



Lebanon

DRUG SITUATION AND POLICY

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Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

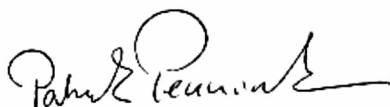


Preface

The Pompidou Group is publishing a new series of “Country profiles” to describe the current drug situation and policy of its Member States and States co-operating in its networks (the Mediterranean network MedNET and the South East Europe and Eastern European Networks). Its long term aim is to provide a first basis to contribute to the establishment of a National Observatory in the country described.

This “country profile” examines the state of affairs and drugs policy in Lebanon and provides a descriptive analysis to help professionals to study the treatment, prevention and law enforcement methods used in Lebanon. This profile also provides an analysis of the impact of drugs and its effects on the health of citizens. A review of the national alcohol strategy is also included in the profile. In addition, it provides an overview of the various international commitments and relations with neighbouring countries to fight drug trafficking. The document contributes to the implementation of the national policy and shows the successes and lessons learnt in the fight against drug abuse and drug trafficking.

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**Presidency of the Council of Ministers
Department for Anti-drug Policies of Italy**



**PRESIDENZA DEL CONSIGLIO DEI MINISTRI
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Drug situation and policy in Lebanon

Introduction

General overview on drugs

Issues linked to drug abuse in Lebanon apparently date back to the civil war. Until 1975, even though Lebanon was a drug-producing country, it was one of the few with a low rate of usage. However, from the onset of the war, drug abuse amongst the militias increased and this phenomenon soon translated to the civilian population. In a study led amongst a sample representative of the military and civilians in the wake of the war, Lebanese researchers found that disorders linked to drug abuse were amongst those mental disorders which had progressed the most during the war, even more so than post-traumatic stress disorder and/or anxiety disorders¹. Chronic war seems to have fuelled this progression through ease of access to drugs, the psychological fragility of members of the military and civilians, the socio-economic crisis and a more permissive sociocultural context in times of war.

Various drugs are currently available in Lebanon, such as marijuana, hashish, heroin, cocaine, amphetamines (type ATS) and other synthetic drugs, for example MDMA (ecstasy). According to the "International Narcotics Control Strategy Report 2013", Lebanon is a transit country for cocaine, heroin, and fenethylone². Criminal networks based in Western Africa, Panama, and Colombia are associated with networks in Lebanon in the trafficking of drugs intended for European markets and the Gulf States. Regarding production in Lebanon, cannabis resin is mainly produced in the fields of the Beqaa Valley of Lebanon. Moreover, heroin production in that very same region

¹ Baddoura C. *Mental Health and war in Lebanon*. *Bull Acad Natl Med*, 1990;174 (5):583-90.

² U.S. Department of State. *2013 International Narcotics Control Strategy Report. Lebanon*. Available at: <http://www.state.gov/j/inl/rls/nrcrpt/2013/>.

has been increasing. Synthetic drugs are increasingly available in Lebanon, in particular, fenethylamine and ecstasy (MDMA) from Eastern Europe³. The volume of cocaine trafficked from South America via commercial aircraft has similarly risen.

Growing demand in addiction treatment centres, such as the “SKOUN Lebanese addiction center”⁴ indicates that drug abuse is growing in Lebanon. In 2010, the number of persons suffering from an addiction to drugs in Lebanon was estimated at 10,000 to 15,000 persons. Of these, 58% took drugs for the first time between the ages of 14 and 19⁵. An international study, including Lebanon, led by the World Health Organisation found a cumulative incidence of usage of 53.3% for alcohol, 67.4% for tobacco, 4.6% for cannabis, and 0.7% for cocaine⁶.

A further national study conducted in 2010 explored drug and alcohol abuse amongst various population samples, including students in secondary and higher education, patients treated for drug abuse or persons arrested for use and/or trafficking, untreated addicts, as well as inmates (“street users”)⁷. This study found that 9% of the students in higher education abused alcohol (according to the criteria of the DSM-IV-TR) and that 12% of secondary students smoked tobacco. Cannabis was found to be the illegal drug most frequently taken by students in secondary and higher education, and tranquilizers the non-illegal drug most frequently abused. Amongst the sample made up of patients treated for addiction, heroin accounted for 50% of the patients, followed by cocaine (20%) and alcohol (20%), with a high rate of relapse amongst heroin users⁸. Half of the patients treated had already been arrested at least once by the police.

³ U.S Department of State. 2014 International Narcotics Control Strategy Report. Lebanon. Available at: <http://www.state.gov/j/inl/rls/hrcrpt/2014/vol1/222919.htm>.

⁴ Skoun: www.skoun.org.

⁵ Skoun in partnership with the Georges Pompidou Group. *Situational Needs Assessment 2009. Lebanon, September, 2011.*

⁶ Degenhardt L et al. *Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys. Plos Medicine. 2008;5(7): 1053-1067.*

⁷ Karam EG et al. *A rapid situation assessment (RSA) study of alcohol and drug use in Lebanon. J Med Liban. 2010;58:76-85.*

⁸ Karam EG et al. *A rapid situation assessment (RSA) study of alcohol and drug use in Lebanon. J Med Liban. 2010;58:76-85.*

Prescription and non-prescription drug abuse seems to be on the rise⁹, notably amongst the student population¹⁰. These past few years, a growing number of children and teenagers have been using “nargileh”, to the point of becoming a public health issue, with 29.6% of teenagers in public and private schools regularly smoking, and no significant difference between girls and boys¹¹. Finally, tobacco smoking remains widespread in Lebanon, with 53.6% of adult smokers¹² and 11.4% of teenagers in school¹³. The greater incidence of nargileh smokers than of tobacco smokers amongst young people is due to the fact that the nargileh is more culturally acceptable in Lebanese culture than cigarettes.

A study led by Sibai & Hwalla in 2009 amongst a sample representative of Lebanese adults between the ages of 25 to 64 sought to identify the risk factors linked to chronic illnesses by collecting data on tobacco, alcohol, physical activity, obesity, as well as the nutrition habits of the 1982 participants¹⁴. Results showed that 39% of those studied smoked, whilst 57% claimed never to have smoked. Half of those between the ages of 45 and 54% were regular tobacco smokers, but 70% of those between the ages of 25 and 34 had never smoked. The study also showed a greater number of tobacco smokers amongst men, at 47 %, than women, 32%. Regarding alcohol, 21% of those studied drank alcohol, with a rate of 32% amongst men, against only 11% amongst women. Finally, it is interesting to note that 43% of those between the ages of 25 and 34 used to drink¹⁵.

Due to the legislative framework and taboos surrounding drug abuse in Lebanon, Injecting Drug Users are often stigmatized and social discriminated. Most users suffer from social exclusion, and unemployment and difficulties finding housing are common. This situation renders them less and less accessible, especially women.¹⁶ Although the total number of Injecting Drug Users is not known, their estimated

⁹ Naja WJ et al. *A general population survey on patterns of benzodiazepine use and dependence in Lebanon*. *Acta Psychiatr Scand*. 2000;102(6):429-31.

¹⁰ Ghandour LA et al. *Prevalence and patterns of commonly abused psychoactive prescription drugs in a sample of university students from Lebanon: an opportunity for cross-cultural comparisons*. *Drug Alcohol Depend*. 2012;121(1-2):110-7.

¹¹ El-Roueiheb Z, et al. *Cigarette and waterpipe smoking among Lebanese adolescents, a cross-sectional study, 2003-2004*. *Nicotine Tob Res*. 2008;10(2):309-14

¹² Baddoura R et al. *Prevalence of tobacco use among the adult Lebanese population*. *East Mediterr Health J*. 2001;7(4-5):819-28.

¹³ Karam EG et al. *A rapid situation assessment (RSA) study of alcohol and drug use in Lebanon*. *J Med Liban*. 2010;58:76-85.

¹⁴ Institute of Health Management and Social Protection, “National Health Statistics Report in Lebanon” 2012.

¹⁵ *Ibid*

¹⁶ UNAIDS, “Country Progress Report Lebanon”, 2012.

number is between 2,000 and 4,000 persons. During the third and latest awareness campaign undertaken between 2005 and 2007, 212 intravenous drug users were contacted, in addition to some other 140 drug users. Over 60% were familiar with HIV, transmission channels and prevention methods. However, intravenous drug users admitted to risky behaviour, such as sharing needles. Only 31.4% of the Injecting Drug Users had used a condom each time they had sexual intercourse over the course of the month-long study¹⁷.

Regarding Injecting Drug Users in prison, a third of them had never received prior treatment for their addiction¹⁸. Over 70% of them had used intravenous drugs on their very first day in prison and 7% had shared needles. These findings bring into question the policy concerning drug users, and raise the issue of the decriminalization of drug abuse. The incarceration of drug users leads to increased health risks linked to the prison environment, and seems to exacerbate drug dependency and reinforce the pathological act of searching for drugs¹⁹.

A final issue concerns the comorbidity found between drug abuse and psychiatric illness, noted by a study of 222 patients hospitalised for drug abuse/dependency in a Beirut hospital²⁰. This study found that 64.9% of the patients exhibited at least one comorbid psychiatric disorder, with notably an association between cocaine and bipolar disorder on the one hand, and cannabis and schizophrenia on the other. The authors of the study found that 44.9% of the patients were poly dependent, including benzodiazepine dependence. These results concord with international data found in the literature describing the common association between drug abuse and other psychiatric disorders and insisting upon the importance of an in-depth psychiatric evaluation when treating drug abuse or dependency.

General population statistics

The Republic of Lebanon is a parliamentary democracy, located in the Near-East, where three continents meet: Europe, Asia, and Africa. It is made up of six administrative governorates (Mohafaza), subdivided into twenty-six districts (Qada). The governor of each governorate is given central administrative authority.

¹⁷ UNAIDS, "Country Progress Report Lebanon", 2012.

¹⁸ U.S Department of State. 2014 International Narcotics Control Strategy Report. Lebanon. Available at: <http://www.state.gov/j/inl/rls/nrcrpt/2014/vol1/222919.htm>.

¹⁹ Institute of Health Management and Social Protection, "National Health Statistics Report in Lebanon" 2012.

²⁰ Karam EG et al. Comorbidity of substance abuse and other psychiatric disorders in acute general psychiatric admissions: a study from Lebanon. *Compr Psychiatry*. 2002; 43(6):463-8.

28% of the population in Lebanon subsists on less than 4 dollars a day, and 8% lives under the extreme poverty line of 2 dollars or less a day. The Ministry of Social Affairs, with the help of the World Bank, continues to implement the “National Poverty Targetting Programme”, the first national program to specifically target poverty in Lebanon²¹. However, it remains too early to assess the efficiency of this programme and its practical implementation.

General statistics on Lebanon²²

		Year	Lebanon
Population		2013	4 131 583
Age structure	0-14	2013	22.1%
	15-24		17.5%
	25-54		42.4%
	55-64		8.7%
	65 and over		9.4%
Population growth rate		2013	-0.04%
Median age		2013	30.9 years
GDP per capita		2012	€11,700
Unemployment		2012	5,83%
Unemployment, youth ages 15-24		2007	22,1%
Literacy		2007	10,4%
Population below poverty line		1999	28%
Government type			Republic

There are approximately 500 000 Palestinian refugees in Lebanon, making up 10% of the Lebanese population. Amongst this population, 56% are unemployed and 62% live in refugee camps²³. The Palestinian population in Lebanon is particularly marginalised, and in theory Palestinians cannot benefit from an employment contract, nor purchase land. Moreover, the political situation in the camps, notably that in Camp Ain El-Hewe in Saïda, a city in Southern Lebanon, often deteriorates into armed conflict

²¹ The World Bank. *Lebanon Emergency Social Protection Implementation Support Project*. Available at: www.socialaffairs.gov.lb/docs%5Cjobs%5CSWI.doc.

²² Central Intelligence Agency USA, *The World Factbook*. Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/le.html>.

²³ The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Available at: <http://www.un.org.lb/Subpage.aspx?pageid=65>.

between various Palestinian militias. In this context of political and economic instability, drug-trafficking inside the camps is widespread and drug abuse very frequent, notably in men (“Médecins Sans Frontières”, personal communication).

Furthermore, Lebanon is currently experiencing a socio-economic and political crisis linked to the influx of Syrian refugees since the conflict in Syria began in 2011. The current number of Syrian refugees in Lebanon is estimated at over a million refugees, according to the United Nations Refugee Agency (UNHCR)²⁴. Their situation is very uncertain, complicated by mediocre sanitary and housing conditions²⁵. The national health system in Lebanon is clearly saturated, even with the assistance of international aid, which seems insufficient. Drug dependence amongst Syrian refugees has not yet been studied but they represent an at risk population, due to their adverse socio-economic situation and the psychological trauma of war. It is therefore important to introduce drug prevention, detection and treatment amongst this population.

National drug enforcement institutions

The Ministry of Public Health’s primary goal is to improve the population’s health by ensuring fair access to high-quality health services through universal healthcare coverage²⁶. The Ministry of Public Health provides opioid replacement therapy (Buprenorphine), available in Lebanon since 2012, through two main public hospitals, the Rafic Hariri Government Hospital and the Dahr el Bachek Hospital.

Similarly, the Ministry of Public Health is meant to provide free out-patient care to drug addicts at community health care or rehabilitation centres, as provided for by the 1998 law. However, these rehabilitation centres have not been established and patients are left to refer themselves to private clinics or rely on non-governmental organisations (NGO) for treatment.

The Ministry of Social Affairs²⁷ works with seven privately funded organisations/NGOs to provide therapy to drug addicts, in place of public health care centres. These organisations are the following: Skoun, Oum el Nour, JCD (Jeunesse Anti-Drogues),

²⁴ UNHCR. *Syrian regional refugee response*. Available at: <http://data.unhcr.org/syrianrefugees/country.php?id=122>.

²⁵ Medecins Sans Frontieres (MSF): *Misery Beyond the War Zone: Life for Syrian Refugees and Displaced Populations in Lebanon*; 2013. Available at: <http://www.doctorswithoutborders.org/publications/article.cfm?id=6627&cat=specialreport#sthash.c4XTlthZ.dpuf>.

²⁶ Available at : <http://www.moph.gov.lb/Drugs/Pages/Narcotics.aspx>.

²⁷ Available at : <http://www.socialaffairs.gov.lb/>.

Cénacle de la Lumière, AJEM (Association Justice et Miséricorde), Nusroto Al Anachid, Saadat Al Samaa Association²⁸.

The "Internal Security Forces (ISF)" Counter Narcotics Unit of Lebanon is in charge of combatting drug trafficking and drug abuse. The ISF is Lebanon's main police force, made up of an administrative branch and an operations branch, operating under the jurisdiction of the Ministry of Interior. The police are in charge chiefly of arresting and detaining suspects, as well as leading criminal investigations²⁹. The Drug Repression Bureau is part of the Criminal Investigation Department and is responsible for conducting drug-related criminal investigations. The DRB has four detention and interrogation centres³⁰. Under article 211 of law No. 673 of 16 March 1998 on drugs, the "Command centre" leads the collection of information that will serve to facilitate the prosecution of drug-related crimes, to detect and prevent drug trafficking, and to destroy illegal crops³¹.

In practice, the arrest and detention by the ISF, of individuals accused of using and/or trafficking illegal drugs are often conducted in the absence of any control and/or regulatory mechanisms, and often in conditions in violation of human rights, including physical torture to coerce suspects into confessing their drug use or their participation in trafficking activities, or even to give up the names of other persons³². Incarcerated drug users have testified to the use of torture and physical abuse in the ISF detention centres. These practices even led some to give fake names and testimonies to escape torture (as revealed in interviews carried out by the consulting psychiatrist in the AJEM rehabilitation centre in prison). This could contribute to explaining the statistics, compiled by the ISF and given to the Skoun organisation, according to which a third of drug users are arrested on the basis of a denunciation by another drug user³³. This finding of frequent human rights violations, committed by the ISF and DRB, led the AJEM NGO, in cooperation with the French Embassy in Lebanon, to develop training programmes intended to educate ISF forces on drug addiction and respect for human dignity, in an effort to reduce and prevent physically abusive

²⁸ Republic of Lebanon. *List of organisations for the treatment of addictions cooperating with the Ministry of Social Affairs in 2013*. Available at: <http://www.socialaffairs.gov.lb/docs/edman.pdf> (Document in Arabic).

²⁹ Human Right Watch Report. "It's Part of the Job", 2013: *Ill-treatment and Torture of Vulnerable Groups in Lebanese Police Stations*. Available at: <http://www.hrw.org/node/116596/section/1>.

³⁰ *Ibid*

³¹ *The Narcotic Drugs and Psychotropic Substances Act No 673 of 16 March 1998*.

³² Republic of Lebanon. *List of organisations for the treatment of addictions cooperating with the Ministry of Social Affairs in 2013*. Available at: <http://www.socialaffairs.gov.lb/docs/edman.pdf> (Document in Arabic).

³³ *Skoun in partnership with the Georges Pompidou Group. Situational Needs Assessment 2009. Lebanon, September, 2011*.

behaviour aimed at detainees. Similarly, specialised units to monitor police stations where drug users are arrested/detained are being developed, to monitor arrest procedures and secure their human rights compatibility. However, their implementation remains difficult and hindered by the authorities (Association Justice Et Miséricorde, personal communication with the director of AJEM).

In this context, and despite the presence of national counternarcotics units, the absence of an effective national policy on drugs prevents the systematic implementation of activities designed to reduce offer and demand, leaving the realisation of this objective to isolated initiatives. The authorities attempted to implement a programme for the eradication of poppy and cannabis crops in Lebanon. However, in the summer of 2012, these actions were interrupted following the outbreak of violence and protests in the Bekaa region. The Government decided to form a special committee to explore the issue of drug crops and to develop prevention programmes aimed at the relevant regional population. Despite these events, the ISF estimates having destroyed 75% of the crops before they could be harvested. In 2012, the Committee of Ministers approved 12 million euros in funding, including for a programme for the development of alternative crops. These funds come from various drug busts led in the port of Beirut³⁴.

Drug-related legislation

From a legislative perspective

The Lebanese government pursues a strictly implemented drug repression policy. Mere possession or use of drugs, even in a limited quantity, is punishable to the same extent as trafficking. The use or possession of drugs attracts a prison sentence of up to six months, as well as a fine (of about 50 euros). The law does not distinguish between different types of drug use. However, drug dealers, or persons who facilitate drug dealing, are more severely punished, with prison sentences ranging from 6 months to 3 years, and fines ranging from 50€ to 250€³⁵. According to the Drug Repression Bureau, 2,228 drug users were arrested in 2009, and almost half were 18 to 25 years old. In 2012, 2,249 individuals were arrested on drug use charges³⁶.

³⁴ European Commission, « Implementation of the European Neighbourhood Policy in Lebanon, Progress in 2012 and recommendations for action », 20 March 2013.

³⁵ The Narcotic Drugs and Psychotropic Substances Act No. 673 of 16 March 1998.

³⁶ Skoun, presentation on « advocating for legal protection and health services in Lebanon ».

Despite this strong prohibitive legislative perspective, the 1998 law on drugs³⁷ allows users to decide on prison or addiction therapy. This law marked a turning point in the State's perceptions of addiction, hence the sanction no longer attaches to drug use, understood as resulting from an addiction-related disorder (and a disorder cannot of itself be criminalised), but to the person's refusal to accept treatment. Under to Section 2 on the fight against addiction, articles 182 to 198 provide for clear procedures for the rehabilitation of drug addicts³⁸. The law also indicates that therapy must be entirely provided for by the State, in free health clinics under the auspices of the Ministry of Public Health. Article n° 200 provides that the Ministry of Social Affairs must pay a certain sum to persons undergoing treatment, to support their families. Still according to this law, drug users benefit from the possibility to appear before the "Drug Addiction Committee" (DAC) to benefit from therapy and to be attended to throughout their rehabilitation. This option implies the cessation of all criminal proceedings. If the person interrupts his therapy before the Committee pronounces itself on the end of treatment, the Committee informs the judicial authorities and proceedings are reinitiated. The DAC is composed of a judge, a representative from the Ministry of Social Affairs, a representative from the Drug Repression Bureau, and an expert from a private organisation. This Committee is supposed to refer drug users to free health clinics under the auspices of the Ministry of Public Health to coordinate users' treatment throughout.

However, despite this clear legislative preference in favour of treatment over criminal proceedings, it remained unimplemented from 1998 until 2007. The Drug Addiction Committee was created by the Ministry of Justice only six years on, before being swiftly disbanded in the absence of free health clinics to which drugs users could be referred. A second attempt at creating a committee was launched in 2009, but the latter also remained inoperative until 2013³⁹.

Confronted with the non-development of the tools necessary to the implementation of this law (Drug Addiction Committee, free health clinics), judges faced a dilemma: if a person arrested on drug charges expressed the choice and wish to pursue treatment, they could not do so in the centres provided for by the law since these were inexistent. Faced with this dilemma, two judicial attitudes emerged: the first, characterised by judges favouring a moralistic/criminal perspective on drugs, upheld punitive judgments despite users' willingness to undergo treatment or the possibility of pursuing therapy in

³⁷ *The Narcotic Drugs and Psychotropic Substances Act No. 673 of 16 March 1998.*

³⁸ *Ibid*

³⁹ *The Legal Agenda. Cinq étapes du travail juridique dans le dossier des addictions: Modèle emblématique pour dépasser les idées reçues. Décembre 2013. Article en arabe. Available at: <http://www.legal-agenda.com/topics.php?category=37&overdueCategory=&folder=&lang=ar#.Ux9EDl6E6iY>.*

a specialised centre under the auspices of a private initiative or NGO (in the absence of public health clinics as provided for by the law). The second trend emerged in 2008, under the pressure and influence of Skoun and the Agenda Légal⁴⁰. This latter trend was characterised by judges who, of their own initiative, sought to find alternatives, in the absence of a functioning committee and treatment centres, and coordinated with private health centres or NGOs, in cooperation with the Ministry of Social Affairs, by referring some drug users to these private organisations for treatment.

Nevertheless, these initiatives remained isolated and the majority of judges relied on punitive sanctions, despite users' willingness to undergo therapy or their receiving treatment from a specialised organisation.

Throughout this period and until 2013, thousands of drug users were the object of criminal proceedings even though the law intended to provide them with treatment. This led to their marginalisation, social exclusion and stigmatisation, notably because of their resulting criminal record, which constitutes a major obstacle in the search for employment following incarceration.

In January 2013, 15 years after the passing of the law on drugs, the Drug Addiction Committee was finally created by the Ministry of Justice, after free treatment centres were introduced in certain public hospitals (Dahr El Bachek). However, few judges were made aware of the implementation of this Committee and even if they were, referral rates in the months following the Committee's implementation remained very low⁴¹. According to a study led by Skoun amongst judges, 40% of the judges interviewed indicated that they had never handed down a judgment in favour of treatment over incarceration, and only 4% did so on a regular basis. The NGO Agenda Légal further noted and documented instances where judges deliberately refused to cancel legal proceedings or to refer users to the Drug Addiction Committee, despite their knowledge of its implementation, acting as though referral were optional⁴².

Following the collective action by the whole of civil society against this judicial hesitancy in applying the law, and notably thanks to actions led by Skoun and Agenda Légal, the Court of Appeal handed down a decision on 03/10/2013 compelling judges to cease all legal proceedings against a drug user willing to

⁴⁰ Available at: <http://english.legal-agenda.com/>.

⁴¹ *The Legal Agenda. Cinq étapes du travail juridique dans le dossier des addictions: Modèle emblématique pour dépasser les idées reçues. Décembre 2013. Article en Arabe. Available at: <http://www.legal-agenda.com/topics.php?category=37&overdueCategory=&folder=&lang=ar#.Ux9EDt6E6Y>.*

⁴² *Ibid*

undergo treatment and to immediately refer the person to the Drug Addiction Committee, leaving no room for judges to derogate from this decision, applying the principle that “le texte juridique existe pour l’appliquer et non pour le négliger” [the law exists to be applied and not to be neglected]⁴³.

With regards to tobacco, the Lebanese Parliament voted on a law on 17 August 2011, which came into force on 3 September 2012⁴⁴. This law aims to make Lebanon a “100% tobacco-free” country, and prohibits all publicity, promotion and sponsoring linked to tobacco. This law also prohibits tobacco smoking in enclosed public spaces, such as restaurants and bars, and requires that warnings on risks to health cover 40%, and on both sides, of the packaging. A former partial law enacted in 1996 was barely enforced, notably because of obstacles emanating from the tobacco industry⁴⁵. However, the implementation of the current law has been hindered, notably by restaurant and “narguilé café” owners who have long opposed the enactment of this law. The Ministry of Interior and Ministry of Tourism seem to have encouraged, albeit indirectly, restaurant owners to disapply the law, regretting the impact of this law on tourism⁴⁶. The law is currently applied up to 45%, and restaurants at which nargileh is available infringe the law without the threat of any sanction or control⁴⁷. In order to secure the effectiveness of this new law, civil society has multiplied its activities in the field, to realise the complete application of the law by the four ministries responsible for its implementation: the Ministry of Public Health, of Economy and Trade, of Interior, and of Tourism.

Drug seizures

Over the first eight months of 2013, authorities seized 32 kg of cocaine (compared to 5 kg in 2012), 92 kg of cannabis, 16 kg of heroin, 11,700,086 pills of fenethylline, and 57 kg of amphetamine powder. The volume of seized fenethylline pills is particularly significant, having increased from 206,000 pills in 2012⁴⁸.

⁴³ *The Legal Agenda. Cinq étapes du travail juridique dans le dossier des addictions: Modèle emblématique pour dépasser les idées reçues. Décembre 2013. Article en Arabe. Available at: <http://www.legal-agenda.com/topics.php?category=37&overdueCategory=&folder=&lang=ar#.Ux9EDl6E6iY>.*

⁴⁴ *Law no. 174. Tobacco Control and Regulation of Tobacco Products' Manufacturing, Packaging and Advertising. Disponible sur: <http://www.tobaccocontrol.gov.lb/Legislation/Documents/Law%20english%20pdf.pdf>.*

⁴⁵ *Ministry of Public Health. National Tobacco Control Program. Tobacco Control Legislation. Available at: <http://www.tobaccocontrol.gov.lb/Legislation/Pages/NationalLaw.aspx>.*

⁴⁶ *L'Orient-Le-Jour, Mai 2013. Aujourd'hui, la loi anti-tabac n'est appliquée qu'à 45%. Available at: <http://www.orientlejour.com/article/817049/liban-aujourd'hui-la-loi-antitabac-nest-appliquee-qua-45-.html>.*

⁴⁷ *Ibid*

⁴⁸ *U.S Department of State. 2014 International Narcotics Control Strategy Report. Lebanon. Available at: <http://www.state.gov/j/inl/rls/nrcrpt/2014/vol1/222919.htm#>.*

Prisons

There are 22 prisons in Lebanon, across the five governorates. Among these, five are prisons for women. In 2007, there were 5,847 incarcerated prisoners; among them, 3,720 were incarcerated at the central prison in Roumieh, the largest prison in Lebanon⁴⁹, located outside of Beirut and opened in 1970.

Prisons in Lebanon are operated by the Ministry of Interior, whose prison personnel are trained only in maintaining order. Almost all of the prisons are overpopulated. Prison administrations benefit only from a very limited budget to improve or refurbish facilities. Hygiene and ventilation conditions are poor and prisoners often do not have access to safe drinking water⁵⁰. A significant number of prisoners do not have a bed and must sleep directly on the floor; notably, prisoners at Roumieh sleep ten to a cell originally intended to accommodate two. Several NGOs in the field of human rights have denounced the absence of access to basic and emergency medical care, as well as the negligence of the authorities in improving infrastructures and leading to overcrowding. These conditions increase the risk of sexual abuse, of unprotected intercourse, of the spread of sexually transmitted infections, including HIV, and deaths due to medical reasons⁵¹. The suicide rate, although unrecorded in official statistics, seems to also be very high, according to reports by NGOs in the field, and notable AJEM⁵².

Lebanese prisons do not have rules specific to drug use nor for the management of drug users. According to a study led by the “Association Justice et Miséricorde” (AJEM), among 580 adult prisoners at Roumieh between the months of August 2007 and February 2008, 30.2% of prisoners are incarcerated on the grounds of drug-related crimes⁵³. Moreover, 54% of the prisoners admitted to using drugs, and 47% drank alcohol whilst in prison. 7% of those interviewed had shared needles in prison. The majority of those who admitted to using drugs in prison use various types of drugs; 36,17% use hashish, 22,87% use cocaine, 0,8 % use ecstasy, and 16,23% use general medication available via supervised subscription⁵⁴.

⁴⁹ Association Justice et Miséricorde (AJEM), “A Case Study on the AJEM Center for Drug User Rehabilitation”, 2008. Available at: <http://www.moph.gov.lb/Prevention/AIDS/Documents/Ajem.pdf>.

⁵⁰ U.S Department of State, 2013 Country Reports on Human Rights Practices, Lebanon. Available at: <http://www.state.gov/j/drl/rls/hrrpt/2013/nea/220365.htm>.

⁵¹ *Ibid*

⁵² Association Justice et Miséricorde. *Intervention de l’AJEM en santé mentale en prison*. Available at: https://www.academia.edu/3833657/Intervention_de_lAJEM_en_sante_mentale_a_la_prison.

⁵³ *Ibid*

⁵⁴ *Ibid*

Moreover, this study shows that 48% of incarcerated drug users were serving their second prison sentence, and 8.3% their third or fourth⁵⁵. Hence, almost half of drug-related arrests are of reoffenders, highlighting the authorities' lack of willingness and sense of initiative to rehabilitate drug users and enable their social reintegration. These findings further indicate that far from preventing reoffending, stays in prison can exacerbate drug addiction due to ease of access to the various drugs available in prisons, and the absence of an effective policy of rehabilitation and addiction therapy in prisons.

Confronted with the prison system's lacunae on this issue and drug users' needs in terms of rehabilitation, the AJEM organisation working on human rights issues in the prison of Roumieh, created, in 2006, the "Centre de réhabilitation pour usagers de drogue" (Centre for Drug User Rehabilitation)⁵⁶, a pioneer programme in the region. This centre aims to rehabilitate drug users, to prepare their reintegration into society, and to lay the foundations of addiction therapy during the course of their incarceration. The rehabilitation programme is therefore led by a multidisciplinary team, including social workers, nurses, psychologists, a psychiatrist, and lawyers. Addiction therapy is based on interviews focused on users' motivations, cognitive and behavioural therapies, and might also rely on medication when appropriate or in the event of psychiatric comorbid disorders. The programme further includes educational sessions on drugs, addiction, risk reduction⁵⁷, and gives residents the opportunity to continue with their studies throughout the course of their sentence. The Centre's personnel offer a follow-up once residents have served their sentence, to prevent relapses and to help with finding employment⁵⁸.

It is important to note that the provision, to prisoners, by the AJEM Centre for Drug User Rehabilitation of buprenorphine-based substitution treatment has been hindered, including by the authorities and the Ministry of Interior (AJEM, personal communication). Persons receiving buprenorphine and arrested for reoffending are therefore required to interrupt their substitution treatment, or will not benefit from another opportunity to be assessed as a potential candidate for this type of therapy. The prison authorities' official rationale is the risk of excessive or illicit use of buprenorphine and the emergence of buprenorphine-trafficking within the prison, in the absence of sufficient regulations and oversight. In reality, it would seem that the implementation of a full programme providing for substitution treatment and pursuing

⁵⁵ Association Justice et Miséricorde. *Intervention de l'AJEM en santé mentale en prison*. Available at: https://www.academia.edu/3833657/Intervention_de_lAJEM_en_sante_mentale_a_la_prison.

⁵⁶ *Ibid*

⁵⁷ Association Justice et Miséricorde (AJEM), "A Case Study on the AJEM Center for Drug User Rehabilitation", 2008. Available at: <http://www.moph.gov.lb/Prevention/AIDS/Documents/Ajem.pdf>.

⁵⁸ *Ibid*

a multidisciplinary approach requires a greater investment on behalf of the prison's authorities and willingness to cooperate with AJEM, to enable the latter to benefit from a sufficient margin of operation within the prison (AJEM, personal communication with the director of AJEM).

Prevention

There is not yet in Lebanon a national policy on drug prevention that could be implemented by the Ministry of Health or the Ministry of Social Affairs. Several NGOs are attempting to fill this gap in terms of drug prevention.

The NGO "Soins infirmiers et développement communautaire – SIDC" (Nursing care and community development), aims to raise awareness among teenagers and young persons on drug-related risks, with a particular focus on vulnerable and stigmatised groups. Prevention activities are also carried out in the field, and SIDC provides counselling services to drug users and their families⁵⁹.

The NGO "Oum El Nour" has developed a prevention programme is on information, education, and development strategies, in partnership with national and international organisations, including the Pompidou Group. Oum el Nour also benefits from the availability comprehensive documentation centre. Oum El Nour aims to increase awareness, to encourage the involvement and participation of members of the community in the fight against drugs, and to disseminate appropriate information on substance abuse. The target audience in terms of prevention are those in school, at university, the various communities, and the wider public through mass media. Among the programmes developed by Oum el Nour, the "CAP" (Creation of actors for prevention) aims to create a sense of responsibility amongst teachers, educators, and social workers as "actors for prevention" through the transmission of competences focused on social and emotional skills, notably in school environments⁶⁰. Studies on the effectiveness of prevention programmes have shown that the most effective forms of substance abuse prevention are not educational workshops on the risks linked to drugs, but the integration, from a very young age, of social and emotional skills that are key to a child's development (a form of prevention focused on strengthening skills), taught, notably, by teachers/educators. These skills contribute significantly to protecting teenagers and adults from developing a drug habit and addiction⁶¹.

⁵⁹ SIDC. Website Available at : <http://www.sidc-lebanon.org/index.php/features/drugs>.

⁶⁰ Association Oum el Nour. Available at : <http://www.oum-el-nour.org/prevention.php?i=2>.

⁶¹ European Monitoring Center for Drugs and Drug Addiction (EMCDDA). Prevention of drug use. Available at le site: <http://www.emcdda.europa.eu/topics/prevention>.

Oum El Nour has also put into practice an alternative approach to substance abuse prevention through its “Sports for Peace and Social Change” programme. Oum el Nour organises sports events and provides training to teach young people skills to lead them away from drugs⁶². Finally, in partnership with the Pompidou Group, Oum el Nour hopes to develop a counselling centre for young addicts in the city of Deir El Ahmar, located in the Bekaa valley. This project aims to raise awareness through campaigns on drugs and to create “self-development” workshops for young people⁶³.

The Skoun NGO is also very active in the field of prevention⁶⁴. By contrast with prevention programmes developed by other NGOs, the specificity of Skoun’s approach is that it is based on the guidelines of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): educating young people on drugs is not the most effective form of prevention, focusing instead on implementing school-based programmes designed to reinforce competences key to children’s development: reinforcing personal social skills (self-confidence, communication, resisting peer pressure), changing commonly held beliefs, reinforcing personal competences⁶⁵.

To this effect, Skoun has implemented numerous prevention programmes in Lebanon. The “Skills for life” programme strengthens the skills mentioned above. It aims to educate students on how to make informed decisions, to develop their emotional intelligence, their critical minds, and to increase their self-confidence. This programme can be incorporated into the school curriculum, thus enabling schools to implement drug prevention, including training for teachers and other school staff. Pursuing the same objectives, a “Skills for adolescence” programme was introduced in 2013 in partnership with the Pompidou Group. The “Drug awareness programme”, with the slogan “Know More, Risk Less”, organises interactive workshops, discussion groups, and provides reading material on drugs to educate young people⁶⁶. The “Mobile Education Unit” aims to provide key information on drugs and facilitates open discussion with members of the prevention team. The mobility of this programme allows for intervention in a variety of location, and at

⁶² <http://www.oum-el-nour.org/prevention.php?i=2>.

⁶³ Oum el Nour, Groupe Pompidou, présentation « Establishment of a Youth Drug Counseling Center in a High-Risk Area in Lebanon : Deir El Ahmar ».

⁶³ Oum el Nour, Groupe Pompidou, présentation « Establishment of a Youth Drug Counseling Center in a High-Risk Area in Lebanon : Deir El Ahmar ».

⁶⁴ Skoun, Website Available at : <http://www.skoun.org/prevention.php>.

⁶⁵ European Monitoring Center for Drugs and Drug Addiction (EMCDDA). Prevention of drug use. Available at le site: <http://www.emcdda.europa.eu/topics/prevention>.

⁶⁶ Skoun, Website Available at : <http://www.skoun.org/prevention.php>.

different events, school forums, and musical events⁶⁷. Education on drugs has proven effective only when grounded in an interactive approach⁶⁸.

Other NGOs such as “Jeunesse Anti Drogue – JAD” and “Jeunesse Contre la Drogue – JCD” participate in the fight against addiction. In terms of prevention, JCD educates young people in schools on the harmful effects of drugs, alcohol, and tobacco. JCD also organises training workshops on drugs aimed at medical staff, and informs the wider public on the transmission and prevention of HIV/Aids⁶⁹.

Despite these initiatives led by various NGOs, prevention programmes cannot be implemented nationally nor be fully effective without the active participation of the State. The latter must introduce policies designed to limit access to drugs, control advertising, including a written charter in schools, and developing prevention programmes aimed at families. Similarly, the State must contribute to the work of, or cooperate with the NGOs to implement school-based programmes to strengthen students’ life skills before they reach secondary education, particularly so in the face of the high prevalence of substance abuse amongst students in secondary education.

Treatment

Opioid replacement therapy has been available in Lebanon since 2012, but only through the Ministry of Public Health. Substitution therapy is defined as the administration under medical supervision of a prescribed psychoactive substance, pharmacologically related to the one producing dependence, to persons suffering from substance dependence, to achieve specific therapeutic objectives. Opioid replacement therapy is a form of healthcare for heroin and other opiate-dependent persons using prescribed opioid agonists which have similar properties to heroin and/or morphine on the brain and which alleviate withdrawal symptoms, including addicts’ sense of craving, without producing the same harmful effects. The aims of this treatment, as defined by the Ministry of Health, are the following:⁷⁰

⁶⁷ Skoun, Website Available at : <http://www.skoun.org/prevention.php>.

⁶⁸ European Monitoring Center for Drugs and Drug Addiction (EMCDDA). Prevention of drug use. Available at le site: <http://www.emcdda.europa.eu/topics/prevention>.

⁶⁹ Jeunesse Contre la Drogue (JCD). Available at: www.jcldb.org.

⁷⁰ Ministry of Public Health, Lebanon. « Opioid Substitution Treatment ».

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- To assist people in remaining healthy until, with the appropriate care and support, they can achieve a drug-free life. If they so wish they can remain in treatment for years or even for their lifetime;
 - To reduce the use of illicit drugs.
 - To deal with problems related to drug misuse.
 - To reduce the dangers associated with drug abuse, particularly the risk of transmitting HIV, hepatitis B and C, and other blood-borne infections from sharing needles.
 - To reduce the chances of relapse.
 - To stabilise persons when appropriate by administering substitution treatment to alleviate withdrawal symptoms.
 - To improve overall personal, social, and family life.

For the time being only buprenorphine is authorised as a substitute to opioids in Lebanon. The authorisation and distribution of methadone are currently being studied by an expert committee. In Lebanon, since 2012, 1,020 persons have benefited from opioid substitution treatment provided by the Ministry of Public Health⁷¹. Buprenorphine is administered according to strict rules:

- Only psychiatrists who have received specialised training from the Ministry of Public Health on the modalities of prescribing substitution treatment can prescribe buprenorphine.
- A psychiatrist authorised to prescribe buprenorphine must be a member of a multidisciplinary team in charge of deciding and monitoring substitution treatment, in a specialised centre or a psychiatric ward on a hospital, and including: a social worker, a nurse, and a psychologist.
- Prescription must be renewed every seven days and must include the exact daily dosage. Specific prescription paper is provided by the Ministry of Health, and each patient has an electronic file. An opioid-detection urine test is required upon each renewal, and a buprenorphine-detection urine test is required once a month.
- If upon the three months mark of treatment, a patient's condition is deemed to have stabilised by the medical team and Ministry of Health, and in the absence of relapse, the patient's prescription may be renewed every two weeks.
- Buprenorphine is distributed only two centres throughout Lebanon, located in two public hospitals: the Rafic Hariri Government Hospital in Beirut and the Daher El Bachek Hospital.

⁷¹ Ministry of Public Health, Lebanon. « Opioid Substitution Treatment ».

It is important to note that buprenorphine is not provided free of charge by the Ministry of Health and costs the equivalent of 18 euros for 7 tablets of 8 mg each.

In the absence of any Government-run community centre, either under the auspices of the Ministry of Public Health or of Social Affairs, to ensure the provision of multidisciplinary and outpatient care to drug users, and the possible prescription and monitoring of substitution treatment, drug users can refer themselves to the following alternatives:

- Free treatment provided by specialised NGOs that have multidisciplinary teams operating from community-based outpatient facilities Skoun, AJEM, Centre escale of the SIDC NGO.
- Private treatment though often at a high cost, provided by a team coordinated by a psychiatrist from a private practice.

Skoun is the first organisation to have launched a community-based programme to provide treatment based on this multidisciplinary approach from an outpatient facility⁷². In the first phase of Skoun's treatment programme, patients benefit from a complete medical, psychiatric and social evaluation. On the basis of the latter, a personalised treatment plan is drawn up, further taking into account each patient's needs and willingness. Treatment may include individual psychotherapy sessions, or group therapy. Bearing in mind that drug use also significantly impacts friends and families of drug users, Skoun organises support groups and educational sessions on the psychology of addiction to patients' friends and families, to support them and provide information throughout the duration of patients' treatment. In the framework of this holistic approach, Skoun regularly provides free medical check-ups, and participates in treating HIV, hepatitis B and C, and other medical issues. In 2010 Skoun welcomed 151 patients, against 214 in 2011⁷³, notably including an increase in the number of patients between the ages of 17 and 21.

Even if the aforementioned NGOs' initiatives contribute to providing treatment to a majority of drug users who would not otherwise have access to treatment due to the cost of private therapy, they nevertheless cannot replace a national health policy on drugs, and cannot meet treatment needs throughout all of Lebanon. The law does provide that public healthcare centres should be developed in every region, managed by the Ministry of Public Health or of Social Affairs, but these have not yet been created. According to a study by Skoun, community-based centres managed

⁷² Skoun, *Lebanese Addiction Center*, Available at: <http://www.skoun.org/>.

⁷³ Skoun, « 2010 Annual report ».

⁷⁴ *L'Orient LE Jour*, « Drogue : mauvaise répartition géographique des centres de désintoxication et insuffisance de places », 10.05.2011. Consulté le 22.01.2014.

⁷⁵ *Ibid*

by NGOs are almost all exclusively located in Mount Lebanon and Beirut, and are not accessible to all addicts⁷⁴. Of the 1,293 persons that sought treatment from specialised NGOs in 2009, 25% did not have access to care⁷⁵.

When drug withdrawal symptoms require a patient's hospitalisation, he may be referred to:

- A psychiatric ward in a private hospital, implying high fees (about 1,500 to 2,000 euros per week) not covered by healthcare insurance.
- A psychiatric hospital where costs will be covered by the National Social Security Fund (Caisse Nationale de Sécurité Sociale - CNSS). However, the CNSS always indicates, with the patient's consent, the reason for a patient's sectioning as depression, being reticent to cover the cost of care for substance withdrawal, and reflecting the continuing perception that drug addiction is not a disorder requiring therapeutic intervention.
- Hospital places for substance withdrawal funded by the Ministry of Public Health are limited and rarely available, since persons suffering from psychiatric disorders, such as schizophrenia or bipolar disorder, have priority.

Briefly, despite the initiatives of NGOs in the field of treatment of substance addiction, and despite the availability of buprenorphine under the supervision of the Ministry of Health, the absence of a national policy on drugs is betrayed by the absence of free treatment centres managed by the Ministry of Public Health or of Social Affairs in every region throughout the country.

Inpatient drug user rehabilitation programmes

Inpatient rehabilitation programmes for drug users are offered by various NGOs in Lebanon, mainly by Oum El Nour, Jeunesse Contre la Drogue, and Sénacle de la Lumière. However, there are long waiting lists for these inpatient programmes⁷⁶. In 2010, demand for a place in a rehabilitation programme, by both men and women suffering from substance dependence, had increased from previous years, but the number of those given a place by the Oum El Nour organisation between 2003 and 2010 remained stable, with an average of 85 admissions per year⁷⁷.

⁷⁴ *L'Orient LE Jour*, « Drogue : mauvaise répartition géographique des centres de désintoxication et insuffisance de places », 10.05.2011. Consulté le 22.01.2014.

⁷⁵ *Ibid*

⁷⁶ Association Justice et Miséricorde (AJEM), « A Case Study on the AJEM Center for Drug User Rehabilitation », 2008. Available at: <http://www.moph.gov.lb/Prevention/AIDS/Documents/Ajem.pdf>.

⁷⁷ Institute of Health Management and Social Protection, "National Health Statistics Report in Lebanon" 2012.

The model inpatient drug user rehabilitation programme is that offered by Oum el Nour⁷⁸. This programme is a 4-stage inpatient programme (over 12 or 15 months), based on a comprehensive and holistic approach to drug dependency. The programme's objectives are to help patients achieve long-lasting abstinence; minimize the medical and social complications linked to drug abuse, and to help patients re-enter mainstream society. To this effect, Oum el Nour has a medical team, supported by social workers, psychologists, and lawyers. Each drug user benefits from an individualised care plan, as well as participating in group therapy. The NGO favours gradual social reintegration, and helps patients with their professional orientation. Numerous constructive and leisure activities, designed to contribute to the healing and reintegration process, are offered (educational sessions, personal development, art therapy, etc.)⁷⁹. The overall aim of rehabilitation being complete abstinence from drugs, Oum el Nour does not provide care to persons undergoing substitution treatment, the latter being provided from outpatient facilities by specialised NGOs (for example, Skoun). Both types of treatment (inpatient, as opposed to community-based outpatient) are based on differing approaches to the treatment of substance addictions, but both can lead to patients' social reintegration. Generally, the best choice of treatment varies from patient to patient and includes a patient's personal preference, how long he has been an addict, the type of drug used, his drug habit, and the quality of his overall environment.

There are two Oum el Nour inpatient rehabilitation centres: the one for men is located in Sehaile – Kesrouan and can welcome up to 60 patients, and the other for women is located in Fatka – Kesrouan and can welcome up to 36 patients.

Risk reduction

Health-related consequences

The link between injecting drugs and HIV/Aids has been known for some time, and injection is known as a more efficient and swift mode of transmission of HIV than sexual intercourse. Once one user amongst a group of Injecting Drugs Users (IDU) has contracted HIV, the virus spreads much more rapidly⁸⁰. The main reason for this swift progression is the sharing of contaminated needles by IDUs. It has already been noted that one of the main factors contributing to halting the progression of HIV among IDUs is the accessibility of treatment programmes⁸¹.

⁷⁸ Oum el Nour, Website Available at : <http://www.oum-el-nour.org/programsrehab.php?i=2>.

⁷⁹ Ibid

⁸⁰ WHO, UNAIDS, UNODC. (2004). *Advocacy Guide: HIV/AIDS Prevention Among Injecting Drug Users*.

⁸¹ Ibid

The number of persons living with HIV/Aids in Lebanon was estimated at 3,600 in 2012,⁸² and the prevalence of HIV/Aids among the Lebanese adult population at 0.1% in 2012, making Lebanon the 156th country worldwide⁸³. The prevalence rate remained unchanged from 2007, and Lebanon therefore boasts a low prevalence rate for HIV/Aids. The number of deaths attributed to HIV/Aids was below 500 in 2012, making Lebanon the 94th country worldwide⁸⁴. All new cases of HIV must be made known to the Ministry of Public Health and the data is analysed by the team from the National Aids Control Programme.

There are an estimated 2,000 to 4,000 Injecting Drug Users, and, allegedly, 5.7% of HIV positive persons in Lebanon are IDUs⁸⁵. However, this population is difficultly accessible, due to the stigma of drug use, and attaching to IDUs in particular. A study by the National Aids Control Programme, in partnership with various NGOs, studied the risky behaviour of 212 IDUs, across five governorates in Lebanon, over six months.⁸⁶ This study found that only 66.4% of participants knew what HIV was, 65.6% knew about various routes of transmission, and 61.3% knew methods of prevention. 13.2% of the IDUs interviewed recognised always sharing needles, and 23.3% occasionally shared needles. Moreover, only 31.4% of IDUs interviewed systematically used a condom over the past month⁸⁷.

Another national study by the National Aids Control Programme, in partnership with researchers from the American University of Beirut and specialised NGOs, and financed by the World Bank, sought to estimate the prevalence of HIV and hepatitis B and C among vulnerable groups in Lebanon, including IDUs. Thanks to its methodology, the study further provided the opportunity to educate on HIV and STIs, and to reinforce NGOs' capacities to develop STI prevention and screening programmes. This study found that, among the 109 participants recruited by NGOs, 52.8% of IDUs had hepatitis C, 2.8% had hepatitis B,⁸⁸ and only one was HIV positive.

⁸² *The World Factbook. Lebanon.*

Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/le.html>.

⁸³ *Ibid*

⁸⁴ *Ibid*

⁸⁵ *Association Justice et Miséricorde (AJEM), "A Case Study on the AJEM Center for Drug User Rehabilitation", 2008. Available at: <http://www.moph.gov.lb/Prevention/AIDS/Documents/Ajem.pdf>.*

⁸⁶ *Badran, Nadia. The National AIDS Control Program: Outreach HIV/AIDS Prevention Targeting Populations at Risk in Lebanon: Final Report 2007. s.l.: NAP, 2007.*

⁸⁷ *Ibid*

⁸⁸ *IBBS Study Team Faculty of Health Sciences, American University of Beirut. Mishwar": An Integrated Bio-Behavioral Surveillance Study among Four Vulnerable Groups in Lebanon: Men who have Sex with Men; Prisoners; Commercial Sex Workers and Intravenous Drug Users - Final Report. s.l. : unpublished, 2008.*

Answering health-related problems

Lebanon has not fully adopted a harm reduction-focused approach. Although needle exchange programmes are illegal, pharmacists may sell needles in unlimited quantities⁸⁹. Initially implemented by the World Health Organisation (WHO) in 1989, today, the National Aids Control Programme is managed jointly by the WHO and the Ministry of Public Health. The Programme's strategy includes strengthening prevention and risk reduction initiatives, raising community awareness through regular campaigns, active social work by non-governmental networks and organisations, collecting research data, and improving patient treatment⁹⁰. Most of the initiatives launched over the past few years have focused on vulnerable groups, including prisoners, men who have sex with men, drug users, and sex workers⁹¹.

One of the NGOs particularly involved in harm reduction activities in Lebanon and the Middle-East, as well as North Africa, is the Menahra organisation. The mission of Menahra is to support and develop harm reduction approaches among vulnerable populations, including drug users. Menahra works in partnership with other NGOs, as well as with the WHO, the National Aids Control Programme, and the Ministry of Health. Its key objectives include implementing and improving harm reduction activities in the Middle East, strengthening the knowledge and capacities of government and civil society in terms of harm reduction, increasing accessibility and availability of free harm reduction services in prisons and the wider community⁹². Menahra has already led several awareness campaigns and offers free harm reduction services, including among others, needle exchange programmes and making methods of protection, such as condoms, available in prison. Skoun and SIDC have also developed harm reduction programmes targeted at IDUs, including distributing needles and educating IDUs on health risks.

Screening

The government hospital of Baabda offers anonymous and free of charge STI screening. Skoun also has a healthcare programme that provides anonymous and

⁸⁹ Association Justice et Miséricorde (AJEM), "A Case Study on the AJEM Center for Drug User Rehabilitation", 2008. Available at: <http://www.moph.gov.lb/Prevention/AIDS/Documents/Ajem.pdf>.

⁹⁰ World Health Organization, « Country Cooperation Strategy for WHO and Lebanon, 2010-2015 ».

⁹¹ IBBS Study Team Faculty of Health Sciences, American University of Beirut. *Mishwar": An Integrated Bio-Behavioral Surveillance Study among Four Vulnerable Groups in Lebanon: Men who have Sex with Men; Prisoners; Commercial Sex Workers and Intravenous Drug Users - Final Report. s.l. : unpublished, 2008.*

⁹² MENAHRA. *Missions and objectives*. Available at: <http://www.menahra.org/en/about/mission-objectives>.

free of charge screening for HIV, hepatitis B and C, as well as advice and information on transmission and protection. Screening is also available free of charge from the Masra NGO for the LGBT population (“Lesbian Gay Bisexual Transsexual”)⁹³.

Available training

The Medical Faculty of the Beirut Saint-Joseph University offers a graduate degree in addiction which aims to train healthcare professionals on how to care for patients suffering from chemical and/or behavioural dependence. This course includes modules on public health, tobaccology, drug addiction, as well as classes on dependence-linked behaviour. It is a one year course⁹⁴.

Skoun also provides training to healthcare professionals, aiming to teach them best practices in terms of prevention and care. These courses are adapted to the needs of both professionals and the community⁹⁵.

Combatting drug-related corruption and money laundering

In 2011, the United States Department of the Treasury blacklisted Lebanese banks as “primary money laundering concern”. This prompted the authorities to restrict and better regulate capital flows. The central bank announced a plan designed to increase the capital required of currency exchange banks, so as to prevent the exchange of small sums. Furthermore, the new regulation requires that currency exchange banks to verify the conformity of transactions, to invest in antifraud software, and to report all suspicious transactions.

By cooperating with other countries, Lebanon has played a key role in combatting money laundering and the financing of terrorist organisations. This exchange of information is then used by the Lebanese Financial Investigation Unit on combating money laundering, coordinating with the competent authorities to freeze suspect accounts. Lebanon was rewarded by being removed from the list of non-cooperative countries by the Financial Action Task Force (FATF – “Groupe d'action financière - GAFI”)⁹⁶.

⁹³ Association Justice et Miséricorde (AJEM), “A Case Study on the AJEM Center for Drug User Rehabilitation”, 2008. Available at: <http://www.moph.gov.lb/Prevention/AIDS/Documents/Ajem.pdf>.

⁹⁴ Université Saint-Joseph. Available at: <http://www.usj.edu.lb/admission/dipl.htm?cursus=681>.

⁹⁵ Skoun Lebanese Addiction Center. Available at: www.skoun.org/.

⁹⁶ European Union, « European Neighbourhood Policy EU- Lebanon Action Plan ».

International and regional cooperation

International cooperation

Lebanon is among those countries to have signed the three UN Conventions on narcotics and illicit traffic of psychotropic substances:

- Single Convention on Narcotic Drugs ;
- 1971 Convention on Psychotropic Drugs ;
- 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Lebanon's action plan in terms of the fight against drugs includes:⁹⁷

- The exchange of information on the implementation of the 1988 UN Convention on illicit traffic of Narcotics and Psychotropic substances and of the national anti-drug strategy covering drug supply and demand, including prevention programmes to combat drug addiction and programmes for the treatment of addiction.
- The development of international cooperation in the fight against trafficking narcotics and drug addiction, in particular the prevention of drug abuse, treatment and rehabilitation of drug addicts.
- Cooperation to prevent drug precursor diversion.
- Cooperation on the implementation of the relevant UN Conventions.

Lebanon joined Interpol in 1949 (the second country to do so after Egypt). The National Central Bureau (NCB) is part of the ISF International Relations Department and is in charge of cooperation activities with Interpol in Beirut. This Bureau is responsible for:⁹⁸

- Exchanging of criminal information at domestic and international levels.
- Arresting and handing over criminals to the Interpol member countries in accordance with the principle of reciprocity in the absence of bilateral treaties.
- Exchanging crime expertise.

The Beirut NCB cooperates with Interpol particularly in the fields of drug trafficking, money laundering, terrorism, illegal immigration, and human trafficking⁹⁹.

⁹⁷ European Union, « *European Neighbourhood Policy EU- Lebanon Action Plan* ».

⁹⁸ Interpol, Lebanon. Available at: <http://www.interpol.int/Member-countries/Asia-South-Pacific/Lebanon>.

⁹⁹ *Ibid*

Moreover, Lebanon has been collaborating with the United Nations Office on Drug and Crime (UNODC) since 1999 on a project targeting Juvenile justice reform. Technical assistance was also provided on activities related to drugs and the fight against corruption in the framework of national or regional projects. In 2007, the Ministry of Justice requested the assistance of UNODC to address Penal Justice reform, including prison reform¹⁰⁰.

Bilateral cooperation

Lebanon works in partnership with various US agencies, such as the “Federal Bureau of Investigation” and the “US Drug Enforcement Administration” (DEA). In 2009, the DEA trained thirty five members of the ISF in counter narcotic investigative techniques during a five day programme¹⁰¹. Training covered the following topics: drug identification, field operations, case initiation, surveillance, informant handling, interrogation, report drafting, drug arrests, as well as raid planning and undercover exercises.

In practice, and as mentioned above (see chapter : National drug enforcement institutions), the ISF has used torture in the course of interrogations of persons arrested on drug charges, as evidenced by the numerous testimonies and denunciations by human rights NGOs. There is therefore an urgent need in terms of ISF members’ training on interrogation techniques to strengthen respect for human dignity and individuals’ physical and psychological well-being.

Data availability

The main studies and reports on drug prevalence, demand or usage among the population were conducted by NGOs such as Skoun and AJEM. The latter in particular has authored studies on drug use in prisons and risky behaviour (see chapter: prisons). Teams of academics have also studied drug usage among students, to assess the scope of the issue among this population (see chapter: General overview on drugs). Studies have also been conducted in schools, such as the MedSPAD study. The Lebanese authorities, including the Ministry of Health, of Justice, or of Education have contributed to these studies when required, but these initiatives remain mostly developed by NGOs.

¹⁰⁰ ONUDC. Website Available at <http://www.un.org.lb/Subpage.aspx?pageid=60>.

¹⁰¹ Ambassade des Etats-Unis, Beyrouth, Liban. Available at: http://lebanon.usembassy.gov/latest_embassy_news/09pressreleases/prisf011209.html.

Since the creation of the programme in 2012, the Ministry of Health also manages a database on opioid substitution treatment (buprenorphine) and patients, in an effort to collect data on the occurrence of heroin dependence, the effectiveness of the programme, as well as on comorbidity. Key missing data are those pertaining to the effects of drug use, such as drug-related mortality rates.

Specific themes

Young people and addiction

Lebanon pays particular attention to the prevalence of drug use in schools. It is to this effect that the MedSPAD survey was developed (Mediterranean School Survey Project on Alcohol and other Drugs). This survey is modelled, and adapted to the Mediterranean countries studied, on the ESPAD (European School Survey Project on Alcohol and other Drugs), in the framework of the activities of the MedNET network.

The data thus collected facilitates the implementation or revision of prevention programmes. These studies, repeated at various moments in time, can then contribute to assessing the impact of a particular policy or of prevention programmes. The key objectives of this school survey are:

- To determine the magnitude of social contact and actual use of drugs among pre-secondary schoolchildren in all areas of Lebanon.
- To complete data regarding cigarette and nargileh contact and use in that subgroup of the population.
- To confirm and detail data regarding alcohol contact and utilization in that

The ESPAD questionnaire was adapted to reflect the specific Lebanese context. A version in Arabic was developed, building partly on a previous one prepared for MedSPAD-Morocco. The questionnaire was titled "What do young people know about addictive substances?". The following data is taken from the Pompidou Group 2009 report: "Awareness and practices related to addictive substances among school children in Lebanon in 2008 - MedSPAD Lebanon"¹⁰².

At the end of the data collection, a total of 1097 questionnaires had been completed in 59 classrooms, almost equally distributed between the five

¹⁰² *Groupe Pompidou. « Awareness and practices related to addictive substances among schoolchildren in Lebanon in 2008 - MedSPAD Lebanon ». Rapport publié en 2009.*

administrative districts of Lebanon. The sample included slightly more girls (54%) than boys (46%). Ages ranged from 12 to 19 years, with a mean of 14.6 year. Most children were between ages 14-15.

Concerning cigarette smoking:

1 out of 4 participants reported living in a household with no smokers. More fathers (56%) than mothers (39%) were reported as smokers. About 38% of those children declared having no smokers among their friends, against 20% declaring all their friends to be smokers. In this group, 10% had ever tried cigarettes and about 3.9% were "frequent" smokers. Of "frequent" smokers (n=49), 60% were already smoking at least one cigarette per day. On average, age at first cigarette was 13 years.

Concerning nargileh smoking:

About 36% of selected students reported living in households with no nargileh smokers. Almost equal proportions of nargileh smokers were found in fathers (27%) than in mothers (23%). 19% of those children declared no nargileh smokers among their friends, versus 42% declaring all their friends as nargileh smokers. In this group, more than 25% had ever tried nargileh and about 19% were "frequent" users. On average, the age at first nargileh was 14 years.

Concerning alcohol:

More than 60% of surveyed students reported no alcohol use at all in their family and about 50% reported no use among friends. However, at least 16% declared that all their friends drank alcohol. Because alcohol use is a stigmatized behaviour in some areas, at least 11% reported being unsure of their friends' contact with that substance. About 65% had never used alcohol in their lives, while about 20% reported doing so in the 4 weeks preceding the survey. Beer was by far the most common drink used even once in a life-time (60%) or in the previous 4 weeks (17%). It was followed in frequency by whisky, wine, arack and vodka. Among those who had a drink in the past 4 weeks, almost half did not have more than 2 drinks, regardless of the type of alcoholic drink used. When consumed, alcohol was consumed mostly at home (71%) or in restaurants (50%), with relatives (59%) or friends (47%) and rarely alone (12%).

Concerning hashish:

Of all licit and illicit drugs queried in this survey, hashish was the most known. More than 85% of all students had heard of this substance, and almost 20% knew someone who uses it. At least 7% of all students reported use at various frequencies in their immediate circle of friends.

This survey indicates that the use of various types of drugs is relatively low. Nevertheless, some results must be highlighted:

- Not only have important proportions of children already heard about several categories of drugs, but equally important proportions know of their presence in their social environment. It was surprising and disturbing to find that between 10% to 15% of these children with a mean age of 14-15 already know someone who uses either cocaine or heroin or tranquilizers, more than 20% someone who uses hashish. These figures raise the issue of the ease of access to those substances for adolescents in Lebanon which has to be explored.
- The rapid increase in hashish and Ecstasy use starting age 16 compared to 14-15 suggests that prevention should indeed be started much earlier.
- This survey confirms the predominance of cigarette and nargileh presence in the social environment of these children, and that experimentation and early initiation are relatively frequent.

The following table sums up the key findings of the MedSPAD-Lebanon survey:

MedSPAD study 2009	Cigarette	Nargileh	Alcohol	Hashish	Ecstasy	Other substances
Age at first	13	14				
Already used	10%	25%	20%	7%	1.5%	
Awareness				> 85%	<15%	80% cocaine 64% heroine
Knows a family member/friend who uses	20%	42%	16%	20%	<5%	11% cocaine 10% heroine

Conclusion

This country profile allows for a better understanding of the Lebanese model. It provides an overview of government policy on drugs, initiatives to combat drug trafficking and abuse, and the modalities of treatment options available to drug users.

Non-governmental organisations (Skoun, Oum El Nour, Ajem, SIDC.) play a key role in Lebanon in terms of combatting drug abuse. They implement prevention programmes and provide substance addiction treatment, whether from outpatient facilities or through inpatient programmes. However, these treatment centres are often concentrated in the geographical zone of greater Beirut, and access to treatment beyond that zone remains difficult. Similarly, even though NGO-led initiatives fill a certain gap, they cannot entirely substitute a national policy on drugs to provide for free outpatient treatment, managed by the Ministry of Health and/or of Social Affairs. Greater involvement by the Lebanese authorities is therefore key.

Even if the introduction of opioid treatment therapy by the Lebanese government in certain hospitals marks a significant turning point, there remains a repressive policy targeted at drug users, which, for example, fails to distinguish between different types of drug use or different types of drugs. Moreover, the option available to drug users arrested on drug charges to opt for treatment, and the concurrent cessation of all legal proceedings, has long remained unknown by judges, doctors, police forces, and even drug users themselves.

The most recent and significant evolution with regards to drugs in Lebanon is the implementation of the Drug Addiction Committee and the recent

decision of the “Cour de cassation” (October 2013)¹⁰³ requiring that judges cease all judicial proceedings against persons opting for treatment. This judicial decision came after years of campaigning by civil society (it is important to highlight the key role played by Skoun, Legal Agenda and Ajem), and finally marks a turning point in how the law and society perceives drug users: they are no longer cast as criminals that must be punished, but as persons suffering from a disorder requiring treatment. This judicial and social step forward has also allowed for thousands of drug users to have their right to benefit from free treatment be restored, and avoids the stigmatisation and marginalisation resulting from incarceration and the fact of having a criminal record. The next step is to assess the effectiveness of the Drug Addiction Committee, and the concrete application of judicial, administrative, and medical procedures, including the waiting time before referral to the Committee and the start of treatment. A further key step would be to determine specific and verified criteria for deciding the end of treatment, as well as acting at the level of the Drug Repression Bureau's detention centres, so as to limit the time spent in detention in police stations, as well as ending the practice of torture during interrogations by the ISF.

¹⁰³ *The Legal Agenda. Cinq étapes du travail juridique dans le dossier des addictions: Modèle emblématique pour dépasser les idées reçues. Décembre 2013. Article en Arabe. Available at: <http://www.legal-agenda.com/topics.php?category=37&overdueCategory=&folder=&lang=ar#.Ux9EDl6E6iY>.*

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