


# Substance Abuse in Tripoli, Lebanon



November 2017

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# Substance Abuse in Tripoli, Lebanon

Scoping Study Report

Novemeber 2017

Roisin Maire Taylor & Claire McLeod Wilson



## 1. Introduction

This small scoping research project was initially conceived to study the impact of Captagon, a WHO-banned amphetamine that has been closely linked to the war in Syria, on the community in Tripoli.

March Lebanon, a Lebanese civil society organization, requested this research in light of growing concern about trends of substance abuse coupled with an absence of treatment services in the city. Preliminary key informant interviews demonstrated that Captagon is one small slice of a much wider and more complicated culture of substance abuse in Tripoli. Substance abuse is inextricably linked to many other vulnerable aspects of the city's condition: poverty, the illicit drug economy, armed groups, violent conflict, and an overwhelmed healthcare sector.

The research undertaken in this report found that the perceived scale of substance abuse is serious and concerning. When offered a scale of 1-10 to quantify the problem of substance abuse in the city, research participants across the Tripoli map offered scores of 9, 10, and even off the charts at 11<sup>1</sup>. Drugs appear to be cheap and easily accessible, while habitual usage is widespread and most concerning, untreated. There are no rehabilitation centers or even, basic treatment services in the city. The research at hand offers further insights into the complexities of substance abuse in Tripoli and hopes that findings will be instrumental in mobilizing much needed resources for localized treatment options.

## 2. Methodology

### 2.1 Study Problem

This study examines the general culture of habitual drug use in Tripoli, Lebanon, focusing on barriers to and gaps in treatment services. The research examines six main analytical categories: key demographics, health, violence and conflict, legal, economic, and socio-culture.

### 2.2 Study Importance

Despite the wide perceived scale of the problem by the community, there are no publicly available studies assessing substance abuse in Tripoli.<sup>2</sup> This study's findings seek to support community-based, national, and international organizations aiming to establish drug treatment options in the city by providing documentation on the scale and scope of the problem.

### 2.3 Study Objectives:

- 1) Understand contributing factors to substance abuse specific to Tripoli
- 2) Examine barriers and gaps in health treatment options in Tripoli

### 2.4 Qualitative Approach

This study relied on in-depth semi-structured interviews in order to capture trends in thoughts and perception of substance abuse in the city of Tripoli. The sample included 28 representatives from the following 13 stakeholders in Lebanon: health service providers and/or hospitals (n=3), drug treatment centers (n=2), NGO working in the prison system (n=1) and NGOs working with youth, including former fighters using drugs in Tripoli (n=7). Interviews were conducted in Beirut and Tripoli, Lebanon between July 20 and August 4, 2017. All primary data collection was complemented by secondary research on substance abuse in Lebanon, drugs in conflict and post-conflict settings, and other relevant literature.

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1 Researchers asked each key informant to quantify the perceived problem of substance abuse in Tripoli on a scale of 1-10.

2 While there are studies examining dimensions of substance abuse in Lebanon, but they do not specifically target users in Tripoli.



The research team consisted of two interviewers (Roisin Maire Taylor and Claire Wilson, humanitarian practitioners and Masters of Law and Diplomacy candidates at the Fletcher School of Law and Diplomacy). The study was approved by the Tufts University Institutional Review Board in July 2017. With consent, audio recording and/or notes were taken during the interviews and typed up electronically within twenty-four hours. Researchers analysed data and clustered information into key themes.

## 2.5 Limitations

Researchers used the snow-balling sampling method to select participating key informants. The sample size includes a range of ages, genders, nationalities (namely Lebanese and Palestinian) working and/or living in diverse neighbourhoods throughout the city, though the sample cannot be considered representative to the demographics of Tripoli. Key informants work closely with habitual substance users in Tripoli. However, the study does not consider the direct perspective of substance users. The findings in this report are inconclusive and not generalizable.

## 3. Contributing Factors to Substance Abuse in Tripoli

According to the United Nations Office of Drugs and Crime World Drug Report 2016, 247 million people worldwide used drugs last year, with 29 million suffering from drug use disorders.<sup>3</sup> Of these 29 million, only 1 in 6 is in treatment.<sup>4</sup> The report found that a greater number of people in developing countries worldwide are at risk of developing drug dependence, and that the state-based health infrastructure of developing countries are typically less equipped to deal with this emerging trend.<sup>5</sup> Common causal factors include poverty, urbanization, organized crime, conflict, migration, and educational deficits.<sup>6</sup> Lebanon is combustible concentration of all the above factors and is grappling with an expanding substance abuse culture, though there are no statistics estimating the scale of usage country-wide.<sup>7</sup>

In response, the Lebanese Government developed a 5-year Substance Use Response Strategy in 2015, undertaking prevention, treatment, rehabilitation, harm reduction, social re-integration and supply reduction.<sup>8</sup> Although substance abuse is a country-wide challenge, the city of Tripoli is a particularly high-risk environment for substance abuse given the following contributor factors<sup>9</sup>:

### 3.1 Internal and External Conflict

Between 2008 and 2014 Tripoli has experienced internal conflict, with a range of suicide bombings, shootings, and violence clashes carried out by several armed groups. This sectarian influenced conflict has been concentrated in the Beddawi municipality between the neighborhoods of Jabal

3 United Nations Office of Drugs and Crime, World Drug Report 2016, p x, [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf), accessed 15 September 2017.

4 United Nations Office of Drugs and Crime, World Drug Report 2016, p x, [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf), accessed 15 September 2017.

5 United Nations Office of Drugs and Crime, World Drug Report 2016, p 74, [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf), accessed 15 September 2017.

6 Ambros Uchtenhagen, Substance Abuse Problems In Developing Countries, Bulletin of the World Health Organization, <http://www.who.int/bulletin/volumes/82/9/editorial20904html/en/>, accessed 22 August 2017.

7 Ministry of Public Health, Ministry of Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Justice, and Ministry of Social Affairs 2016, Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021, p 7, <http://www.moph.gov.lb/userfiles/files/Interministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-English.pdf>, accessed 21 August 2017.

8 Ministry of Public Health, Ministry of Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Justice, and Ministry of Social Affairs 2016, Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021, <http://www.moph.gov.lb/userfiles/files/Interministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-English.pdf>, accessed 21 August 2017.

9 This study is not designed to conclude any causal relationships, but offers initial analysis of key contributing factors.

Mohsen (predominantly Alawite) and Bab Al-Tabbaneh (predominantly Sunni). In 2007, there was a war between the Lebanese army and a radical group, Fateh el Islam, causing mass destruction and displacement in Nahr El Bared Camp. The geopolitics of Tripoli is also inextricably linked to the war in Syria, located just 30 kilometers from the city's border.

Conflict afflicted areas provide strong linkages with drugs given the rise in illicit war economies, weakened governance, and consumption by armed groups.<sup>10</sup> Interviews with organizations who work closely with former fighters indicated that armed groups using drugs as a recruitment tool in order to incentivize fighting.<sup>11</sup> Former fighters and other individuals afflicted by the conflict also seem to be using drugs as a coping mechanism for trauma. Most key informant affirmed a trend that during the conflict, there was a higher consumption of stimulants that embolden violence, such as Captagon; following the end of the clashes, there has been increase usage of depressants to escape, such as opiates.

### 3.2 Violence and Radicalization

Studies undertaken by the Tufts University Department of Psychology have found that alcohol and other drugs may act on brain mechanisms to cause a high-risk individual to engage in aggressive and violent behavior. Additionally, individuals who are addicted to substances may commit crimes – even violent crimes – in order to secure drug resources.<sup>12</sup> Additionally, narcotic drug dealers tend to also engage in violent behavior around the selling and distribution of their wares.<sup>13</sup> Involvement in drug use can increase the risks of being both a victim and/or perpetrator of violence, while experiencing violence can increase the risks of initiating illicit drug use.<sup>14</sup> A number of key informant interviews, including those with ER facilities, reported instances of interpersonal disputes turning violent in the city due to drug abuse.

In addition to users and dealers being at increased risk of engaging in violence. Several key informant interviews with community members and civil society organizations indicated that they perceived a link between drug use and radicalization in Tripoli. Although none of the study's research questions were specifically geared towards this issue, a significant portion of key informants communicated it as a major concern. The perception of key informants was almost universally that armed groups – including Da'esh – targeted young men in Tripoli by using substances as a key radicalization process. More research on this topic is needed to confirm these trends.

### 3.3 Poverty<sup>15</sup>

A vast body of multi-national literature has established a complex and cyclical relationship between poverty and substance abuse. Fewer employment opportunities, reduced financial earnings and social capital, increased social stressors, limited personal resources (confidence, social skills, self-esteem) and health resources all demonstrate links to substance abuse.<sup>16</sup> Addictive drug usage in particular, can further cause poverty by lowering productivity, reducing earnings, and increasing the likelihood of poverty.<sup>17</sup> Given the gendered nature of predominantly male economic providers

10 Jenny Ikelberg, *Drugs and Conflict*, GTZ Drugs and Development Programme, Eschborn, 2003, [http://www.drug-policy.org/docUploads/DrugsConflict\\_08092003.pdf](http://www.drug-policy.org/docUploads/DrugsConflict_08092003.pdf), accessed 22 August 2017.

11 Key Informant Interview, March Lebanon, July 20, 2017.

12 *Understanding and Preventing Violence*, Volume 3, p 377, www.nap.edu, <https://www.nap.edu/read/4421/chapter/5>, accessed 11 October 2017.

13 *Understanding and Preventing Violence*, Volume 3, p 378, www.nap.edu, <https://www.nap.edu/read/4421/chapter/5>, accessed 11 October 2017.

14 World Health Organization, *Interpersonal violence and Illicit Drugs*, June 2009, p 24, [http://www.who.int/violenceprevention/interpersonal\\_violence\\_and\\_illicit\\_drug\\_use.pdf](http://www.who.int/violenceprevention/interpersonal_violence_and_illicit_drug_use.pdf), accessed 16 October 2017.

15 This study does not suggest that substance abuse is limited to low-income individuals. Users of all socio-economic status are affected by addiction, though poverty can weaken protective factors to prevent habitual substance abuse.

16 April Shaw, James Egan, Morag Gillespie, *Drugs and Poverty: A Literature Review*, Scottish Drugs Forum, March 2007, <http://www.dldocs.stir.ac.uk/documents/drugpovertylitrev.pdf>, accessed 15 August 2017.

17 Robert Kaestner, *Does Drug Use Cause Poverty?*, The National Bureau of Economic Research, February 2008,



in Tripoli, this can have a debilitating effect on household poverty. Compared to Lebanon, Tripoli is severely economically marginalized and disadvantaged. Recent studies assessing the economic health of the city determine that 51% of residents are living in extreme poverty<sup>18</sup> with an income of less than \$4 per day and the unemployment rate hovers around 35%.<sup>19</sup> Key informants perceived idleness and lack of jobs as a reason for habitual substance use. A youth coach at a NGO and who lives in Beddawi lamented, “youth have nothing to do, so they use drugs.”<sup>20</sup>

### 3.4 Poor Education Quality and School Drop-Out Rates

Tripoli suffers from a very low quality public education system, and very few private schools. A 2011 UNDP report found that 16.3% of residents in Jabal Mohsen and Bab al-Tababneh had either never attended school or had left early, the highest in all of Lebanon.<sup>21</sup> School-dropout rates are especially marked amongst secondary school adolescents due to poverty, the conflict, and poor education quality. A recent study surveying 445 youth in Tripoli found that 50% of out of school Lebanese youth take drugs.<sup>22</sup>

### 3.5 Hopelessness and Escapism

The lack of sufficient livelihoods, educational opportunities, and fear of repeated violent conflict contribute to an existing communal hopelessness in the city. Key informants expressed that there is a strong culture of escapism amongst users, a well-documented driving force behind substance abuse as a means of managing stress, anxiety and depression.<sup>23</sup>

### 3.6 Legal Context

Harsh punitive measures for drug use and the conditions in the Lebanese prison system, particularly Qoubbeh prison, contribute a culture of substance abuse in Tripoli. In 2015, one-third of all incarcerated persons in Lebanon were charged with drug-related offenses.<sup>24</sup> The city is heavily securitized by the Lebanese Government, particularly by the Lebanese Armed Forces (LAF), who are positioned at check-points in the city’s ‘high risk areas’ in the Beddawi municipality. Numerous key informants stated that the LAF routinely profile and arrest young boys and men with drug charges, often without evidence. Many suspect that security forces use drug allegations as a strategy to track down individuals on the 2014 security plan “wanted list.”<sup>25</sup> Lebanese law penalizes illicit substance use with imprisonment between 3 months and 3 years in addition to a fine ranging between 1 million to 10 million LBP (approximately \$637 to \$6,637).<sup>26</sup> The situation in the Lebanese prison

<http://www.nber.org/papers/w6406>, accessed 15 August 2015.

18 Tripoli City Profile 2016, UN Habitat, p 50, <https://unhabitat.org/tripoli-city-profile-2016/>, accessed 22 August 2017.

19 Invest In Lebanon website, [http://investinlebanon.gov.lb/en/lebanon\\_at\\_a\\_glance/invest\\_in\\_regions/north\\_lebanon\\_governorate](http://investinlebanon.gov.lb/en/lebanon_at_a_glance/invest_in_regions/north_lebanon_governorate), accessed 15 August 2017.

20 Key Informant Interview, Wadi Nahle, July 31, 2017.

21 Bashir Mustafa, Lebanon: School Dropouts Soar on Tripoli Demarcation Lines, December 23 2013, <http://english.al-akhbar.com/node/18006>, accessed 16 October 2017.

22 This study is currently internal between Oum El Noor and Safadi Foundation, who allowed researchers access. Publication is forthcoming in 2017.

23 SW Sadava, R Thistle, and R Forsyth, Stress, Escapism and Patterns of Alcohol and Drug Use, Pub Med, May 1978, <https://www.ncbi.nlm.nih.gov/pubmed/566828>, accessed 16 October 2017.

24 Ministry of Public Health, Ministry of Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Justice, and Ministry of Social Affairs 2016, Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021, p 24, <http://www.moph.gov.lb/userfiles/files/Interministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-English.pdf>, accessed 21 August 2017.

25 In April 2014, the Lebanese government issued a list of names of individuals believed to be participants in conflict, who are wanted for further investigation and/or arrest.

26 Ministry of Public Health, Ministry of Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Justice, and Ministry of Social Affairs 2016, Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021,

<http://www.moph.gov.lb/userfiles/files/Interministerial%20Substance%20Use%20Response%20Strategy%20for%20>

system is such that it can increase access to substances and may intensify usage. Key informants pinpoint the high presence of drug dealing networks,<sup>27</sup> magnified by the Lebanese system imprisoning individuals of minimum and maximum offenses together. Furthermore, the prison conditions in Lebanon are notoriously inhumane and overcrowded; one figure claims that the entire system is 185.7% over capacity.<sup>28</sup> Incarcerated individuals with drug charges have minimal to no access to legal aid services and rely on expensive lawyer fees or connections – referred to in Lebanon as “wasta”. The prevalence of both a history of conflict and high levels of poverty makes drugs the city of Tripoli particularly vulnerable to habitual substance abuse.

#### Qoubbeh Prison

Qoubbeh Prison for men is in the El-Qoubbeh district of Tripoli. One key informant who regularly works at the prison estimates there are 1100 prisoners, in a facility built for 250 persons. In the overcrowded environment, 60-70 men are confined to a small room whereby prisoners sleep side by side on concrete floors.

### 3.7 Lack of Drug Education

There is a widely acknowledged gap in drug education in Tripoli, in terms of knowledge of substances, health risks, and resources available for users. Drug prevention is not government mandated in public schools. The social taboo of drug use is in part responsible for the lack of awareness efforts. Safadi Foundation and Oum El Nour are currently implementing the first city two-year drug prevention program in Tripoli under a European Union grant (2016-2018), training 10 local NGOs, providing awareness sessions for 5,000 youth and 750 parents, and establishing a hotline service.

### 3.8 Displacement

Displaced groups may engage in substance abuse as a result of stress in adapting to a new environment, diminished social networks, mental health issues, and/or decreased livelihoods.<sup>29</sup> Though, literature on the relationship between forced migration and substance abuse is limited. A recent systematic study on the topic concludes that more research is needed, particularly in low and middle-income countries, but finds that there is a gap in treatment and services available for forced migrants.<sup>30</sup> Our study did not have a representational sample of refugees or other migrants to capture a relational trend between forced migration and substance abuse in Tripoli. Tripoli is a hub of refugees. Since 1948, Tripoli is home to a sizable population of Palestinian refugees, who reside in UNRWA refugee camps, Beddawi Camp and Nahr Al-Bared Camp, as well as other informal gatherings in the Beddawi district. Since the 2011 war in Syria, many refugees have moved into the city; approximately 70,000 Syrian refugees are registered with UNHCR.<sup>31</sup>

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[Lebanon%202016-2021-English.pdf](#), accessed 21 August 2017.

27 The literature review did not find any studies documenting drug access and use in Lebanese prisons. Some reports by NGOs, such as HRW, Caritas, and Ajem examining general conditions inside the Lebanese prisons system reference drug usage but do not examine this issue at length. Local and international media coverage routinely cite the relationship between drugs and the Lebanese prison system.

28 World Prison Studies; Lebanon profile, <http://www.prisonstudies.org/country/lebanon>, accessed 15 August 2017.

29 UNHCR and WHO (2008). Rapid assessment of alcohol and other substance use in conflict-affected and displaced populations: a field guide, [http://www.who.int/mental\\_health/emergencies/unhcr\\_alc\\_rapid\\_assessment.pdf](http://www.who.int/mental_health/emergencies/unhcr_alc_rapid_assessment.pdf), accessed 11 October 2017.

30 Horyniak, Danielle, et al. “Epidemiology of Substance Use Among Forced Migrants: A Global Systematic Review.” PLoS ONE, vol. 11, no. 7, July 2016. PubMed Central, doi:10.1371/journal.pone.0159134.

31 Quantitative data taken from UNHCR Syria Regional Refugee Response,” UNHCR Syria Regional Refugee Response Inter-agency Information Sharing Portal, <http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&W-G%5B%5D=24>, accessed 6 March 2017.

## 4. Types of Substances

This section highlights the profiles of the substances most commonly reported by key informants as being used throughout Tripoli. It should be noted that as the research undertaken by this study did not include interviewing users directly, the following reflects the trends observed by key informants, including at hospitals, civil society and community based organisations, and community members.

### 4.1 Commonly used substances<sup>32</sup>

#### *Prescription Opiates*

A class of drugs derived from opium poppy. The drug group was reported most. When asked what kinds of substances were being used most, many key informants simply answered “pills,” or “haboob” in Arabic. The most widely cited include, Benzhexol, commonly used to treat Parkinson’s disease,<sup>33</sup> and Tramadol, an opioid pain medication. Both are potentially fatal if mixed with alcohol.<sup>34</sup>

#### *Captagon*

Captagon is one of the brand names for a substance called Fenethylamine that was initially marketed as a psychostimulant to treat ADHD. Captagon’s profile has recently exploded internationally due to its strong ties to the war in Syria, it is not a new substance.<sup>35</sup> The drug is a powerful amphetamine, stimulating the central nervous system, boosting concentration levels, alertness, and physical performance.

#### *Cannabis*

A psychoactive drug derived from the cannabis plant. However, it is worth noting that it isn’t certain what form it’s taking – many key informants described it as ‘hashish; or “hash”. Users typically experience relaxation.

#### *Salvia*

A psychoactive plant with properties very like that of cannabis, with a more potent and quicker effects.

#### *Improvised Concoctions*

Mixtures of different substances (mainly prescription) users. The rise and prevalence of improvised concoctions make it very difficult to follow particular trends around specific substances. Additionally, health issues related to these substances are hard to anticipate as their chemical structure is uncertain and follows no pattern.

#### *K2*

Normally a synthetic form of cannabis, but our findings indicate that the kind of “K2” being used in Tripoli may not actually be close to the original form at all, and instead may simply be salvia – or cannabis – that has been sprayed with chemicals.

<sup>32</sup> Tobacco products, such as arguile and cigarettes were not raised as a drug in any key informant interviews.

<sup>33</sup> Drugs.com, Benzhexol profile, <https://www.drugs.com/mmx/benzhexol.html>, accessed 14 August 2017.

<sup>34</sup> Drugs.com: Tramadol Profile, <https://www.drugs.com/tramadol.html>, accessed 14 August 2017.

<sup>35</sup> “A Bitter Pill To Swallow.” JIA SIPA, 18 May 2016, <https://jia.sipa.columbia.edu/bitter-pill-swallow-connections-captagon-syria-gulf>, accessed 15 August 2017.

*"Frawla"*

Meaning "Strawberry" and appearing in a small, pink pill form, frawla appears to be a local improvised concoction, and potentially an amphetamine, but not much more is known about it at this time.

**4.2 More Rarely Used Substances***Heroin*

A highly addictive opioid which can be ingested several ways, including snorting, smoking and injection. In Tripoli, the predominant trend seems to be linked to injection, which is the most addictive way of taking the drug. It also increases the risk of health concerns such as contracting HIV and Hepatitis C.

*Cocaine*

An extremely strong stimulant known for its addictive qualities. Cocaine is expensive. Usage was only reported seldomly.

*Paint Thinner*

A solvent that is snorted, resulting in a high. The drug is cheap and accessible in the legal market.

**5. Key Demographic Trends**

The following summarizes key informants reported perceptions of the demographic trends of substance users in Tripoli.

**5.1 Age**

Key informants reported substance abuse was through a wide-range of age groups, but usage is perceived to be concentrated amongst ages 11 to 25. Additionally, a number of key informants indicated that 11-16 was the most vulnerable age group. This increased vulnerability was cited as being not only due to the fact that this group were particularly uninformed about the legal ramifications of surrounding substance use, but because their physical development, the effects of substance abuse tend to be accelerated and more dangerous.<sup>36</sup> According to analysis of the Inter-Ministerial Substance Use Response Strategy for Lebanon, most Lebanese studies since 2003 report that substance use is increasing amongst youth.

**5.2 Gender**

Males tend to be primary users, which may be due to a combination of both social and economic factors, including access to the illicit drug economy in Lebanon. Female drug use is more stigmatized, which may result in underreporting and lack of social dialogue, barriers to accessing substances and/or the limited health resources that are available throughout Lebanon. An interview with a representative from Oum El Nour, a rehabilitation facility offering both an in-patient and out-patient services, reported that the center admitted a significant number of female patients, but that they had found that women were less likely to seek treatment due to societal stigma.<sup>37</sup>

**5.3 Geographic Areas**

The highest rate of perceived usage is in Beddawi Municipality, particularly the following areas:

<sup>36</sup> Key Informant Interview, Monla Hospital; August 4, 2017

<sup>37</sup> Key Informant Interview, Oum El Nour, August 2, 2017.

Jabal Moshen, Beddawi Camp, Bab Al-Tabbaneh and Qoubbeh. However, several key informants suggest that substance abuse to be prevalent amongst a socio-economic status in Tripoli, and that these patterns of behaviour are not solely linked to these economically marginalised areas.

## 5.4 Education and Economic Activity

There is a perception that the demographic using substances most heavily – and engaging in low-level dealing – is that of youths who are neither enrolled in school or participating in the formal economy. It is highly likely that high usage among this demographic is closely linked to feelings of hopelessness and a desire to escape the limitations of their day-to-day reality.

# 6. Access To Health Services for Substance-Abuse Related Health Issues

## 6.1 Key Finding: No Substance Abuse Resources In Tripoli, Mounting Health Risks

There are currently no resources in the city of Tripoli or the Northern governorate to specifically treat substance abuse dependence. There are no options for inpatient or outpatient care, assessments, case management, therapy, medication, or even detox services from hospitals. Several treatment centers in Lebanon are trying to open branches in Tripoli, but have been unable to secure funding from governmental or private donors locally and internationally.

Substance abuse poses a range of health risks, varying according to the type of substance and level of intake. General risks range from prolonged psychosis, increased vulnerability to violence, cardiac arrest, brain damage, bloody poisoning (in cases involving injection), infectious disease through needle sharing, including Hepatitis C and HIV, and fatal overdosing.

## 6.2 Barriers to Accessing Treatment and Health Services in Lebanon

### *Securitization limiting mobility*

Users seeking treatment outside of Tripoli are deterred by fear of movement. Security check-points in and bordering the city restrict the movement of many individuals, particularly Syrian refugees without legal documents and “wanted” individuals, accused of participating in the conflict. Security profiling is highly gendered, disproportionately restricting men’s access to resources.

### *Distance*

The nearest free outpatient treatment centers are located in Zouq Mikayel and Beirut, approximately 1.5 -2 hours away. Not only is this time intensive, and nearly impossible for working professionals and parents, but may incur expensive transportation costs.

### *Stigma*

Given the culturally conservative norms in the majority of Tripoli, substance abuse is considered a major social taboo. People fear that accessing treatment may lead to societal repercussions such as ineligibility for marriage, fewer employment opportunities, or reduced respect by the community.

### *Hospital Police Reporting*

Many users do not seek hospitals for health services related to substance abuse because from fear that hospitals will report their case to the police. In March 2016, the MoPH issued a statement<sup>38</sup> urging all hospitals in Lebanon to not report drug users to the police, though the practice continues and deters users from accessing primary and life saving care. A monitoring study<sup>39</sup> conducted by

38 Government of Lebanon Issued Memo, March 2016, <https://drive.google.com/file/d/0B6n2jyiKRV2GTTYySUgyam-dlcE9JSlJ2aUxVekxwWkZybzHf/view>, accessed 22 August 2017.

39 “Which Hospitals Are Not Contacting the Police Upon Receiving Overdose Cases?,” Blog Baladi <http://blogbaladi>.



Skoun in 2016 estimates that 61.5% of hospitals in Lebanon report drug related cases to the police (sample of 122 hospitals). The study cites 10 hospitals guaranteeing a non-reporting policy; none of these hospitals are in Tripoli.

### *Lack of Awareness of Resources*

There seems to be a common misconception amongst many individuals, NGOs, and hospitals in Tripoli that free treatment services are not available in Lebanon. Several medical professionals at Islamiyah hospital participating in the study who claimed to routinely treat substance abuse cases were not familiar with free treatment centers in Lebanon, possibly revealing a more wide spread coordination gap between hospitals and treatment services.

### 6.3 Drug Treatment Centers in Lebanon

There are treatment options available in Lebanon. The following organizations are reputable and offer free services for drug users.<sup>40</sup>

#### *Skoun*

a non-profit, Lebanese organisation that offers prevention, treatment and conducts policy advocacy for substance abuse.

#### Chiyah Clinic

Pierre Gemayel Street, Mondiale Library bldg. 2nd Floor Ein El Remene

Beirut, Lebanon

+9611281566 | +9611281605

#### Achrafieh Clinic

P97 Monot street, Nakhle bldg. 1st floor, 20272101, Achrafieh

Beirut, Lebanon

+961 1 202 714

info@skoun.org

#### *Oum El Nour*

a non-profit organisation that offers inpatient and outpatient treatment facilities in central Lebanon, as well as education on substance abuse in Tripoli.

#### ReceptionCenter

+9619223700

accueil@oum-el-nour.org

## 7. Currently Identified Coping Mechanisms

### 7.1 Hospital Emergency Rooms As A Last Resort

Hospital emergency rooms appear only to be used as a last course of action for life threatening medical care, mostly in the case of severe self-harm injuries and drug overdoses. Monla and Islamiyah hospitals reported similar trends regarding these users: late night admissions through the ER, frequent violent behaviour, and injuries sustained from violence but appearing also to be related to [com/which-hospitals-are-not-contacting-the-police-upon-receiving-overdose-cases](#), accessed 30 October 2017.

<sup>40</sup> This is not an extensive list of treatment services available in Lebanon. Others drug treatment centers offering faith-based services include, Bonheur du Ciel and Jeunesse Anti Drogue.



substance abuse.<sup>41</sup> Interviewed staff from Islamiah hospital (public), estimated treating one to two substance abuse related cases per day, while Monla hospital (private) reported bi-monthly cases<sup>42</sup>. Monla, however, also estimated that it also saw about four cases a month of potential suicide attempts that involved substance abuse.

## 7.2 Lack of Community Based Solutions

Outside of the formal health care system in Tripoli, the research found no community health or intervention style solutions of any kind that are “filling the gap” in service provision for substance abuse. The research observed isolated cases of parents mounting interventions when they discovered that their children were using substances (one mother using an ingenious method of steadily replacing her son’s cocaine with flour), but nothing resembling a more generally accepted or recognised coping mechanism among the community.

Despite this, all of the community members interviewed expressed a genuine desire for both more education and proper treatment facilities.

## 8. Key Recommendations

### Establish Drug Treatment Centres in Tripoli and the Northern Governorate

The greatest and most immediate need in Tripoli is a facility that offers treatment and support specifically for substance abuse. Both the perception of the community at large and the opinions of substance abuse experts in Lebanon indicate that there should be at minimum two facilities in the Northern Governorate: one which provides outpatient care, and one which provides inpatient care.

### Specific Societal and Gendered Considerations

Based on the intersectional issues of social stigma, fears around security and mobility and the high policing of Tripoli, recommendations for the outpatient clinic to be located inside the city, which is easily accessible for patients from marginalized areas, specifically Beddawi municipality. The clinic should have strong ties with community based, non-governmental and civil society organisations in order for individuals to feel that the resources are effective, trustworthy, and confidential.

The inpatient centre should be located outside the city centre in order to give patients privacy and also to allow access for other areas of the Northern Governorate. To ensure equitable access, the location should not be so far that it would prohibit access for individuals who have security concerns surrounding mobility, as many of young men are unable to travel outside of Tripoli.

### Increase Drug Education In Schools and Public Awareness

The lack of education on drug and substance abuse related issues in Tripoli needs to be urgently addressed. Schools are instrumental actors and can increase awareness by educating young people on drug prevention and health risks. School targeted education should be accompanied by broader awareness campaigns including other key stakeholders in the community such as NGOs working with youth, healthcare providers, municipalities, and faith leaders.

### Improve Coordination Between Tripoli Hospitals and Treatment Centers

Referral pathways must be improved between health care providers in Tripoli in-taking substance abuse related cases and existing treatment services in Lebanon. Until further treatment options are available in the Northern governorate, this mechanism can help increase users access to care.

<sup>41</sup> Key Informant Interview, Islamiah Hospital, August 2, 2017; Key Informant Interview, Monla Hospital, August 2, 2017.

<sup>42</sup> The research did not examine hospital records. Rates are based on hospital staff perceptions and estimates.

## **9. Conclusion**

We encourage more quantitative and qualitative research to further understand the aforementioned dimensions of substance abuse in Tripoli and hope that this scoping study may offer insights to shape future research.

The city's confrontation with poverty, conflict, securitization, an overburdened prison system, and school drop-out rates are contributing to an untreated culture of substance abuse. All persons deserve access to care in order to treat addiction. Without any services in Tripoli or the Northern Governorate, drug addiction will likely continue to increase and manifest in serious harms, death, socioeconomic deprivation, and violence. The city of Tripoli needs support to address the multi-dimensional problem of drug use. Providing access to quality treatment is a necessary and urgent part of the solution.