Security Forces, and in particular its Training Division and the Human Rights Section, to develop, circulate, train and implement training materials concerning the Commission's work and role specifically designed as training workshops to be attended by members of the judicial police.
- Establish a network both civil and specialized bodies participate in, including accredited treatment centers to secure constant communication with the Committee.
- Develop a publication/ listing guide of all accredited centers, available treatment programs, addresses and working hours, contact information, affordability and other statements that help navigate each person to their best interest.
- The provision of publications and brochures issued by bodies specialized in mental, physical health and the prevention methods of sexually transmitted diseases.
- Provide information on awareness, educational, vocational, psychological and rehabilitation programs and activities, and other services and opportunities that substance users can benefit from during and after the treatment.

Governance and structure

Most recommendations focus on the need to strengthen coordination among the ministries concerned, which can provide them with human and technical resources necessary for regulating and enhancing the Committee's function; note that achieving this does not necessarily require a legislative amendment but can be reach through the issuance of resolutions and circulars and by establishing a joint ministerial coordination group, as follows:

- Conclude a memorandum of understanding between the ministries concerned (Ministry of Justice, Ministry of Social Affairs, Ministry of Public Health and Ministry of Interior and Municipalities), specifying how and what each ministry can contribute in enhancing the committee's work to secure the necessary resources and appoint coordinators or focal points referred in the above, then set out the criteria on which the main and substitute members would be appointed.
- Hold a partnership between the Ministry of Justice and the private sector or non-governmental institutions to secure the necessary resources for the committee.
- Benefit from the experience of the National Mental Health Programme at the Ministry of Public Health.
- Apply a compensation law to provide allowances to members of the committee.
- Open a line of credit in the budgets of the Ministry of Justice and/or the Ministry of Public Health and/ or the Ministry of Social Affairs to secure the financial resources necessary for improving the committee's function.
- Prepare training and capacity building programs and workshops that can benefit the team and members of the commission.
- Appoint a committee coordinator by the National Mental Health Programme.

Treatment Phase and Referrals

The main recommendations at this stage focus on three main points: the first, urging public prosecutors to refer substance users directly to the committee after signing a commitment to follow up on treatment annexed with a treatment request (which is available under the current law and does not require legislative amendment); the second discusses the need for permanent channels of communication between the committee and the Drug Enforcement Bureau on the one hand, the committee and treatment centers on the other hand; finally, strengthen the role of the committee in terms

of interaction with its representatives and on one hand, and the unification of referral systems and protocols for treatment in rehab centers on the other.
Thus, proceeding in this should be as follows:

- Strengthen the coordination between the Drug Enforcement Bureau and the other security agencies and urge the latter to refer persons arrested on the basis of substance use to the mentioned office considering it the most adequate reference to view of these cases.
- Activating the work of the circular issued by the Attorney General at the Court of Cassation, Judge Samir Hammoud No. 40 / Z / 2018 of June 25, 2018, which literally states that it is not permissible to make an arrest when it comes to the use of substances in the case it is the limited to this exclusive act, and oblige the Public Prosecution to immediately refer them to the committee; to accomplish this, thus proceeding in this should be as follows:
  - Put this recommendation in the priorities of the Joint Ministerial Coordinating Committee, and particularly in the custody of the appointed coordinators by the Ministry of Justice and the Ministry of Interior and Municipalities to find and implement the necessary mechanisms to activate the circular.
  - Communicate with general prosecutors in different governorates and regions and urge them to apply the circular.
- Publicize to all security elements in places of custody and detention that substance use detainees should be informed of their right to treatment, and their appearance before the committee and continuous treatment will put on hold their prosecution and ensure that they are able to communicate directly with the committee (through the hotline and in cooperation with an approved treatment center).
- Put posters in evident and visible places in centers of custody and detention that introduces the committee's role and contact information.
- Establishment of a joint central database between the Drug Enforcement Bureau and the committee to include cases referred by the Public Prosecution to be updated in accordance with the path and procedures of treatment until the issuance of a certificate of recovery.
- Put posters in evident and visible place in treatment centers that introduces the committee's role, function and contact information.
- Circulate on all treatment centers and other specialized bodies that have constant communication with substance users that passing through the committee first is obligatory to be able to replace criminal prosecution with a treatment request and to pledge to follow up through as it's the only valid reference on this matter.
- Establishment of a central joint database between the Committee and approved treatment centers, listing cases all referred by the Committee to the centers (and vice versa), to be updated sequentially along with documenting the various procedures and stages of treatment.
- Enhance interaction with users before and after the referral to treatment centers, through the following:
  - Guide and fill out an initial form by the committee's field team, attached to the request for treatment and a pledge to follow up.
  - Conduct a preliminary interview with users in the presence of a doctor who is a member of the committee.
  - Assess and diagnose the case, then present the different stages and procedures for those concerned to determine the most adequate treatment plan.
  - Permanent communication with patients throughout treatment stages .
  - Conduct a final interview with the recovery users to provide them a recovery certificate and present different scenarios to ensure rehabilitation and reintegration into society.
- Urge treatment centers into adopting a unified form of monthly reports in which these centers send to the committee throughout the different stages of the process.
- Cooperate with the Ministry of Public Health, particularly the National Mental Health Program, to adopt and circulate:
  - Detoxification Protocol.
  - Accreditation standards of treatment centers.
  - Any protocol it deems appropriate to ensure standardized care and treatment services of the highest quality.

Post treatment phase

For the sake of strengthening the resources of the logistic, technical, and humanity committee, a number of recommendations could be proposed to be implemented in the event of networking and cooperation with a group of these entities based on previous experiences and the expertise gained by the latter, most notably:

- Conduct a survey of all associations, contracted with the Ministry of Social Affairs and/or approved by the Ministry of Public Health, that provides services or supervises projects that contribute in the rehabilitation and reintegration of substance users, collaborate with these associations and coordinate on the referral methods used to enable them to benefit from these services.
- Build on the concept of social responsibility in private sector corporations, identify a network of employers willing to provide job opportunities for users who participate in vocational programs supervised by the committee, in coordination and cooperation with specialized associations in the mentioned field.
- The collaboration with relevant entities and stakeholders, particularly in the private sector, to grant soft loans to young people, enabling them to implement small to medium-sized enterprises.

ANNEX I: WORKING GROUPS AGENDA

Workshop 1. October 12, 2018

Workshop 1 addressed the purpose, tasks, jurisdiction and work principles of the Drug Addiction Committee. This session contributed to defining the committee's core purpose, functions and powers based on the right to treatment; in addition to establishing its most fundamental principles based on putting substance user's interests and rights ahead of the traditional penal policy.

- In short, what are the committee's core goals and objectives? This definition will contribute to the dissemination and sensitization of all concerned (lawyers, judges, substance users, their families, etc.) on the Committee's important role in substance related issues
- How to access the committee? The purpose here is to highlight the various means in which the committee can give assistance in, whether the initiative is by the substance user, the parents, the judicial officer or the competent judiciary
- What are the most important rights and principles that the committee can sponsor and how can they be defined? Such as the right to treatment, professional confidentiality, non-discrimination, non-stigmatization and the principle of prevention and other principles that highlight the humanitarian, social and protectionist aspects of the committee's function and role

Workshop 2. October 19, 2018

Workshop 2 addressed the membership, methodology and resources needed for Drug Addiction Committee. This session has contributed to documenting the practical and technical actions taken by the committee in the course of its recent years in action; as well as establishing some of criteria for the required experience to be nominated for membership of the committee in order to guide the concerned ministries. On the other hand, with the lack of available resources, it is important to clearly identify the technical, material and human resources necessary to ensure the committee's effectiveness and to make general recommendations on the need to secure resources from stakeholders and highlighting the importance of other councils.

- In addition to participating in the Committee's meetings and taking decisions throughout different stages of treatment, is it possible to visualize some of the tasks for each individual member based on their experience, position and professional background and in accordance to the nature of each stage in a course of a treatment?
- What are the necessary basic resources to be secured from ministries at the following levels?
  - Budget and allocations
  - Field team (sometimes decentralized):
  - Infrastructure for the committee's internal and administrative work
  - Training and capacity building
  - Documentation, monitoring and evaluation system
- How can the committee's methodology of work be described along with how it manages the meetings with users and/or their families?
- What are the useful lessons learned and suggestions that the members can gain concerning the mandate of the committee, the frequency of its meetings, the quorum and the manner in which decisions are taken and other procedures related to the committee's internal work which needs to be documented in order to ensure the continuity and effectiveness of the committee?

Workshop 3. October 26, 2018

Workshop 3 addressed the measures and protocols concerning the diagnosis of substance use disorders and its effects on the type of treatment with the Drug Addiction Committee.
This session has contributed in addressing to issues related to diagnosis, the means of treatment available and the user's will and other issues. This exercise will give space to the adoption of medical and scientific protocols attached to the Law, which will be updated according to the available expertise, resources and experiences that are not necessarily observed by law due to its seniority.

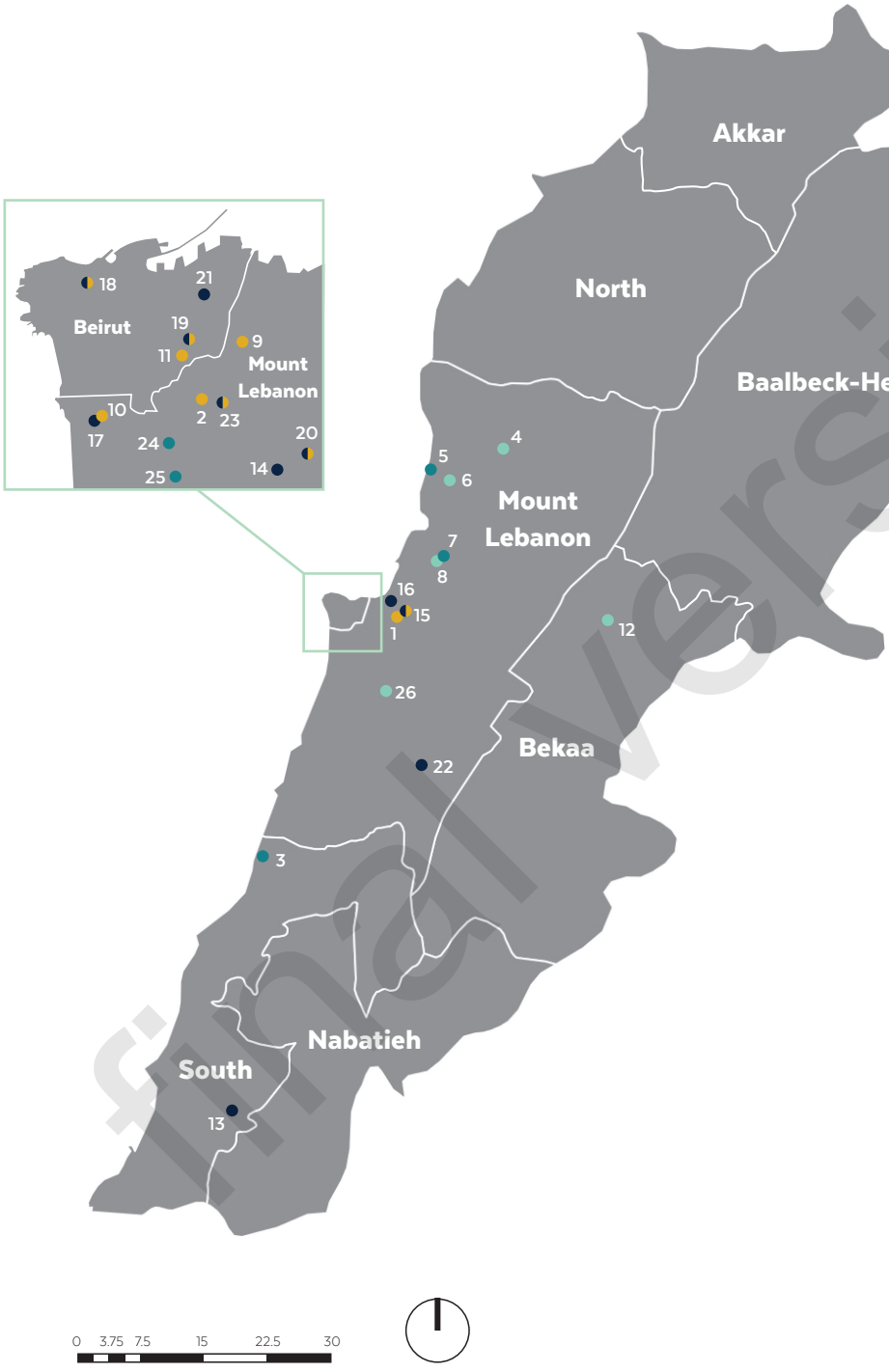
- How to distinguish between the occasional act of substances and the condition of physical dependence?
- What available treatment methods in case of dependence?
- In cases where the use is occasional, is it a possibility to think of non-medical treatment measures like awareness sessions and/or social services and others?
- Which considerations can affect on what measures and decisions to be adopted? (Type of substances, quantity, repetition, other criminal acts, social, economic and vocational status, psychological status, etc.)
- What is the fate of cases where substance users refuse treatment?
- What is the fate of case files where the use of substances is found to be different from that contained in the judicial file?

Workshop 4. November 2, 2018

Workshop 4 addressed the referral system of the Drug Addiction Committee to treatment centers, follow-up with the competent judiciary and the course of treatment and post-treatment.
This session clarified the different stages of treatment and the specificity of each one, and the possible measures in accordance with law and the experience of the committee; in addition to developing the appropriate frameworks and protocols for referral systems and procedures between the various stakeholders (judicial control - competent judiciary - the Committee - treatment centers - other specialized bodies?). On the other hand, it is useful to look at committee's role in the post-treatment stage, including rehabilitation and reintegration, according to what the law defines the concept of treatment (article 182).

- After completion of diagnosis, how is the treatment method chosen, what is its duration, appointed center and other decisions or measures that can affect the different treatment stages
- Should the cases be referred to clinics or private hospitals?
- What is the communication method between the committee and the treatment center that is following up on the case?
- What documents and information should be documented in the case files? How can its confidentiality be protected?
- Based on past experiences, what are the different scenarios that can arise during the course of treatment and how to deal with them (interruption, repetition, extension of time, change of center...)?
- How is the coordination/follow-up with the competent judiciary?
- How are situations assessed, and what are the economic and social criteria/conditions in which the committee bases its decision of treatment completion?
- What available means are there for supporting people with low-income to ensure follow-up of treatment?
- Who has eligibility to obtain a copy of the case file? And for what purpose?
- What is the Committee's role in rehabilitation and reintegration after completion of treatment, and what resources and practical recommendations are needed to complete this task?

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



1. Association Justice et Miséricorde (AJEM) - *Roumieh*
2. Association Justice et Miséricorde (AJEM) - *Chiyah*
3. Civil Council Against Addiction (CCAA) - *Saida*
4. Cénacle de la Lumiere (CDLL) - *Ras Osta*
5. Cénacle de la Lumiere (CDLL) - *Halat*
6. Bonheur du Ciel - *Nahr Ibrahim*
7. Oum el Nour - *Sehayleh*
8. Oum el Nour - *Zouk Mosbeh*
9. Soins Infirmiers et Développement Communautaire (SIDC) - Escale - *Sin El Fil*
10. Skoun - *Bir Hassan*
11. Skoun - *Badaro*
12. Nusroto - *Zahle*
13. Jouwayya Hospital - *Jouwayya*
14. Saint Charles Hospital - *Baabda*
15. Dahr El Bachek Governmental Hospital - *Roumieh*
16. Hôpital Psychiatrique de la Croix - *Jal El Dib*
17. Rafic Hariri University Hospital (RHUH) - *Bir Hassan*
18. American University of Beirut Medical Center (AUBMC) - *Hamra*
19. Hôtel Dieu de France Hospital - *Ashrafieh*
20. Bellevue Medical Center - *Mansourieh*
21. Saint Georges Hospital University Medical Center - *Ashrafieh*
22. Ain Wazein Hospital - *Ain Wazen*
23. Mount Lebanon Hospital - *Hazmieh*
24. Islamic Health Society - Mental Health Services - *Ghobeiry*
25. Islamic Health Society - *Bourj Barajneh*
26. Islamic Health Society - Revive - *Kayfoun*

LEGEND

- Outpatient - includes OST
- Outpatient
- Inpatient residential
- Inpatient detoxification

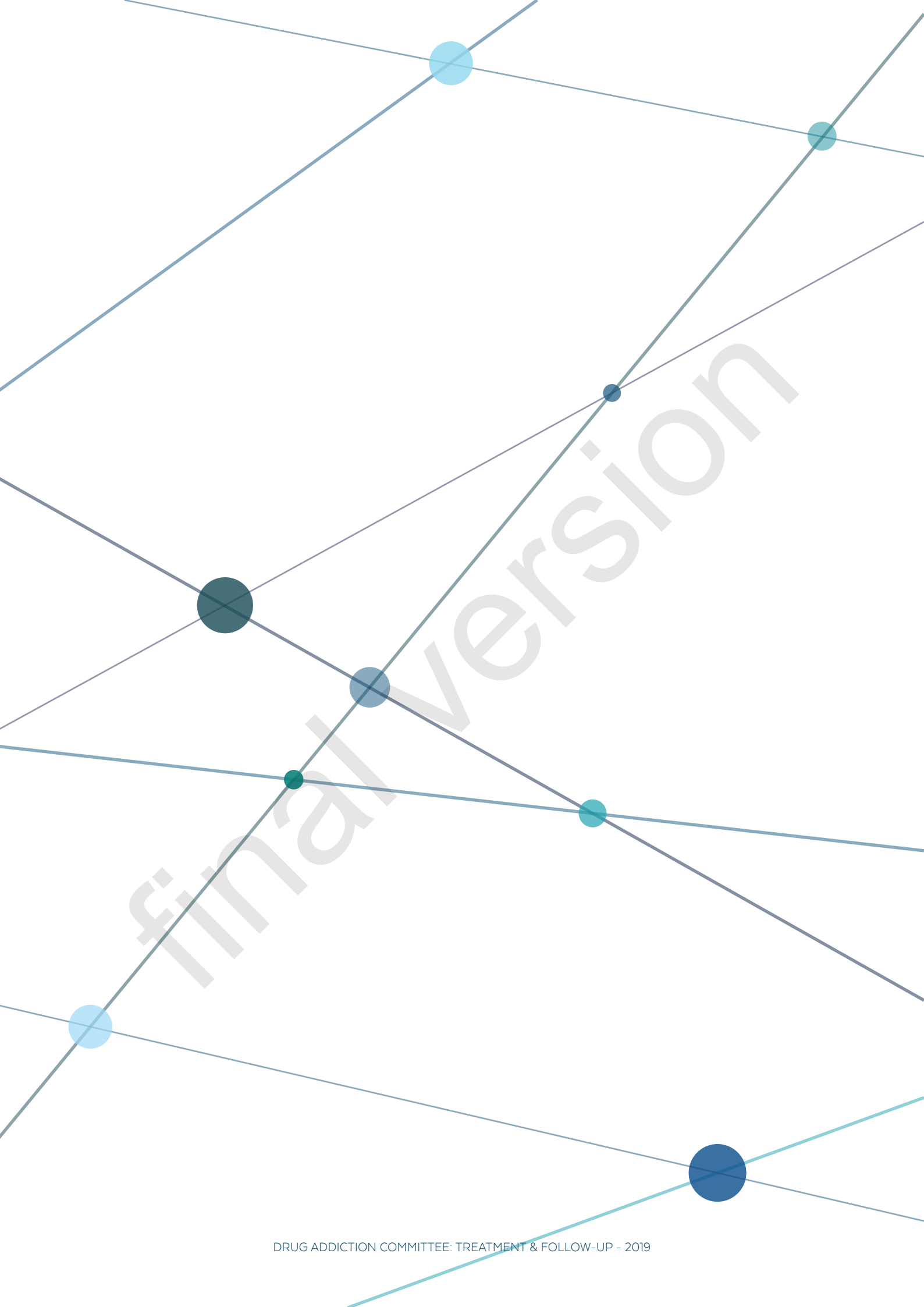
Disclaimer: This map can be used to orient persons with Substance Use Disorders to available treatment services. The MOPH is currently developing accreditation standards for the Substance Use treatment facilities. Private clinics were not listed.

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) - Escale	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 Bachek 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

Designed by: Acile Sfeir


final version