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Understanding and Responding to Substance Use and Abuse in the Palestinian Refugee Camps in Lebanon Prior to and During COVID-19 Times

Professor Marie Claire Van Hout on behalf of

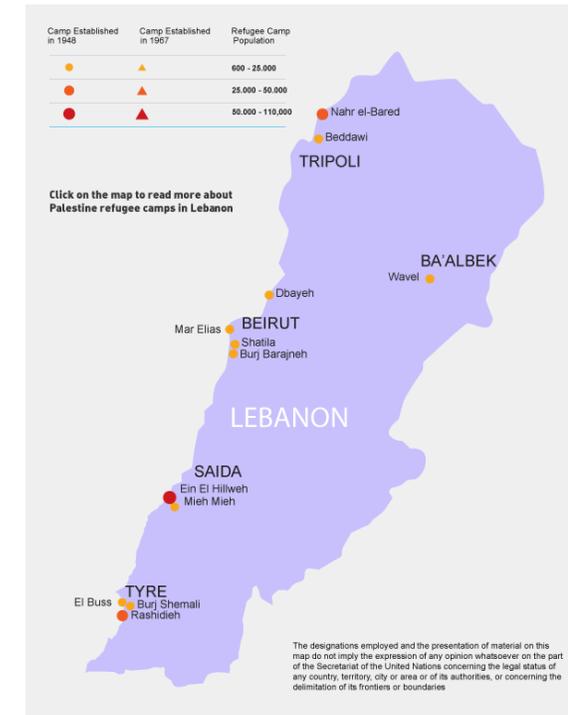
- Mr Elie Aaraj (Director), Ms Patricia Haddad and Ms Sara Khalife at the Middle East and North Africa Harm Reduction Association (MENAHRA), and
- Dr Mirna Fawaz at the Beirut Arab University, Beirut, Lebanon.

The Refugee Crisis in Lebanon

- **Highest number of refugees per capita** in the world.
- Facing its worst **socioeconomic crisis** in decades.
- Refugees are placing **severe pressure** on the Lebanese economy, infrastructure and health and education services.
- **1.5 million Syrian refugees**.
- **479,000 registered Palestinian refugees**, 45% living in 12 refugee camps.
- Conditions are **dire** and characterized by overcrowding, poor housing conditions, unemployment and lack of access to justice.
- 93 per cent of all Palestine refugees in Lebanon are **poor**.
- Lebanon's capacity to respond to **mental health, substance/drug use and related infectious diseases** is stretched.

• Source Map www.unrwa.org/where-we-work/lebanon

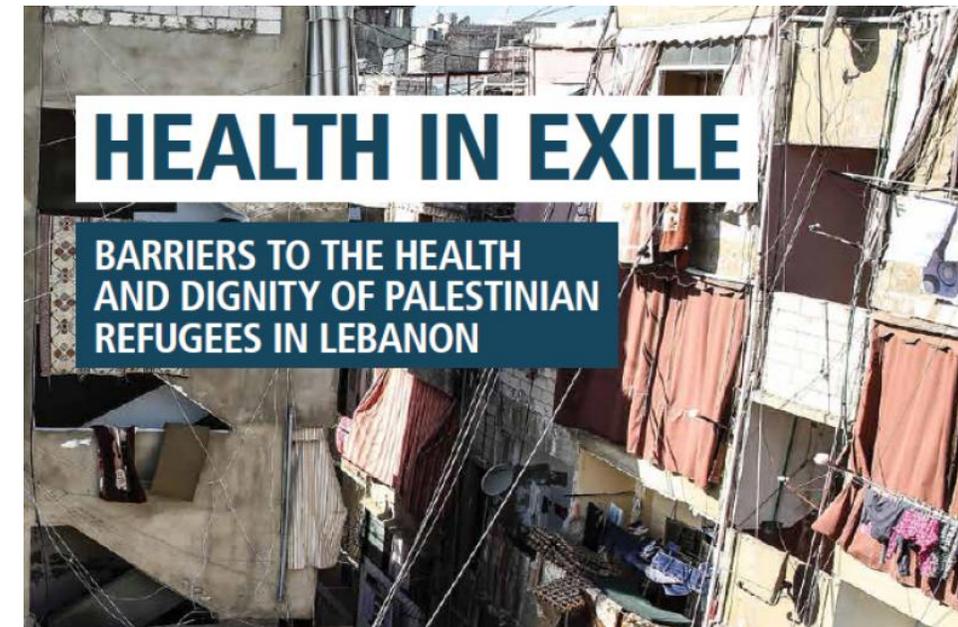
• Source Photo www.aa.com.tr/en/middle-east



Health disparities of Palestinian refugees

- Denial of **basic civil, political, economic and social rights** (i.e. employment, property ownership).
- **Restricted access** to public education, health care and social services.
- **Acute socio-economic deprivation.**
- **Chronic and inter-generational health disparities**
- **Excessive burden of disease** due to trauma, displacement, poverty, malnutrition, violence and congested camp conditions.
- **Multi-morbidities** (cancers, cardiovascular, respiratory and mental health disorders, substance abuse and infectious diseases).

Source photo www.map.org.uk



STRUGGLING HEALTHCARE SYSTEM FOR PALESTINIAN REFUGEES IN LEBANON

Tertiary care – such as surgery and cancer treatment – mostly requires hospitalisation in Lebanon's expensive private system

Only 5.5% of Palestinian refugees have private health insurance. This leaves most Palestinian refugees dependent on UNRWA and other sources for the payment of hospital fees

MAP.ORG.UK FIND OUT MORE: MAP.ORG.UK/HEALTHINEXILE Source: AUB/UNRWA

MAP
MEDICAL AID FOR PALESTINIANS

Drugs in the Palestinian refugee camps in Lebanon

- Cannabis, heroin, cocaine, amphetamine type stimulants, synthetic drugs such as Captagon and more recently Salvia.
- Rise in HIV and viral Hepatitis, particularly concentrated in **refugee communities** and among those engaged in **drug and sexual risk behaviours**.

Source photo www.middleeastmonitor.com



- A qualitative study consisting of **in-depth interviews and focus group discussions** was undertaken as part of a **regional exercise in 2020** investigating Palestinian community experiences of substance and drug use in refugee camps.
- A **critical realist** approach focused on understanding the social reality of substance and drug-related activity in the camps.
- Support the **generation of community-led responses** addressing the issues affecting the camp communities.
- **Ethical approval** was granted by Liverpool John Moores University UK; the Beirut Arab University and the Ministry of Public Health in Lebanon.



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Viewpoint

Public health imperatives in countering drug related health threats and vulnerabilities in contemporary Palestinian refugee camps

Marie Claire Van Hout^{a,*}, Elie Aaraj^b, Wadib Maalouf^c

^a Public Health Institute, Liverpool John Moores University, Liverpool, L3 3ET, United Kingdom
^b Middle East and North Africa Harm Reduction Association (MENAHRA), Beirut, Lebanon
^c Drug Prevention and Health Branch, United Nations Office on Drugs and Crime (UNODC), Vienna, Austria

Viewpoint

Since the start of the Israeli-Palestinian conflict in 1948, a large number of Palestinians were displaced. Subsequent chapters of violence, conflict and wars in the Near and Middle East region, stretching up to the most recent Syrian war continue to contribute an increasing Palestinian refugee population. Current United Nations (UN) estimates indicate that 5.2 million Palestinians are displaced internally in Gaza and the West Bank (including East Jerusalem), and externally into neighbouring countries of Jordan (2175,000 registered refugees living in ten camps), Syria (552,000 in nine camps), and Lebanon (504,000 living in 12 camps). Complexities in defining Palestinian refugee status (for example legal status and registration with the United Nations Relief and Work Agency for Palestinian Refugees, UNRWA) has fuelled inherent difficulties in quantifying exact numbers and location of Palestinian refugees. UNRWA is a temporary UN body, working on improving health and education, and supporting reconstruction and social services. It is funded almost entirely by voluntary contributions from the UN Member States, and has been severely affected recently by funding cuts. Further, the 'Peace to Prosperity' plan that promises economic support to Palestinian refugees and their hosting countries is hampered by its prerequisites that seemingly stand against the Palestinians' 'right of return', a key integral issue to the Middle East process. Amidst such political complexities and challenges, Palestinian refugees are in danger of an excessive burden of disease caused by the consequences of trauma, conflict, violence, occupation, displacement, poverty and environmental determinants of health (congested living space, poor sanitation) which jeopardize their health outcomes and wellbeing (Habib et al., 2012; Habib, Hojei, Elzein, Chaaban & Seyfert, 2014; Habib, Hojei, Elzein & Chaaban, 2019; Kitamura et al., 2018). Reported multi-morbidities experienced by Palestinian refugees include high rates of chronic illness such as hypertension, cancer and diabetes, mental health (including substance use) and respiratory disorders, malnutrition and blood borne viruses (HIV/Hepatitis C) (Al-Krenawi, Lev-Wiesel & Mahmud, 2007; Al-Ahfi, Sakka, Shehadeh & Ahfi, 2015; Habib et al., 2014). Nevertheless, despite making up (at times) a relatively significant proportion of the domestic host population, externally displaced Palestinians are generally denied full rights to political, economic and societal integration (employment, property ownership), are restricted access to public education, public health care and social services, and consequently experience acute socio-economic deprivation (Habib et al., 2012; Kitamura et al., 2018). Further to the political insecurity, complicated by the impending angst around the 'right to return', Palestinian refugee communities in the drug transit and drug production countries of Lebanon, Jordan, Syria, West Bank and Gaza are reported to increasingly experience camp insecurity and drug related health threats and vulnerabilities (Chaaban & Dajani, 2012; UNWHA/UNICEF, 2018; Masad et al., 2016; Al-Ahfi et al., 2019; Damir, 2019; Syam et al., 2019; Van Hout et al., 2019; Wazafiy et al., 2020). These conditions inside camps, along with tensions with the outside or host communities collectively increase their risk of substance use and high-risk drug use (Ahfi et al., 2019; Awwad, 2019). Limited access to safety and justice, lack of governance and infiltration by radical Islamist groups and criminal networks in some camps has played a vital role in the targeting of youth by drug dealers, the spread of drug abuse, trafficking and violence (Dameri et al., 2018; UNICEF, 2016; Yanout et al., 2012). Young disenfranchised Palestinian refugees, particularly males, and those living with the trauma of displacement and conflict, are extremely vulnerable to drug related risk behaviours including exploitation in drug trafficking by cross border criminal networks (Al-Ahfi et al., 2019; Al-Ghazawi et al., 2014; Elbedour et al., 2007; Van Hout et al., 2019; Wazafiy et al., 2020). Internal efforts by Palestinian communities, NGOs, and CSOs strive to counteract this threat to communal existence and safety in the refugee camps.

Despite such efforts, there has been little progress in activating a joint public health and security response matching the level of needs within the Palestinian refugee camps in the refugee camps. Most recently, the 2020 Middle East and North Africa Harm Reduction Association (MENAHRA) situation assessment of drug use and harm reduction in the region has highlighted refugees as key population, alongside the impact of displacement of drug injecting related infectious disease

* Corresponding author.
 E-mail addresses: m.c.vanhout@lmu.ac.uk (M.C. Van Hout), aaaraj@menahra.org (E. Aaraj), wadib.maalouf@un.org (W. Maalouf).
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ORIGINAL ARTICLE

Perspectives of Frontline Professionals on Palestinian Children Living with Sibling and Parental Drug Use in the UNRWA Camps, Jordan

Mayyada Wazafiy¹ · Leen Abushams¹ · Mohammed Al-Ahfi² · Stephanie Kewley³ · Zara Quigg⁴ · Mark Whitfield⁴ · Jim McVeigh⁵ · Marie Claire Van Hout⁴

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ORIGINAL ARTICLE

Perspectives of Frontline Professionals on Palestinian Children Living with Sibling and Parental Drug Use in the West Bank and Gaza Strip

Mohammed Al-Ahfi¹ · Leen Abushams² · Mazen Sakka¹ · Maha Shehadeh¹ · Riad Ahfi¹ · Majed Alouosh³ · Afaf Rabee³ · Stephanie Kewley⁴ · Zara Quigg⁵ · Mark Whitfield⁵ · Jim McVeigh⁵ · Mayyada Wazafiy² · Marie Claire Van Hout⁵

ambiguous West Bank including within its confines. Around n UNRWA refugee camps in Jordan of disease caused by the occupation and resultant displacement, fragmentation of Palestinian camps (a reported rise in drug use) with a convenience sample of UNRWA camps (Al-Zarka, Al-Jenab, and Al-Badana), findings of these professionals in substance/drug use and drug use analysis (TA). Five themes to drugs was perceived to be important to have desensitized, yet social and economic poverty, causes of substance/drug use in camps is multifactorial; (5) prevention and support for those at risk and the reducing security issue. For an evidence-based, there is a need for accurate, relating to the extent, charac-

West Bank and Gaza Strip. Political and economic tensions and its direct effect of drug abuse and addiction in the home. A qualitative study was conducted in West Bank and Gaza Strip explored the working with Palestinian families and children affected by the home. Data were analysed using thematic analysis (TA), these were 'The rising and shifting problem of drug use in the West Bank and Gaza Strip'; 'The consequences for the use of drugs'; and 'Potential solutions to the problem are'. This study points a concerning picture of how drug abuse impacts on multiple pressures, stigmas, risks and harms relating to

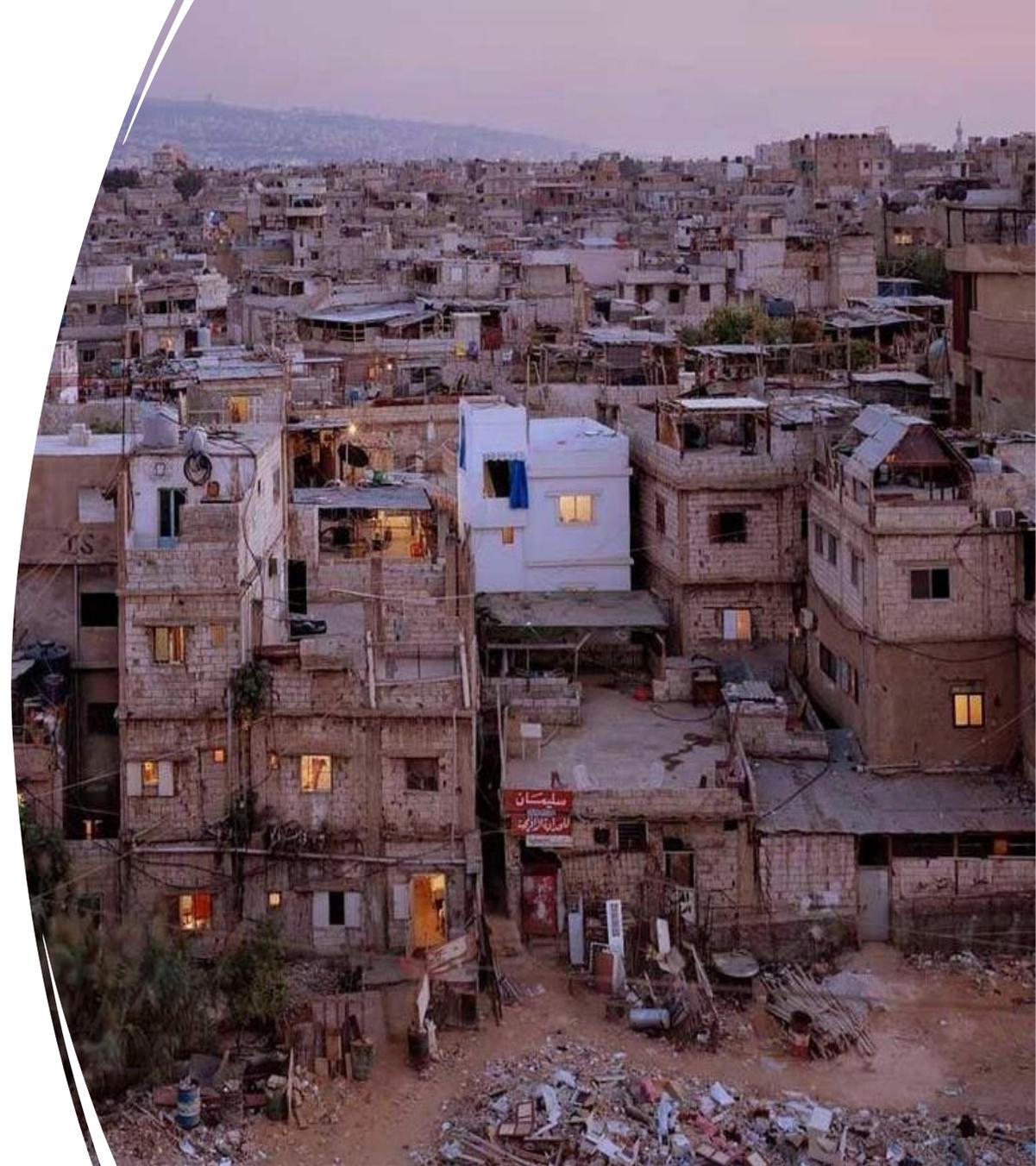
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Methods

- Fieldwork was conducted by the MENAHRA team.
- **Eight in-depth interviews** were conducted with male community members living in or close to the camps.
- Five were former drug users in rehabilitation at the *Insan* Rehabilitation Center at the *Burj Al Barajneh* camp;
- Three were living within or in close proximity to three camps in the Beirut area; *Burj el Barajneh*, *Shatila* and *Sabra* camps.
- It was **not possible to recruit female** community members due to the sensitive nature of the study.





Source photo <https://timep.org/>

- **Eleven key informant stakeholder professionals** with in-depth knowledge regarding the health situation and drug market dynamics in the refugee camps were consulted (five males, six females).
- **One focus group discussion** (n = 9) explored the perspectives of UN agencies and key NGOs (ANERA, UNICEF, Ngos Tajamoh, Jana, Nabaa, Al Najda and Witness Association for Human Rights) who operate programmes in *Ain El Helwe*, *Shatila* and *Burj Al Barajneh* camps.
- **Two in-depth interviews** were conducted with the Directors of the National Mental Health Program at the Lebanese Ministry of Health and the *Insan* drug rehabilitation center at the *Burj Al Barajneh* camp.

Interview and Focus Groups explored

- perceptions of the changing and current situation regarding substance use, abuse and dependence in the camps;
- impact on families living in the camps;
- thoughts and opinions regarding potential interventions to address youth and children's vulnerability to substance use;
- identified harm reduction, community or psycho-social supports for communities and families affected by the issue;
- the impact of COVID-19 on the situation overall.

Poverty and Unemployment

Involvement in drug-related activity appears to be underpinned by the lack of rights to employment (and property ownership), consequent extreme poverty and lack of opportunity to support families in their basic needs.

Unemployment in Palestinian youth contributes to a **lack of empowerment** and subsequent engagement in drug-related **criminal activity** and **drug use**.

“Those who use drugs are not in the right state of mind... If someone studied and graduated, where would they work? Sometimes you might see someone using drugs in the camp and you would pity them that they earned degrees and are still using drugs...why? Because they can't find a job... they are hopeless.” (Community Participant #6)

For many (people who use drugs and community members) engagement in the trafficking and sale of drugs has become **normalized and legitimized** over time as **source of income** to support families.

“Housewives are considering it a source of income and one woman was saying she works with her son in law because they need to make a living... and now because they are considering it a source of income, they have found a justification for it.” (Stakeholder #S8, female)



Source photo <https://deeply.thenewhumanitarian.org/>

Hopelessness and Drug-Related Coping

The economic crisis, the denial of civic rights and refugee status inhibits integration into Lebanese society.

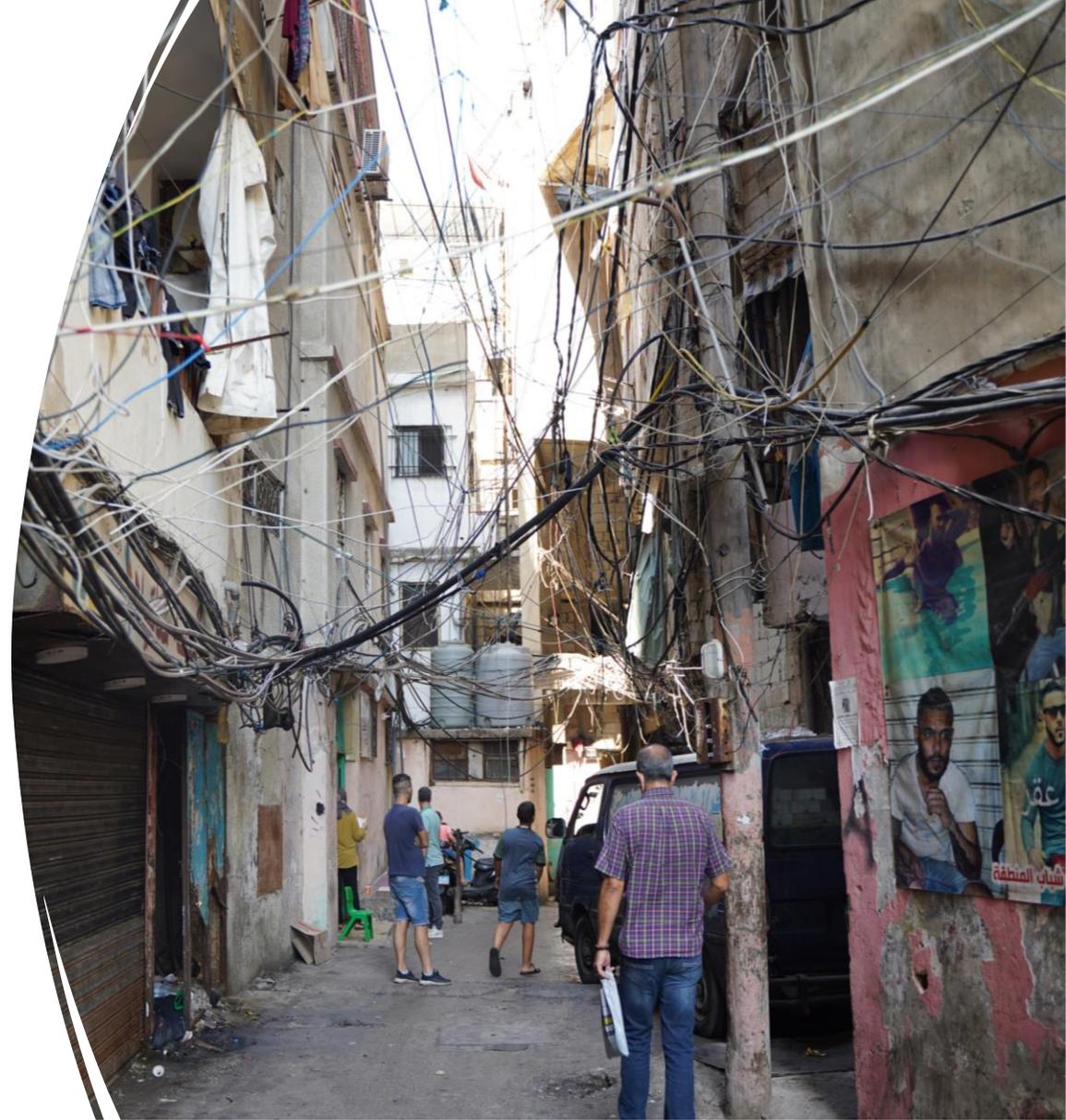
A lack of civic engagement and feeling of detachment from the host society contributes to the precipitation of hopelessness, depression, boredom, and the justification of drug use and participation in the sale of drugs to others.

“Unemployment, sitting at home all day, boredom, and nothing to do... and family problems.” (Community Participant #5)

Drugs used as coping mechanism and as ways/strategies to escape from the daily realities of life in the camps.

“Every person does this to run away from the problems in their life... We cannot blame them, every person needs something to deal with reality” (Community Participant #5)

“Camps closed, deteriorating economic situation... all the misery that is gathered within the camps and the drugs become a way for running away and forgetting issues...” (Stakeholder #S1, male)



Source photo: www.middleeasteye.net

Inner and Outer Camp Aspects of Lawlessness

Lawlessness within the camps, drug manufacture and dealing conducted in plain sight of the authorities, and lack of action and absence of inner camp governance.

Normalization of drug dealing and the **accessibility and availability** of illicit and prescription drugs in the camps.

“Selling drugs is public and ordinary, like shops that sell vegetables so it makes it very available. Those who have the intention to use will find it no matter if it was inside or outside the camp... inside the camps there isn’t a presence of Lebanese law enforcement, so it’s very available...”
(Community Participant #7)

Overt presence of **clandestine drug manufacture** within the camps and also serving the local Lebanese communities living on the fringes.

“... we hear of factories... everything is exposed ..the common thing is that the issue is so public that even children are aware of it... drug dealers and promoters are not hidden... they don’t care, they just do it... They are also suppliers for communities outside of the camp and not just in the camp.” (Stakeholder #9, female)

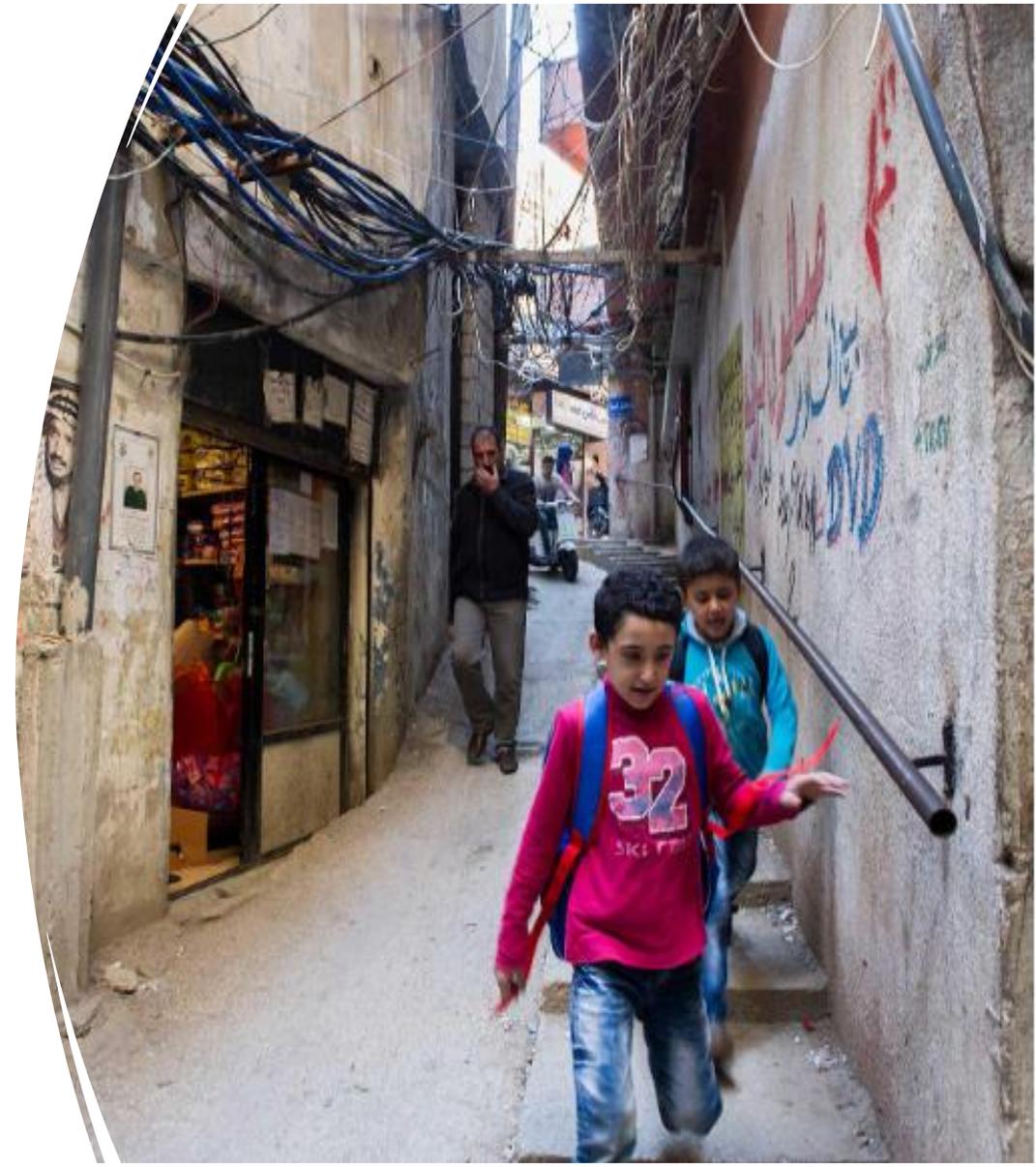


Photo source www.anera.org

Drug Availability, User and Dealer Networks

Community desensitization toward drug dealing. Widespread availability of Tramadol and cough syrups, solvents, illicit street drugs (heroin, hashish) and Salvia.

Use and abuse among diverse demographic groups, including youth, women, young girls and children.

Concern around **widespread marketing and promotion of drugs** in different settings, including at school gates, and the exploitation of children as drug runners.

“The danger is that there are networks that are using young children for drug promotion. I know about a case of a 12-year-old child who was being used as a distributor within the camp due to the financial issues and this is the worst form of child labour...” (Professional Stakeholder #1, male)

NGOs involved in community and school-based drug prevention in the refugee camps are **threatened by drug traffickers and promoters.**

“There are big entities that are promoting drugs through children. There were women threatening us to not talk about drug prevention within the camps. The situation is now worse due to the security situation.” (Stakeholder #7, male)



Source photo <https://electronicintifada.net/>

Impacts of COVID-19 on Drugs and Drug Use

The threat of COVID-19 contagion in the camps did little to stem drug related activity.

Drug dealing became more public and harmful drug use increased.

“...it’s on the rise... it’s getting worse by the day. It wasn’t this normalized. There used to be drugs but there was taboo surrounding this issue. The spread this year is unprecedented...” (Stakeholder #4, male).

Awareness around the **risks of community transmission of COVID-19** was low and did little to impact on drug availability and overt drug dealing (often through windows) in the camps.

“... none of the drug users are aware of Corona, they are not aware of anything of their surroundings... nothing has changed... all business as usual, all is available... they dispense it through a window... it is everywhere you go... those who use drugs know where to find it...” (Community Participant #1).

Illicit drug initiation by individuals in the refugee camps during the pandemic.

“...some people who never had drugs have started using hashish...”
(Community Participant #3)



Source photo www.msf.ie

Drug-Related Violence and Exploitation of the Vulnerable

Volatile unstable and unsafe environment for those living in the camps.

Undercurrent of tension in community life caused by drugs and drug-related networks.

“...drug usage and dealing has caused a lot of mugging and other kinds of crime... they use the stolen goods to sell and buy drugs ...” (Community Participant #2)

Small violent incidents among drug users, and **gang or faction activity** where drug dealers and drug dealing networks fought in public, using guns and opening fire in public.

Intense family conflicts and varied forms of inter-familial violence (gender based, physical and sexual violence), sexual and child **exploitation** of family members, transactional sex and aggression.

“Violence in all its forms... when they were asked why they are using kids, they said that these are not kids they’re 12 so they are old enough...” (Stakeholder #2, female)

‘I hear more about networks for women for sex work, but I also hear about men engaging in sex to be able to afford drugs.’ (Stakeholder #6, female).



Source photo <https://electronicintifada.net/>

Imperatives for Community Support

Need for a comprehensive multi-stakeholder plan underpinned by initiatives tackling drug demand (camp governance hand in hand with Lebanese authorities) and with buy-in from the camp communities themselves in order to support change.

“...We need awareness campaigns, on the dangers of drugs, financial support, clothes, food... since poverty is what makes people use drugs...”
(Community Participant #5).

Those seeking help are faced by financial difficulties in covering costs of treatment and rehabilitation provided by Lebanese NGOs outside of the camps.

The need for **free and accessible** harm reduction, drug treatment and rehabilitation, and aftercare services.

Aftercare inclusive of **family interventions** is lacking for those on treatment completion.

“...the camp could benefit from rehab centers that don't charge fees to rehabilitate... after someone is rehabilitate and goes back home, families should learn how to deal with their son and not make him feel abandoned or cast out...” (Community Participant #2)



Source photo www.msf.ie

Conclusion

Need for **high level discussions with UNRWA** to bring together all concerned stakeholders to design and implement a comprehensive response plan for substance use based on prevention, rehabilitation, and harm reduction within the camps.

Efforts in line with the Lebanese National Mental Health Program will help to address the issue and facilitate access to care.

-
- Findings echo that studies conducted in the West Bank, Gaza and Jordan.
 - Interplay between **poverty, socio-economic instability, camp insecurity, drug trafficking and related violence** and **lack of law enforcement and camp governance** heightens vulnerability, risk and adverse consequences.
 - Lack of **free and accessible harm reduction, treatment and rehabilitation** (and family) supports for those in need.
 - There has been little progress in activating a **joint public health and camp security response** to tackle substance/drug use, with tensions between the 'outside' (Lebanese community) and 'inside' (refugees) remaining very high.



Source <https://prc.org.uk/>

Thank you for your interest.

Marie Claire Van Hout

• m.c.vanhout@ljmu.ac.uk



Source photo <https://prc.org.uk/>