

SILA

YOUNG PEOPLE AND DRUGS

A New Participatory Approach for Lebanon

MAPPING REPORT

AVAILABLE DRUG RELATED SERVICES ACROSS
TRIPOLI, KESEROUAN,
GREATER BEIRUT, SIDON, AND TYRE



Project funded by
the European Union



Implemented by



In partnership with

This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of Skoun Lebanese Addictions Center, and can in no way be taken to reflect the views of the European Union.

2018

Table of Contents

INTRODUCTION	4
RESEARCH DESIGN	5
DATA COLLECTION	5
CIVIL SOCIETY ORGANIZATIONS	6
BENEFICIARIES	7
COMMUNITY MEETINGS	7
DATA CODING AND ANALYSIS	7
FINDINGS	9
GREATER BEIRUT AND KESEROUAN	9
CONTEXTUAL FEATURES	9
AVAILABLE PREVENTION SERVICES	10
MONITORING AND EVALUATION OF PREVENTION ACTIVITIES	11
AVAILABLE HARM REDUCTION SERVICES	11
AVAILABLE TREATMENT SERVICES	12
MONITORING AND EVALUATION OF TREATMENT SERVICES	13
CHALLENGES AND GAPS	13
STRENGTHS AND OPPORTUNITIES	15
SIDON	16
CONTEXTUAL FEATURES	16
COMMONLY USED DRUGS AND HOTSPOTS IN SIDON	16
AVAILABLE PREVENTION SERVICES	17
MONITORING AND EVALUATION OF PREVENTION SERVICES	18
AVAILABLE HARM REDUCTION SERVICES	18
AVAILABLE TREATMENT SERVICES	18
STRENGTHS AND OPPORTUNITIES	19

CHALLENGES AND GAPS	20
TYRE	22
CONTEXTUAL FEATURES	22
AVAILABLE PREVENTION SERVICES	23
MONITORING AND EVALUATION	24
AVAILABLE HARM REDUCTION SERVICES	24
AVAILABLE TREATMENT SERVICES	24
CHALLENGES AND GAPS	25
STRENGTHS AND OPPORTUNITIES	26
TRIPOLI	27
CONTEXTUAL FEATURES	27
AVAILABLE PREVENTION SERVICES	28
MONITORING AND EVALUATION	29
AVAILABLE HARM REDUCTION AND TREATMENT SERVICES	29
CHALLENGES AND GAPS	29
CONCLUSION AND RECOMMENDATIONS	31

INTRODUCTION

This situational analysis falls under, SILA- Young People and Drugs, a project developed by Soins Infirmiers et Développement Communautaire (SIDC) and Skoun, Lebanese Addictions Center. The project is funded by the European Union and aims to improve Civil Society Organizations' (CSOs) capacities to address problems related to drug use among young people in Lebanon.

The motivation for this report lies in the lack of current comprehensive information on the drug problem in Lebanon. The absence of information on drug use trends and patterns limits the capacity to plan targeted drug prevention, treatment, and harm reduction interventions that answer the needs of young adults.

Results of the situational analysis reveal that the bulk of prevention and treatment services are centralized with the Greater Beirut and Keserouan region. Although, prevention initiatives are found across Lebanon however, they do not fall under the universal definition of substance use prevention. Additionally, these interventions indirectly address the issue of drug use, specifically in regions outside Beirut. On the other hand, treatment centers are absent in some areas indicating a clear need to scale up drug treatment and support services.

Methodology

This situational analysis has four goals. First, to identify and describe features across Greater Beirut, Keserouan, Tripoli, Tyre and Sidon in terms of drugs used, risk factors, and issues facing each area. Second, to identify and describe common prevention and treatment services among these regions. Third, to identify the gaps in treatment and prevention service delivery. Finally, to identify and discuss the shared

internal and external challenges faced by CSOs working on the drug use response. The intention is to be able to use this information to develop recommendations aimed at enhancing the drug use response in each of the regions, in line with the Inter-Ministerial Substance Use Response Strategy¹.

Research Design

This study is exploratory and descriptive. Qualitative methods were used. Data was collected using semi-structured interviews and focus group discussions which were thematically analyzed. An advisory committee to support the implementation of this study was formed.

Data Collection

There are five regions included in this qualitative situation analysis: Greater Beirut (Beirut & Mount Lebanon), Keserouan, Tripoli, Sidon and Tyre. In order to have a comprehensive understanding of the situation in each region, the study targeted CSOs working on the drug use response, beneficiaries of drug prevention and treatment programs of participating CSOs, and community representatives who are aware of the drug situation in their region.

Information was collected through in-depth interviews with CSO representatives, focus group discussions with beneficiaries from participating CSOs that accepted that their beneficiaries be part of the focus group, and community meetings with key informants (KIs). Data was triangulated to confirm results.

¹ Ministry of Public Health, Ministry of Education and Higher Education, et al. Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021. Beirut, Lebanon

Semi-structured interview guides, approved by the advisory committee, were prepared in English and translated into Arabic to facilitate the interviews, focus groups, and community meetings.

Figure 3 Data Sample

Region	In-depth Interviews	Focus Group Discussion	Community Meetings
Greater Beirut & Keserouan	9	3 (20 participants)	0
Sidon	11	4 (29 participants)	1 (33 KIs)
Tyre	7	4 (32 participants)	1 (17 KIs)
Tripoli	16	7 (79 participants)	1 (10 KIs)
Total	43	18 (160 participants)	3 (60 KIs)

The sample size was sufficient to end the data collection in each region, as saturation was reached; common themes were discussed over and over across the regions.

Civil Society Organizations

CSO recruitment was carried out through a snowball technique starting with a list of CSOs known to be providing drug use prevention and treatment services.

Organizations were recruited on the basis of two factors: their geographic location and their years of activity among youth and/or drug users. Qualified organizations had to operate within the five regions under study and had to have at least five years of experience.

Beneficiaries

Focus group discussions helped obtain significant qualitative data from drug users.

The aim was to highlight their point of view on existing prevention interventions (primary and/or secondary), treatment/rehabilitation, harm reduction, social reintegration and other support services (strengths, challenges, referrals and recommendations).

Inclusion criteria for inpatients:

- Received inpatient treatment services at a CSO within the 5 regions
- Showed willingness to participate in the study
- Had completed at least three months course of treatment/rehabilitation.

Inclusion criteria for outpatients:

- Received outpatient treatment services at a CSO within the 5 regions
- Showed willingness to participate in the study
- Beneficiaries that received organization's services for at least three months..

CSOs facilitated access to drug users (DUs) benefitting from their services.

Community Meetings

Key Informants (KIs) were chosen from various fields in order to understand the drug problem from the point of view of different experts. The major profiles of KIs: municipality members, hospital physicians, religious leaders, youth movements per area in addition to directors of schools and universities. The selection of these individuals depended on their awareness of the drug problem in their region.

Data Coding and Analysis

The research team conducted and transcribed verbatim all interviews and focus groups in Arabic. Data was not translated to English to avoid losing meaning during translation however, coding took place in English. The transcriptions were divided per

region and then per type of interview i.e. in-depth interviews, focus group discussions and community meetings. A table was developed entailing a list of codes for each region. The codes consisted of an abbreviation of the region, the CSO and the type of interview implemented. Accordingly, the transcribed interviews were coded line by line using the specific codes assigned to them. Thematic analysis was used and the themes were predetermined by the questions of the interview guide. Several sub themes emerged from questions related to challenges.

FINDINGS

Greater Beirut and Keserouan

Nine in depth interviews were conducted with CSO representatives in addition to three focus group meetings with a total of 20 beneficiaries from different drug specialized organizations. The below table provides insight to the type of services provided by the organizations interviewed.

Service Category vs. Number of CSOs Greater Beirut & Keserouan		
Prevention only	Treatment only	Treatment and Prevention
2	2	5

Figure 4 Beirut: Service Category vs. Number of CSOs

Contextual Features

Findings show that heroin, cocaine and cannabis are among the most frequently used drugs according to youth interviewed. CSO representatives mentioned that there is an increasing emergence of the use of drugs such as Salvia, Tramadol and prescription drugs. On the other hand, organizations working on the drug response in Beirut and Keserouan receive patients from all regions in Lebanon. According to CSO representatives and beneficiaries, this is due to the lack of services in their communities. Almost all of the participating CSOs reported welcoming beneficiaries between the ages of 18-60 years old. However, the most common age group is 20-30 years old.

Available Prevention Services

Drug use prevention is considered a building block in empowering young individuals and their surrounding environment to enhance their life and decision-making skills and prevent them from engaging in drug use and other risky behaviors. CSO representatives stated implementing a variety of evidence-based prevention interventions.

Available prevention services in the Greater Beirut and Keserouan include:

1. **Life Skills Education.** When addressing youth, majority of the interventions focus on enhancing the life skills, knowledge and attitudes of young individuals. This includes:
 - Inclusion of art, drama and theater techniques to educate and raise awareness about drugs and also to equip young individuals with personal and social resistance to peer pressure skills.
 - Engaging youth through sports activities as a means of enhancing their personal skills and resilience.

2. **Information and Knowledge Dissemination.** Other basic techniques include information dissemination on drugs and their risks. Information is presented scientifically by trained educators through educational sessions, discussion groups, and workshops to address young individuals' knowledge, attitudes and behavior. Activities include:
 - Educational and awareness raising activities that enhance youth knowledge and influence their abilities to make wise and healthy decisions.
 - Skill enhancement and support of adolescents and young adults through interactive educational awareness methods. These are conducted in schools, university settings and/ or other community settings. CSO representatives highlighted the crucial role such programs have in reducing risk factors and augmenting protective factors to drug use behaviors.

3. **Peer to peer programs.** Almost all the participants reported implementing peer-to-peer programs that entail peer education techniques to raise awareness about harmful drug use.
4. **Mentoring:** This program aims to empower youth and increase their opportunities in the job market by linking youth with mentors. This will provide young individuals with experiences, best practices, and psychological support to develop their professional career and deviate from engaging in risky behaviors.
5. **Family engagement.** Family engagement activities are included within the majority of CSOs providing prevention programs. The role of parents is perceived as fundamental in drug prevention. Thus, programs train and equip families with parenting and communication skills, and raise their awareness and knowledge of drugs and alcohol.

Other initiatives in the Greater Beirut and Keserouan regions also tackle advocacy, policy development, and research.

Monitoring and Evaluation of Prevention Activities

As for monitoring and evaluating the success and effectiveness of the programs, CSO representatives from the Greater Beirut and Keserouan region reported using different approaches; by using external and/or internal evaluation methods. These methods include: impact analysis of program, beneficiary responsiveness, pre-and post test surveys, workshop/training evaluation forms.

Available Harm Reduction Services

The bulk of Harm Reduction services are centered in the Greater Beirut and Kesserouan areas. Services include:

1. **Voluntary Counseling and Testing services** including rapid tests for HIV, Hepatitis B&C and counseling sessions.
2. **Needle and Syringe programs** that provide sterile syringes to people who inject drugs. These programs also include overdose prevention, support and treatment advice.
3. **Safer Nightlife.** This program is a peer-to-peer intervention that reaches out to young people in nightlife settings to offer information and safety advice on alcohol and recreational drug use.

Available Treatment Services

There is a range of treatment services available among CSOs in the Greater Beirut and Keserouan region. Participants revealed conducting various treatment interventions while offering additional services. All organizations reported using international guidelines and taking experts' opinion to tailor treatment interventions to the Lebanese context. Available treatment services in the Greater Beirut and Keserouan include:

1. **Inpatient treatment:** therapeutic communities and hospitalization for detoxification
2. **Outpatient treatment:** comprehensive outpatient care
3. **Opiate Substitution Therapy:** Buprenorphine is provided by the Ministry of Public Health

The majority of participating CSOs reported a three to nine-month average duration of treatment. Furthermore, participating CSOs also revealed providing other services along with treatment interventions. These included continuing care and social orientation, psychiatric care, medical services, drug and addiction education, vocational services, legal aid support and recreational activities.

Monitoring and Evaluation of Treatment Services

As for monitoring and evaluating treatment compliance and success among patients, all organizations reported doing so on a regular basis. Methodologies differed across treatment programs depending on treatment approach and structure.

Challenges and Gaps

Unspecialized and limited number of staff. Organizations are facing difficulty finding trained and qualified staff as well as retaining team members. This they attributed to shortages in funding. Some organizations highlighted facing issues in meeting demand for treatment due to shortage of staff.

Disabling environmental factors. Some organizations expressed growing concern resulting from the absence of an enabling environment due to cultural, religious and societal beliefs that fuel stigma and discrimination against people who use drugs and that oppose the implementation of harm reduction approaches. Organizations stressed that harm reduction approaches, especially the Needle and Syringe Program and Opiate Substitution Therapy, are assumed to be a means of encouraging drug use. This is largely due to a general lack of awareness among the public about harm reduction.

Gender discrimination and disparity. Another important challenge many CSOs are facing concerns women drug users seeking treatment. Several CSOs report that female drug users are subjected to compounded stigma, in turn this creates barriers to seeking treatment. As per the CSO representatives, the low number of female beneficiaries receiving treatment should be investigated further.

Limited resources. CSOs reported suffering from instability of resources for treatment and preventive services. Financial challenges were perceived as the main obstacle to service delivery across all CSOs whereby the participants reported facing difficulties in obtaining sufficient funds from donors. In some cases, insufficiency of funding directly impacts the quality and continuity of treatment services.

Competition and lack of cooperation. It was evident from the responses of several participants that the absence of strong partnerships with other drug CSOs and non-drug institutions impacts ability to carry out prevention and treatment interventions. Although CSOs seem open to collaborating with others, they nevertheless believe that tension and competition exist. The high level of competition for funds and the preference for growing alone instead of collaborating contribute to the creation of such tensions.

Weak referral. With respect to treatment services, many CSOs reported facing issues in referring their patients to other organizations, mainly because of the absence of a clear-cut formal referral pathway. Given the regular need to refer cases requiring specific services to other CSOs, the participants affirmed that the current informal referral process poses considerable challenges as it is time consuming and lacks adequate follow-up procedures with the patients.

Limited government involvement. CSOs strongly indicated that the Lebanese government has failed to play a critical role in dealing with the drug crisis in Lebanon. They mentioned that the absence of governmental support and lack of effective drug policies in the country hinder prevention programs and treatment access. The drug use

crisis cannot be adequately addressed without the serious involvement of a governmental body tasked with the issue.

Strengths and Opportunities

Qualified and skilled staff. Although some organizations suffer from unspecialized and limited number of staff, other organizations commend their staff for the skills and knowledge they have. These organizations claim that they continuously work on capacity building and skill development of their team. Such organizations invest in their staff for better service delivery tailored to the needs of their beneficiaries.

Evidence-based interventions. Numerous organizations highlighted that the success of their programs is the result of evidence-based interventions. Some organizations are constantly evaluating and assessing their services, which enables them to develop and tailor these services to the needs of their beneficiaries.

Collaboration. Despite some claims from CSOs stating weak partnerships with other CSOs and governmental entities, several representatives revealed otherwise. They acknowledged their solid relationships with others as an integral aspect of service delivery. Such strong ties facilitate referrals, alliances and collaborations. Organizations insisted that credibility and transparency are foundations to the successful collaborations with others.

This indicates, that if organizations can build trust, specifically with those that complement their line of work, a structured and successful referral system may be achieved. This is viewed as an opportunity to strengthen and systematize collaborations and partnerships among organizations for a better response.

Sidon

Sidon is a district of the South Lebanon governorate; it includes more than 40 cities. This region hosts up to approximately 207, 500 people (Localiban 2017a). Eleven in depth interviews were conducted with CSO representatives in addition to four focus group meetings with a total of 33 beneficiaries, and one community meeting with 33 KIs. The below table provides insight to the type of services provided by the organizations interviewed.

Service Category vs. Number of CSOs		
Sidon		
Prevention only	Treatment only	Treatment and Prevention
10	0	1

Figure 5 Sidon: Service Category vs. Number of CSOs

Contextual Features

Beneficiaries and CSO representatives discussed various factors putting youth at risk of drug use; low socioeconomic status and unemployment were discussed as the main drivers of drug use.

According to CSO representatives and beneficiaries youth most at risk in Sidon are young people aged between 11-25 years. The majority of participants hold the belief that males are more at risk to drug use than females.

Commonly Used Drugs and Hotspots in Sidon

According to the focus group discussions with young beneficiaries receiving prevention services from participating CSOs in Sidon, among the most popular types of drugs used by young people in Sidon are marijuana, heroin and cocaine. A few

participants mentioned other drugs such as Tramal, Benzexol and prescription pills. Few indicated Captagon, nitrogen gas, and thinner.

Available Prevention Services

All interviewed CSOs work on primary prevention. Despite the fact that none have tailored programs for youth at risk, representatives mentioned that they are reaching out to young people through empowerment activities aimed at enhancing life and social skills. The majority of participating CSOs claimed to have established their drug related programs and prevention activities as a result of an emerging need in the community.

Organizations in Sidon stated that their employed approaches are either adapted from other local or international organizations or are based on scientific evidence and experts' opinions tailored to their context.

Most prevention services available in Sidon do not directly target the issue of drug use. The majority of interventions focus on enhancing life skills, information dissemination and peer to peer activities. Available prevention services across the 11 organization in Sidon include:

1. Enhancing Life Skills.

- Interactive methods are used such as fun games and activities with the aim of developing youth's' mindset and their skills to avoid risky behavior; building resistance skills.
- Capacity building programs strengthening vocational skills of youth.
- Life skills programs related to communication, democracy, citizenship and self-expression.

2. **Information Dissemination.** These interventions range from informative sessions, awareness campaigns, trainings, lectures, and documentaries and videos on risk aversion, risk of drug use, identifying the early signs of youth at risk of drug use.

Monitoring and Evaluation of Prevention Services

Different M&E mechanisms are used among CSOs in Sidon. Some organizations develop a set of indicators to evaluate the efficacy of their programs. In order to measure change in behavior, mindset, and knowledge, organizations use the pre-and post test tool. Several other interviewees confirmed having regular external audits every three years for their prevention program sessions. Most importantly, organizations also rely on feedback from the community and other organizations.

Available Harm Reduction Services

Harm reduction services are not present in Sidon and CSOs reported referring to organizations operating outside Sidon for these services.

Available Treatment Services

Only one organization in Sidon provides treatment services. Beneficiaries come from different region across Lebanon to receive treatment, however the majority are residents of the South. Treatment is available to age groups falling between 16 and 50 years old.

This organization currently provides outpatient treatment services and is in process of developing an inpatient center. Services are free of charge, and the individualized and comprehensive programs it provides are tailored to each individual's need. A typical

treatment plan includes: one medical follow-up, two psychotherapy sessions (individual and group), in addition to behavioral therapies (individual and group counseling and family based therapies), and follow-up.

Strengths and Opportunities

Successful interventions. According to young people interviewed in the focus group, interventions on life skills were “beneficial and life changing”. These helped them develop communication and team building skills, and helped them acquire a sense of resilience.

Professionalism. Beneficiaries highlighted that the main points of strengths of the CSOs is their transparency, non-judgmental approach, professionalism and respect.

Partnerships and Collaborations. All CSO representatives have strong collaborations with other organizations working in the field in addition to community organizations such as: municipalities, ministries, schools, universities. There is a general awareness of the necessity of collaborations and partnerships to provide a unified response to the drug problematic.

Networking. A couple of participants revealed working on creating strong relationships with community leaders to serve as a gateway to implementing various prevention activities. This enables organizations to reach out to at risk populations residing in areas difficult to reach. Creating a network of community leaders and building rapport is key to be able to raise awareness on drug use and drug trafficking.

Parental involvement. Some organizations invite and involve parents and families to awareness sessions to highlight the magnitude of the drug use problem and the importance of drug use prevention. Enabling parents with the knowledge and awareness can create a snowball effect; when parents begin to openly discuss the issue of drugs among each other, they might be more open to the idea of involving their children in prevention interventions.

Challenges and Gaps

Unspecialized Staff. Several CSO representatives stated having difficulties finding competent, dedicated, goal oriented and committed staff members.

Interruption of funds. The participating CSOs are facing numerous challenges when implementing prevention programs. The interruption of already insufficient funds hinder their ability to sustain interventions.

Political Instability. Political instability and insecurity in the country pose a challenge to the continued implementation of prevention interventions. For instance, one interviewee stated that such instabilities hamper their ability to effectively work in the community, schools and universities.

Lack of governmental involvement. CSOs in Sidon discussed drug trafficking and trade and the immunity of some dealers due to their connections to political figures. Several participants also believe that the Order of Doctors and Syndicate of Pharmacists are turning a blind eye to doctors and pharmacies that are providing

prescription drugs and denounced the lack of involvement of the government in monitoring such transactions.

Cultural barriers and lack of awareness. A few participants highlighted that in certain settings, the unwillingness of families to participate in prevention programs as well as their low interest in prevention issues pose obstacles to the effective conduct of awareness interventions on drugs. An additional obstacle to the delivery of effective interventions lays in the community's general rejection of prevention activities due to its lack of awareness of their importance especially in risky environments where young people have a high exposure to cheap drugs.

Tyre

Seven in depth interviews were conducted with CSO representatives in addition to four focus group meetings with a total of 32 beneficiaries, and one community meeting with 17 KIs from the Tyre region. The below table provides insight to the type of services provided by the organizations interviewed.

Service Category vs. Number of CSOs		
Tyre		
Prevention only	Treatment only	Treatment and Prevention
6	1	0

Figure 6 Tyr: Service Category vs. Number of CSOs

Similar to Sidon, Tyre has a shortage in organizations providing treatment. Only one treatment center was identified for the district.

Contextual Features

According to CSO representatives and beneficiaries, risk factors in Tyre that influence the likelihood of drug use are numerous. The main risk factors discussed were socioeconomic, where participants highlighted the strong correlation between lack of education, unemployment and poverty with drug use. A second risk factor is the lack of parental involvement or lack of guidance. According to the participants of this study, living in a chaotic environment without having a solid reference to follow is a catalyst for involvement and participation in risky behavior. Some reported that parents lack the necessary skills to engage effectively with their children on the topic of drugs. According to CSO representatives, a third risk factor is the area of residence and the environment young people are brought up in. Availability and easy access to

drugs coupled with poverty, low security conditions, and peer pressure create a high risk environment for young people

According to focus groups and the community meeting that were conducted, the most commonly used drugs in Tyre include: marijuana, cocaine and heroin. Other types of drugs observed among youth in Tyre are Salvia, and cough syrup. Emerging drugs among youth include, Captagon, and Benzhexol,

Available Prevention Services

Organizations in Tyre work on primary and secondary prevention of risk behavior.

None of the CSOs have specific programs for drug use prevention. Instead, they rely on the available programs they offer to indirectly work on substance use related prevention. These programs focus on life skills enhancement to promote healthy lifestyles. Most programs in Tyre are developed based on evidence-based sources and are adapted to the Lebanese context. However, some organizations develop their own interventions based on their personal knowledge and expertise.

Available prevention services across the six organizations in Tyre include:

1. General awareness:

- Raising awareness on topics revolving around health as well as social issues including child rights, child labor, marriage, violence and discrimination in addition to programs on nutrition and sexual health.
- Prevention programs also include entertainment activities with the aim of delivering awareness messages on the negative effects of drug use and how to avoid drugs.
- Other interventions target parents and families to help them identify the signs of child drug use.

- Some organizations provide trainings and awareness sessions to other organizations on drug use prevention so that they can also work on prevention and raise awareness.
- Awareness raising through distribution of brochures, lectures, and psychodrama that include prevention messages educating youth on drugs. Such events take place in various community settings as well as universities.

Monitoring and Evaluation

The impact of the programs is not assessed, and monitoring and evaluation measures are not taken. Only two organizations use pre-and-post tests to measure change in knowledge. Without proper M&E, organizations cannot properly develop their prevention interventions and effectively address the needs and gaps in prevention in Tyre. Organizations do not have a budget line specific for drug use prevention programs. This could imply that the work on drug use prevention is still at its earliest stages in Tyre.

Available Harm Reduction Services

Harm reduction services are not present among the interviewed CSOs in Tyre.

Available Treatment Services

One hospital in Tyre delivers treatment services to drug users. This hospital is divided into two sections: psychological and addiction treatment. However, due to conservative cultural environment of the hospital, this institution only caters to male beneficiaries ages 15 and above. Its beneficiaries come from different areas in Lebanon and are from different nationalities including, Syrian, Yemeni, and Iraqi.

Patients are charged 100USD per night and some may receive subsidies depending on their social status. Treatment plans are tailored to the patient's needs and are based on a survey completed with the help of a psychologist prior to admission. Beneficiaries discussed receiving a wide range of therapeutic and medical services as well as recreational activities. The recreational activities include swimming, gym and billiards. As for the medical services, some CSOs stated having a team of medical experts who provide medical consultations. Depending on each individual's case, a typical treatment plan includes 15 days of detox followed by 30 days treatment. Opiate substitution is not provided.

Tyre is lacking in both treatment and prevention programs; where most prevention is done indirectly without special attention to the issue of drug use and only one treatment center exists exclusively for men. Evidently, a systematic response to drug use is lacking.

Challenges and Gaps

Lack of awareness.

Among the most recurring challenges faced are community misconceptions and beliefs about drug use prevention approaches.

Unstable political conditions and absence of balanced drug control in the country. Respondents discussed the fact that the political instability of the country affects the prioritization of the issue of drugs and substance use. Furthermore, government corruption as well as lack of political will mean that drug control efforts are heavily geared towards the consumer and fail to target the supply of drugs.

Lack of services. Youth participants reported facing several challenges in accessing services and specifically highlighted the issue of commuting. Current prevention interventions were considered ineffective mainly due to the fact that they are not perceived as youth friendly or relevant.

Strengths and Opportunities

Integration of drug use prevention within programs. Few organizations are addressing societal misconceptions by introducing drug use prevention topics along with other topics.

Partnerships and Collaborations. Partnerships and collaborations between CSOs (drug and non-drug related such as sports and religious clubs) and other governmental entities exist. There is strong coordination between CSOs and municipalities and the Ministry of Social Affairs. The availability of partnerships and collaboration between CSO and certain government entities provides the opportunity to develop strategic directions to address the drug use problem in Tyre, involving all stakeholders.

Tripoli

Sixteen in depth interviews were conducted with CSO representatives in addition to seven focus group meetings with a total of 79 beneficiaries, and one community meeting with 10 KIs from Tripoli. The 16 organizations interviewed focus on the delivery of youth support interventions. No drug treatment services were found in Tripoli.

Contextual Features

According to CSO representatives and beneficiaries, there are numerous risk factors in Tripoli that affect the likelihood of drug use among youth. These risk factors include: unemployment, poverty, lack of quality education, easy access to cheap drugs in schools and universities, living in unsafe environments such as refugee camps, and lack of parental awareness on the issue of youth drug use. Beneficiaries repeatedly discussed the widespread drug use and dealing in Tripoli. They believe that drug use is exponentially increasing and is causing youth to engage in other risky behaviors such as crime to purchase drugs. There is general agreement that the spread of drug use has extended to all areas of the northern district.

Participants in the interviews and focus groups report that in their opinion, popular drugs used by young people in Tripoli include marijuana, hash, cocaine, Captagon, and Benzhexol. Several interviewees mentioned cough syrup, salvia, and benzodiazepines such as Xanax. Heroin was reported to be the least popular. Use of injectable drugs such as growth hormone, as well as hypnotic and analgesic medications was also described to be a new phenomenon.

Available Prevention Services

Organizations in Tripoli work on primary and secondary prevention of risk behavior.

None of the CSOs have specific programs for the prevention of drug use. Instead, they provide work on drug use prevention for youth indirectly through the available programs they offer. These programs focus on life skills enhancement to promote healthy lifestyles.

Most drug use prevention interventions are indirect and part of child protection programs specifically to residents of the refugee camps. Available programs across the 16 organizations in Tripoli include:

1. Enhancing Life Skills and Recreational Activities:

- Various vocational trainings and economic empowerment opportunities: this is used to reduce unemployment rates. Vocational opportunities are provided in the field of embroidery (specific for women ages 16 and above) and agriculture.
- Education: training on computer literacy and English language.
- Psychosocial and health literacy workshops
- Women empowerment programs that aim to build the personal capacities of women to become productive citizens.
- Entertainment activities to keep youth off the streets and avoid risky behaviors. These programs specifically target school dropouts or children who do not have the financial capacities to be enrolled in schools. Activities include: photography, video editing, Zumba club for girls, mini football for boys, handicrafts, choir, break dance and rap, and educational games.

Other programs targeting this population include: focused psychosocial support sessions, protection and social reintegration

- Positive parenting workshops are provided in Tripoli to help build strong families and avoid child labor and early marriage for girls.

Numerous child protection programs are taking place in Tripoli from national and international CSOs. Drug use prevention is not directly tackled through these programs rather, it is considered to be an indirect positive outcome of promoting healthy and safe lifestyles.

Monitoring and Evaluation

Most organizations, specifically international organizations, have systematic and structured M&E strategies and tools for their programs, and produce mid-term and annual reports. However, few organizations assess the success of their interventions by looking at impact measures.

Available Harm Reduction and Treatment Services

Harm Reduction as well as treatment services are not present among the interviewed CSOs in Tripoli.

Challenges and Gaps

Absence of specialized centers on drug use. This makes it difficult for at risk populations and DUs to seek focused treatment services, especially that they would have to travel long distances (generally towards Beirut) to receive these services. Organizations working with youth in Tripoli reported not having the required information to make referrals.

Community Beliefs on Drug Use. There is strong stigma around the topic of drug use making it difficult for DUs to receive the necessary support or even seek help. Additionally, CSOs in Tripoli are viewed as corrupt and exist to criticize and change cultural principles.

Poor prioritization. With the ongoing political and security turmoil, specifically in Tripoli, and continuous clashes within refugee camps and surrounding environment, drug use is not of priority in the region. There is a general belief that in order to work on the drug use response, the existing situation needs to be addressed in order to reduce risk and vulnerability.

Lack of government involvement. Most representatives mentioned that political corruption in the country plays a major role in challenges encountered while implementing programs. The current political situation is resulting in the absence of state support in this field.

Conclusion and Recommendations

Findings of this situational analysis reveal a vital need to develop a conducive environment to introduce direct services related to drug use with a special attention to young people as well as women.

Comprehensive evidence-based prevention and treatment services are mostly available in Beirut and Keserouan. In comparison, Sidon and Tyre suffer from a scarcity of available services whereas Tripoli witnesses a complete absence of direct services.

Given the absence of government involvement and leadership, a heavy burden lays on civil society organizations to provide comprehensive prevention and treatment services to diverse key populations.

In this regard, it is recommended that an assessment of national spending be conducted for substance use treatment and prevention.

On a national level, the discourse on drugs has been isolated as a stand alone issue but needs to be integrated into discussions on development, public health, social justice, poverty, security and built on the metrics of availability and accessibility of services.

The limited coverage of harm reduction services in Greater Beirut and Keserouan , combined with the inexistence of such interventions in the rest of the coastal areas poses a threat to the sustenance of the low prevalence of HIV and Hepatitis C among the people who use drugs in Lebanon. Harm reduction interventions are also essential in delivering health services to people who use drugs, and in facilitating access to substance use treatment.

Although, youth development interventions were found across all regions, well-established and direct drug prevention programs could only be found in the Greater Beirut and Keserouan regions. When found in the south and north, prevention interventions are mainly primary drug awareness in nature, are intermittent and do not target young adults and college students. Services present in these areas need to be further enhanced and shift from general awareness to secondary prevention services that target young adults and connect them to available drug related services.

Stakeholders reported that prevention and treatment programs available lack monitoring and evaluation. It is thus recommended that the Mental Health and Substance Use Program of the Ministry of Public Health undertake an assessment of program outcomes, impact, reach and methodology to better understand if the needs of drug users and young people are being met.

Findings also show that referrals among CSOs, healthcare providers and government agencies, including the Social Development Centers of the Ministry of Social Affairs, are informal, highlighting the necessity for a structured referral system that will improve the ability to identify and refer people in need of drug-related services. This will, in turn, allow drug-related work to be integrated within the health and social services provided on a national level. In addition, the referral of individuals to other service providers can help pool resources and improve collaboration across organizations.

On a community level, given that each region has its specific characteristics, gaps and needs, each should have its own drug-use response action plan that fits within the overall national strategy. Organizations, specifically those in Beirut and Keserouan,

can play a key role in supporting the development of this action plan by sharing their expertise, know-how, and information.

In Sidon, the NGOs Platform of Saida is a good example of community mobilization that succeeded in making the issue of substance use a local priority. This approach can be replicated in Tripoli and Tyre where services are either absent or do not necessarily cater to the needs of young people. In addition, open discussions about drugs in Tripoli and Tyre have not been formally initiated yet.

In order to build on the considerable progress made over the past fifteen years in addressing drugs in Lebanon, the establishment of a multi-stakeholders' body would contribute to the provision and sustainability of evidence-based drug-related services across the country.