

Submission to the United Nations High Commissioner for Human Rights

Impact of the humanitarian crisis on people who use drugs- Increased vulnerabilities and marginalization, lessons from Lebanon.

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Submitting organization: Skoun, Lebanese Addictions Center

Skoun is a Lebanese non-profit, non-governmental organization established in 2003 as an outpatient addiction treatment and harm reduction center. Skoun advocates to make substance use a primary healthcare issue, and for the reform of drug policies to protect and promote the rights of people who use drugs in Lebanon.

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Introduction

We welcome the opportunity to provide this submission to the UN High Commissioner for Human Rights ahead of the Office's report on human rights challenges in drug policy. This submission highlights the impact of the compounded humanitarian crisis on the right to health of people who use drugs in Lebanon, particularly the threat to the continuity of harm reduction services.

Findings

Lebanon has been grappling with a series of crises since 2019, including political instability, an economic collapse, the COVID-19 pandemic and its consequences, and the devastating Beirut port explosion¹. These challenges have put immense pressure on the Lebanese government and healthcare system, severely impeding its ability to effectively respond to the needs of the population², especially marginalized individuals such as people who use drugs. Additionally, since the onset of the Syrian crisis in 2011, Lebanon has been hosting over a million Syrian refugees³, further straining its resources.

Despite the existence of various humanitarian frameworks in Lebanon, the response to substance use, harm reduction programs, and the specific needs of people who use drugs have not been given priority in emergency planning or humanitarian response throughout the crisis⁴. Response plans, programming, and the agendas of both the state and donors have consistently overlooked the needs of this vulnerable group.

One glaring example of the exclusion of people who use drugs from emergency response planning is the shortage of Opioid Agonist Treatment (OAT) medication, namely Buprenorphine, which is crucial for managing opioid dependence⁵. The financial

¹ UN OCHA, Lebanon Emergency Response Plan 2023, 4 May 2023, available at

<https://lebanon.un.org/en/230731-lebanon-emergency-response-plan-2023>

UNHCR, WFP, UNICEF, Vulnerability Assessment of Syrian Refugees in Lebanon (VaSyr), 2021 and 2022 available at <https://reliefweb.int/report/lebanon/vasyr-2021-vulnerability-assessment-syrian-refugees-lebanon> and <https://reliefweb.int/report/lebanon/vasyr-2022-vulnerability-assessment-syrian-refugees-lebanon>

² OHCHR, Global Update; High Commissioner outlines concerns in over 40 countries, 7 March 2023, available at <https://www.ohchr.org/en/statements-and-speeches/2023/03/global-update-high-commissioner-outlines-concerns-over-40-countries>

OHCHR, Lebanon: UN expert warns of 'failing state' amid widespread poverty, 11 May 2022, available at <https://www.ohchr.org/en/press-releases/2022/05/lebanon-un-expert-warns-failing-state-amid-widespread-poverty>

³ UNHCR, Lebanon- Needs at a Glance, 29 December 2022, available at

<https://reliefweb.int/report/lebanon/unhcr-lebanon-needs-glance-2023>

⁴ See Lebanon Crisis Response Plan (LCRP) and Lebanon Emergency Response Plan (ERP)

⁵ Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standards of physical and mental health, Report to the General Assembly Sixty-Fifth Session (A/65/255), 7 August

crisis in Lebanon and the state's inability to procure essential medications⁶ have led to an ongoing shortage of OAT. In September 2021, the Ministry of Public Health (MoPH) informed civil society organizations (CSOs) and clinics providing OAT that the available Buprenorphine stock within MoPH pharmacies would last only one month. Consequently, CSOs have taken on the responsibility of ensuring the continuity of this vital service in the absence of a state response.⁷ Harm reduction organizations that are accredited to prescribe OAT medication to service users took on a leadership role in securing funds and in kind donations from international donors, advocating with UN agencies- specifically the World Health Organization (WHO)- to ensure the reception of the medication and facilitation of its handover to the MoPH, in light of the state's paralysis and inability to respond to the shortage. In addition, local CSOs were able to mobilize resources to ensure procurement and provision of naloxone for the most at risk, as well as cover hospitalization for detoxification of those who suffered extreme adverse effects due to the sudden imposed decreases in dosage.

It is worth noting that the medication's reception by the MoPH and subsequent distribution to service users was delayed due to international and national restrictions and authorization processes on import, linked to the classification of Buprenorphine as a controlled substance both at the international and the national level; despite it being considered as essential medicine⁸. Moreover these restrictions have made it impossible for any other health actors who are mandated to procure medication to support in the response to the OAT shortage.

The sudden shortage, the threat of interruption, and reduced doses have reportedly resulted in physical withdrawals, increased rates of overdoses, higher relapse rates, and the emergence of mental health disorders due to the heightened stress experienced by OAT service users. This situation not only compromises the continuity of care but also undermines the overall effectiveness of harm reduction efforts.

Given the exacerbated needs for support of people who use drugs during the crisis, met with the lack of investments and programming by donors, UN agencies, and INGOs; harm reduction CSOs continue to fight to influence donor agendas as well as health and protection actors to integrate substance use services into their programming.

2010, para.52. Available at <https://www.ohchr.org/en/documents/reports/report-special-rapporteur-right-everyone-enjoyment-highest-attainable-standard-drug-control>

⁶ UNHCR, WFP, UNICEF, Vulnerability Assessment of Syrian Refugees in Lebanon (VaSyr), 2021, p.75 , available at <https://reliefweb.int/report/lebanon/vasyr-2021-vulnerability-assessment-syrian-refugees-lebanon>

⁷ Tala Ramadan, "Medication shortages jeopardizes recovery for opiate addicts", L'Orient le Jour, 15 November 2021 available at <https://today.lorientlejour.com/article/1281616/medication-shortages-jeopardize-recovery-for-opiate-addicts.html>

⁸ World Health Organization, Model List of Essential Medicines, 22nd List, 2021, p.52, available at <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02>

The neglect of people who use drugs can be traced back to Lebanon's long standing policy of criminalizing drug use, while failing to invest adequately in health and harm reduction services. This deprioritization of their needs at the national level is mirrored in the humanitarian response architecture and is also evidenced in the Lebanese Crisis Response Plan (LCRP)- the response framework to the Syrian crisis in Lebanon. Despite the known increase of negative coping mechanisms during the crisis, including drug use⁹, no assessments have been conducted to determine the number of people who use drugs among refugees since the beginning of the Syrian crisis

As a result of the compounded crisis, Lebanon has been demoted to a lower-middle income country¹⁰; consequently, the role of the main UN agency tasked with the response to drugs- whose approach focuses on countries in development- has taken a back seat. Furthermore, the position of global drug policies as falling within agencies mainly focused on the response to and prevention of crime¹¹, has contributed to the oversight of the needs of people who use drugs in the humanitarian response framework. As a result, the lack of targeted programming and funding has exacerbated their vulnerabilities and further increased their marginalization.

Lebanon's experience in the past three years has highlighted the urgency of recognizing the increased vulnerabilities of people who use drugs in times of crisis, and the urgent need to include substance use and harm reduction services as part of primary healthcare and the overall humanitarian health package to ensure the respect of their most basic human rights.

Recommendations

In light of the above, we call on the UN High Commissioner for Human Rights to provide in his report the following recommendations to Member States and to stakeholders:

- A. Recognize the increased vulnerability of people who use drugs in times of crisis.

⁹ UN Inter-Agency Coordination Lebanon, End of Year 2022 Sector Dashboard- Protection including Child Protection and GBV, 1 March 2023, available at <https://data.unhcr.org/en/documents/details/99233>

¹⁰ UNHCR, WFP, UNICEF, Vulnerability Assessment of Syrian Refugees in Lebanon (VaSyr), 2022 available at <https://reliefweb.int/report/lebanon/vasyr-2022-vulnerability-assessment-syrian-refugees-lebanon>

¹¹ UNODC, UNODC Strategy 2021-2025, available at <https://www.unodc.org/unodc/strategy/index.html> And UNODC, Regional Office for the Middle East and North Africa (ROMENA) Annual Report 2022, available at https://www.unodc.org/romena/uploads/documents/2023/ROMENA2022AR/UNODC_ROMENA_Annual_Report_2022.pdf

- B. Integrate harm reduction services and the needs of people who use drugs and at risk communities within the humanitarian response plans, be it at the vulnerability assessment or at the programming level, specifically within the health and protection sectors. The humanitarian response should prioritize the inclusion of Opioid Agonist Treatment, and other evidence-based interventions for substance use disorders in emergency response plans and funding allocations. This will ensure that the needs of individuals with substance use disorders are addressed comprehensively and that their rights to health and dignity are upheld during crises.
- C. Ensure access to controlled medicines in emergency and crisis settings by relaxing control measures to import and export at the international and local level.
- D. Ensure that the provision of health and protection services to people who use drugs is a cross-cutting issue within the humanitarian response framework.
- E. Include Civil Society Organizations in emergency response planning and implementation
- F. Broaden the UN response to drugs to include human rights and humanitarian agencies.