

Assessment of the Availability and Accessibility to Needles and Syringes Services in Lebanon

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HRI	Harm Reduction International
MENAHRA	Middle East and North Africa Harm Reduction Association
MOPH	Ministry of Public Health
MOJ	Ministry of Justice
MOSA	Ministry of Social Affairs
NAP	National Aids Program
NMHP	National Mental Health Programme
NGO	Non-Governmental Organization
NSP	Needles and Syringes Program
OST	Opioid Substitution Treatment
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RDS	Respondent-Driven Sample
SIDC	Soins Infirmiers et Developpement Communautaire
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

A. Introduction

According to the most recent Global State of Harm Reduction, published by Harm Reduction International in 2018, there are an estimated 15.6 million People Who Inject Drugs (PWID) globally, with a 17.8% HIV and 52.3% Hepatitis C prevalence among this population (*HRI, 2018*). In the Middle East and North Africa region, a situational assessment conducted by the Middle East and North Africa Harm Reduction Association (MENAHRRA) revealed an estimated number of 887,000 people who inject drugs of which an estimated 208,000 are living with HIV (*MENAHRRA, 2018*). Over the years UNAIDS reports have identified unprotected sex and unsafe injecting drug use to be the main drivers of the HIV epidemic in the region. Despite this prevalence, countries of the region have yet to implement wide-scale life-saving harm reduction interventions, and most of these services are provided by civil society organizations in a difficult political and funding environment. The WHO, UNAIDS, and UNODC endorsed a comprehensive harm reduction package of interventions¹, including Needle and Syringe Programs (NSP) in 2009, and continue to support these interventions. The implementation of NSPs in countries of the region was initiated since around 20 years, however, in the past couple of years a number of countries have ceased or decreased their number of sites delivering NSP due to facing multiple challenges (*HRI, 2018*). These challenges include criminalization of drug use and possession in a number of countries, lack of political commitment and effective advocacy, cultural barriers that include social acceptance, funding issues that include difficulty in receiving grants to deliver NSP services, and limited service provider capacity (*HRI, 2018*).

The Global 2020 target set by the World Health Organization (WHO) for access to syringes is 200 syringes/PWID/year, however needle distribution in the MENA region remains well below this target (*HRI, 2018 & O'Keefe et al., 2020*). The provision of harm reduction services in Lebanon remains limited. Outreach programs (including condoms distribution and awareness raising) targeting PWID were first initiated by Soins Infirmiers et Développement Communautaires (SIDC), a local Non-Governmental Organization (NGO) in Beirut, in the late 90s. Progressively, outreach work expanded and included needles distribution in the year 2000. The expansion of the outreach work induced collaboration among multiple partners including NGOs, the National Aids Program (NAP) at the Ministry of Public Health (MOPH) and international donors (E. Aaraj, Key Informant Interview, June 23, 2020). Although needle distribution to PWID may be criminalized in Lebanon where law

¹ Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009. Available from: https://apps.who.int/iris/bitstream/handle/10665/77969/9789241504379_eng.pdf?sequence=1

enforcement may refer to it as an act of facilitation of substance use, there is no specific law that prohibits or endorses it, therefore NGOs continued the expansion of their NSPs between 2000 and 2017. However, the delivery of NSPs was inconsistent during this period and was affected by multiple barriers mainly related to funding. This service is currently provided comprehensively by only one NGO (SIDC) through a drop-in-center and outreach services (MOPH, 2017; E. Aaraj, Key Informant Interview, June 23, 2020). During 2019, around 140 PWID benefitted from services from NSP at SIDC's drop-in-center and outreach services (Escale Program data). Syringes are available for sale in pharmacies; however pharmacists are frequently reported to deny PWID access to clean syringes, which contributes to their increased stigma and vulnerability (Ghaddar et al, 2017).

In 2016, an [Inter-Ministerial Substance Use Response Strategy for Lebanon](#) was launched jointly by 5 different ministries. Increasing access to effective evidence-based harm reduction services was identified as a main priority action in this strategy. However, harm reduction services delivered in Lebanon were described as having very limited capacity and specific geographical area coverage (*MOPH, 2016*). Therefore, the need to assess and document the availability and accessibility of NSPs in Lebanon was crucial for the MOPH as stated in objective 2.1.17 of the Inter-Ministerial Substance Use Response Strategy: "Assess the availability and accessibility to NSP services and develop an action plan to address the recommendations from the assessment" (*MOPH, 2016*).

This report describes the specific characteristics of the current NSPs including different components, settings, delivery methods, barriers, challenges, legal aspects and others. It includes also the barriers and challenges faced by PWID and recommendations for program improvement as well as actions that are required to scale up these services nationally.

B. Methodology

This assessment was approved by the Ministry of Public Health in Lebanon and the Institutional Review Board (IRB) of Saint Joseph University. A mixed methods design was adopted using quantitative and qualitative methods. Due to the high vulnerability of PWID and difficulty of access, an anonymous survey was drafted and filled face-to-face by trained outreach workers through a Respondent-Driven Sample (RDS) of 52 PWIDs in Lebanon during December 2019 and January 2020. Oral consent was taken from participants after the provision of detailed information about the objective of the survey and the overall assessment. Confidentiality and anonymity were guaranteed at all times. The survey is available in Annex 1. Data was entered and analyzed using SPSS.

In addition to the survey, 3 Focus Group Discussions (FGDs) were conducted with 3 different groups of stakeholders to assess their knowledge and acceptance of harm reduction and NSP services. Oral consent was taken prior to the initiation of FGD. The first FGD included decision makers of nine NGOs working in the field of substance use in Lebanon and was attended by 9 participants. This FGD was conducted at the MOPH premises and lasted for 80 minutes. The second FGD was conducted with outreach workers working in 2 NGOs currently or previously delivering NSPs and was attended by 6 participants. This FGD was held at one of the NGOs offices and lasted for 65 minutes. The third FGD included representatives of governmental organizations and professional associations (Narcotics and OST department, National Mental Health Programme, National AIDS Program - Ministry of Public Health, , WHO Lebanon Country Office, Order of Pharmacists, Order of Nurses, Syndicate of Social Workers, UNODC Lebanon Country Office, Internal Security Forces – Anti-Narcotic Police Department) and was attended by 8 participants through an online platform due to COVID-19 lockdown measures and lasted 69 minutes. One Key Informant Interview was conducted with Mr Elie Aaraj, one of the main initiators of NSPs in Lebanon in order to document the history of NSPs including past and current challenges and barriers that are being faced and lasted for 40 minutes. Data collection and participant recruitment were jointly organized by the National Mental Health Programme at the MOPH and SIDC.

Data was collected following a prepared guide (Annex 2 & 3). All data was audio-recorded, translated, and transcribed anonymously. Thematic analysis was used to determine emergent themes and ideas.

C. Results & Discussion

Descriptive information – PWID reached

Escale Center, through which PWID were reached, is a drop-in center that provides harm reduction services including NSP and OST, as well as mental health services. From January to July 2020, the center served 153 unique beneficiaries with its OST and mental health services: 93 beneficiaries in OST and 60 beneficiaries in uniquely mental health services. Beneficiaries at Escale come from a number of nationalities including Lebanese, Palestinian, Syrian, Sudanese, and Jordanian; the majority of which are Lebanese. The majority of beneficiaries of OST services are male, while the majority benefitting from mental health services are female. Ages of OST beneficiaries range from 16 to 48, with the majority between the ages of 26 and 40; while ages of mental health service beneficiaries range from 8 to 50, with the majority between the ages of 18 and 40.

Outreach workers at Escale conducted a survey with 52 PWIDs, all of which are beneficiaries of their current programs. The majority of participants were males (N=50) with only 2 females. Nationalities included: Lebanese, Egyptian, Palestinian, and Syrian (Figure 1). Nationality information was missing for one beneficiary.

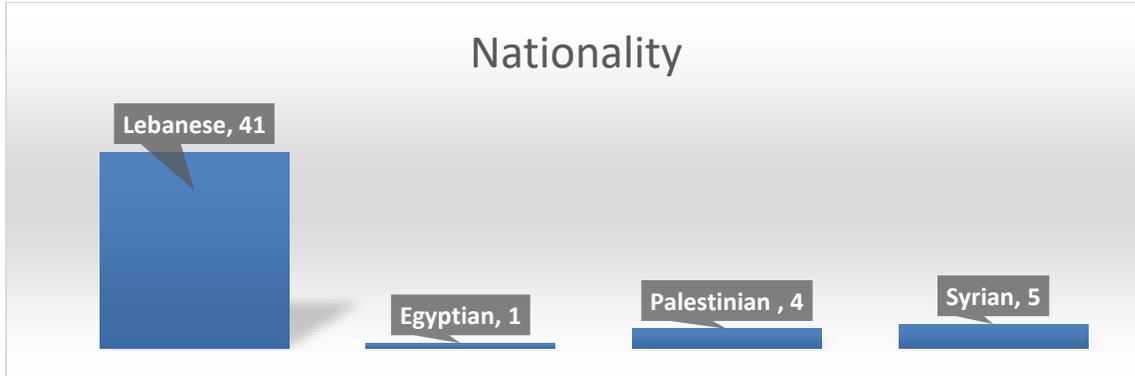


Figure 1: Nationalities of Participants

Ages ranged from 23 to 55 years old, with the majority of the participants (N=36) being 35 years and under. Figure 2 details ages of the participants:

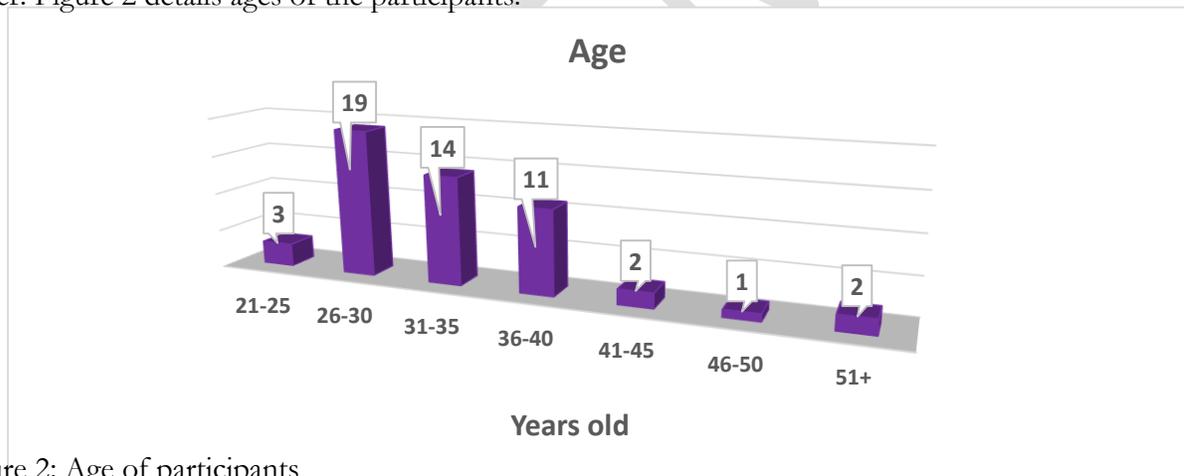


Figure 2: Age of participants

In terms of marital status, the majority of the participants were single (N=40), with only 9 married and 3 divorced participants. As for educational level (Figure 3), only one participant did not go to school, the remaining participants have attained education as follows:

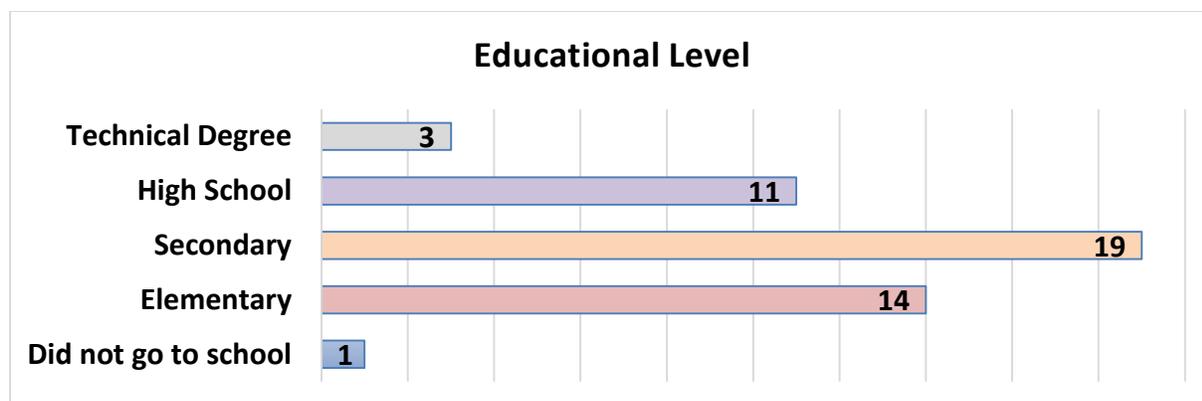


Figure 3: Educational level of participants

In terms of employment, nearly half of the participants reported to be currently unemployed. Others varied between full-time, part-time, or self-employment (Table 1).

Table 1: Employment type of participants

Employment	Number of participants
Full-time	15
Part-time	6
Self-employed	6
Currently unemployed	24
Missing information	1
Total	52

Participants met with the outreach team through various field visits that were conducted to a number of areas in Lebanon. Most areas are concentrated in Beirut and Mount Lebanon governorate, as that is the current reach of the Escale outreach program.

All 52 participants are currently injecting drugs, the majority of which reported injecting on a daily basis (N=38), while 6 reported injecting on a weekly basis, and 8 occasionally. Among participants that reported daily injection, 15 reported a frequency of 4 or more number of injections per day. Frequency of injection per day, week, or occasionally are detailed in the Table 2 below.

Table 2: Frequency of injection

Frequency of injection	Injection frequency per day/week/occasion						Total
	1-3	4-7	8-10	11-15	16+	Unspecified	
Daily	19	12	3	-	-	4	38
Weekly	2	-	-	1	3	-	6
From time to time	-	-	-	-	-	8	8
Total	21	12	3	1	3	12	52

Reported drugs that were being injected include heroin (N=38), cocaine (N=24), buprenorphine (N=20), and ecstasy (N=2). None of the participants reported injecting tranquilizers.

Injecting practices include sharing of needles by 33 participants, of which the majority (N=32) report sharing with friends, either exclusively, or in combination with either a permanent or casual sex partner. Only one participant reported sharing needles exclusively with a permanent sexual partner.

Most of the participants (N=42) reported receiving needles from Escalante center, only one of these participants also receives needles from AJEM sometimes (Local NGO). Others reported their source of needles from pharmacies (N=21), SIDC outreach workers (N=3), friends (N=3), reusing their own needles (N=2), using someone else's needle (N=2), and one PWID reported that He/she steal insulin needles from a family member.

Numbers of needles received per month by the participants ranged from 2 needles per month to 300 needles per month. Twenty of the beneficiaries that are receiving needles on a regular basis reported receiving 4 or more needles per day (with some up to 10 needles per day) which may suggest that they are receiving needles in a manner that is consistent with their needs through the outreach program, however there is a need to further explore this issue as some beneficiaries may be giving their needles to friends hence not securing their own daily needs. Thirty-three participants receive safe injecting equipment in addition to the needles. These include: alcohol swabs, sterile water, citric acid, cookers, condoms, and brochures distributed by SIDC team through outreach or at the drop-in center.

When asked how they found out about outreach or center NSP services, the majority of responses referred to outreach workers (N=31). Others included friends (N=15), both outreach workers & friends (N=5), and AJEM center (N=1).

Moreover, 31 participants have referred their friends to NSP services, while 14 others provide needles to their friends through secondary distribution. Participants who either take the needles to their friends or do not refer them to the NSP services stated several reasons for doing so:

- Friends live on street and ask them to get needles for them
- Friends are scared of going to the center to get needles themselves
- Friends cannot go themselves to get the needles

When asked if they know if NSP is provided elsewhere, only 11 participants stated yes. Centers that were named include: Escalante, AJEM, Skoun, and Reset clinics. The mentioned organizations were contacted and none of them reported providing NSPs at the time of the assessment (except Escalante).

Access to NSP services was mostly described as easily accessed (N=38). Eight participants stated that NSP services are difficult to access while 6 stated that they can access them one way or another.

Elaborations to answers included:

- Easily accessed: (N=38)
 - Through outreach team follow-up (N=3)

- From the center
- Can access one way or another: (N=6)
 - Timing sometimes does not allow participant to access NSP
 - Depending on time and working hours
- Difficult to access: (N=8)
 - If Escal team is not in the street
 - When outreach work stops
 - But Escal sometimes provides the needs
 - Working hours (of participants with a job) not always in sync with outreach work times
 - Pharmacies do not give (sell) needles

Stakeholder's knowledge, attitudes, beliefs, and acceptance towards NSPs in Lebanon

Knowledge of and acceptance towards NSPs was variable among the different stakeholders interviewed. NGOs that currently or have implemented NSPs, as well as those that are partners and facilitate referral to these NGOs were knowledgeable and showed acceptance towards the implementation of such programs. Other NGOs that were mostly focused on rehabilitation services were not as aware or accepting of this strategy.

“Some NGOs do not implement NSP but they collaborate a lot and facilitate the work of SIDC staff. They ensured their safety previously.” NGO representative

“It might disturb the people because the government did not legalize Hash in Lebanon and we are providing material for users. Users will not understand. They will have conflicting ideas about it. Drugs are illegal and substance use is a crime how can we provide them with materials? As if we are becoming partners in crime.” NGO representative

In addition, while not all representatives of governmental institutions and professional associations were aware of the presence or details of availability of NSP services, all showed acceptance and no direct opposition was shown.

“We are most aware through our work in arrests and interrogations, especially in some [court] decisions that are being taken that are being a bit lenient with drug users are laying the groundwork for decriminalizing drug use in the future. We are not aware of this issue [NSP]. It is not directly related to our work.” ISF representative

“As a pharmaceutical community, for this program, the information is lacking a bit so there should be more awareness on this issue. More work needs to be done.” Order of Pharmacists representative

However, stakeholders showed concern regarding social and cultural taboos and community acceptance of NSPs and the need for continued awareness and education on the societal level.

“Social or cultural issues [challenges towards acceptance of NSP programs] are still there. People need to know that this does not encourage drug use. Society needs to understand these issues. This challenge will always be found but needs to be worked on through awareness” NAP representative

Current NSP services (description, components, settings, delivery methods and challenges)

Needle and syringes programs have been implemented in Lebanon since around 20 years; however, these programs have been severely affected by funding. For many years, two or three NGOs were delivering NSPs. Unfortunately, for the past 4 years, SIDC has been the only NGO delivering NSPs through two different modalities: any PWID can have access to free injection kits at SIDC drop in center called "Escale" or the outreach team goes on field visits and distribute syringes and/or injection kits to PWID in the community. Because PWID are not aware about this service, they do not usually come to Escale, therefore a minimal amount of syringes is distributed through this method.

"They don't know about the existence of such a project. Users say: Do you really distribute syringes?" Outreach worker

The majority of the work is being done through outreach. Outreach workers at SIDC use the mobile unit to conduct field visits in different regions in Beirut and Mount Lebanon. Other geographical areas were previously targeted when funding was available.

According to outreach workers, multiple benefits are noticed while conducting field visits and distributing needles. Persons who inject drugs do not only visit the mobile unit for requesting syringes but would benefit from multiple other services such as Voluntary Counseling and Testing, educational session, free condoms, and many others. They get also to know about ESCALE and are encouraged to visit the center:

"At some point users met during outreach work did not know how to inject or where. We were able to help some but others not. Someone lost his foot, another one his fingers. They don't know how to inject drugs. Some of them are injecting buprenorphine and consequently having gangrene and amputation. I feel outreach work is very important because we can save lives and reach needy people." Outreach worker

"Outreach work improves accessibility because many people don't or can't reach the center". Outreach worker

"They (PWIDs) bring their containers, they break the needles and collect them. They feel responsible for their health and others. This is where you feel you succeeded in doing this." Outreach worker

Although multiple benefits are noticed, according to outreach workers, the work being done does not always meet the need of PWID with regard to the number of syringes needed:

"We give 20 syringes per week. But it is not enough. Some users give to their friends. But users always ask for more syringes. We need to be able to give them more because when they are craving, even if they know that this syringe might be contaminated they will use it anyway to take their dose and stop their craving". Outreach worker

The coverage of NSP services is still very limited and dependent on funding, sustainability is not ensured. The current outreach team includes only 5 team members which hinders the coverage and quality of service delivered:

"Achievement is limited to the geographical area around us. Some areas are far with no surrounding center. We need to go to them. Our coverage is very centralized. Additional support is needed." Outreach worker

"Far regions are difficult to reach if budget is not sustainable" Outreach worker

"The team is so small and the needs are big. If I'm talking with the user and I need 10 minutes to give him the information in these 10 minutes I am missing many users are passing by. One person would be doing VCT and another one talking with a user so we cannot help all the needy users who are passing by." Outreach worker

"Sometimes, we ask people to stop and wait for us until we finish with the user that we are talking to." Outreach worker

Challenges

Challenges facing PWID are many, and all affect their access to clean needles, which in turn increases their risk of contracting HIV and other STIs, in addition to a number of other health risks. In addition to the criminalization of drug use, and the stigma and discrimination surrounding this issue that is affecting social and cultural acceptance of PWID and harm reduction programs, they are faced with challenges related to continued access of the already limited services available due to issues related to sustainability and geographical coverage of the NSP in Lebanon. All challenges are presented and discussed in this section from the different viewpoints of the stakeholders interviewed, with a focus on outreach workers and PWID to highlight their daily experiences and struggles in the field.

Challenges faced by PWID while accessing NSP services

Substance use is still mostly criminalized in Lebanon. Persons using substances are often arrested by police officers. Rare are those referred to the Drug Addiction Committee. The criminalization of substance use was a main barrier for PWIDs accessing NSP services; PWIDs are often afraid of being caught when accessing the service or when leaving with a bag of needles with them.

"Police officers now know where we are working and they are coming to arrest users. They sit next to the mobile units and wait for users to come. Sometimes users ask us to meet them somewhere so they don't get caught." Outreach worker

"Distributing syringes is considered as an act of facilitating or encouraging substance use and is criminalized by the law" Key Informant Interview - Elie Aaraj

"NSP can be considered facilitation for drug use by the law and a person can be arrested but practically we have never done this but it should be covered by a law." ISF representative

Women face specific challenges when it comes to accessing NSP services. According to outreach workers who participated in the FGD, women using substances are more stigmatized than men, and their decision to seek services is often affected by issues such as permission from male figures in their lives or knowledge by these male figures about their substance use.

"They (women) don't just fear seeking services. Their partners or family members don't let them come to take the treatment." Outreach worker

“Reaching women was very difficult and quite impossible. Some users do not allow their female partner to get syringes”
NGO representative

“Females sometimes hide their use from their partners. I saw a couple. When I talked to the wife she told me please don't tell my husband that I use drugs.” Outreach worker

Moreover, it was noted that women who use substances usually tend to avoid contact with other male users as reported by outreach workers. Therefore, it is important to consider providing targeted services for women when developing such programs.

“Females prefer not to come to the van because they might get in contact with other male users. Females who usually come to the center also prefer to come when it is not crowded. When other males are here, they start interacting with them and asking for their phone numbers. Females are disturbed from this.” Outreach worker

“Regarding women, it would be good to have centers and programs only for women. Or maybe specific timings for women.” NGO representative

Challenges in accessing alternate sources of needles/syringes

In many parts of the world, pharmacies are often one of the first places in which PWID try to access needles or syringes when they are unable to access an NSP (Oramasionwu et al., 2015). Pharmacists should be on the frontline of harm reduction services. However, in Lebanon, it is difficult for PWID to buy needles or syringes from a pharmacy and a number of participants of the survey have stated that they were denied purchase of needles/syringes, have faced stigma discrimination, and were threatened to be reported to the police by pharmacists. Outreach workers and some NGO representatives have corroborated this information and stated that often pharmacists are not convinced that they should be selling needles/syringes to PWID.

“Pharmacists are not cooperative. When they see a user [drugs] coming into the pharmacy, they try to avoid him. This reaction puts the user at risk of contracting a disease.” Outreach worker

This interaction with pharmacists could be related to general misconceptions and lack of awareness on harm reduction strategies. Pharmacists might be convinced that in refusing to sell needles/syringes, they are playing a protective role. The Order of Pharmacists has agreed that an increase in awareness among pharmacists is needed regarding harm reduction and NSPs in specific.

“I asked the pharmacist if she would sell a drug user syringes she said no I asked her why she said so he doesn't abuse drugs. I told her that he will use used syringes in this case and probably contaminated syringes isn't it better if you sell him? I felt that she changed her mind. But awareness needs to tackle all pharmacies.” Outreach worker

“For pharmacists, we were mostly concerned with not selling medications that might be misused except for through doctor prescriptions. Otherwise information regarding the program as a whole was not reached on a large scale among pharmacists.” Order of Pharmacists representative

An additional challenge mentioned by one of the participants that participated in this assessment was related to the high cost of injecting equipment other than needles/syringes, and these include cookers, sterile water, filters as well as other commodities. When not available at the drop-in-center or through outreach for any reason, PWID may be unable to bear the cost of this equipment.

Challenges faced by outreach workers

The main challenges highlighted by outreach workers were the stigma and discrimination from the community towards PWID and the outreach workers. Some municipalities do not allow the team to park the mobile unit in their territories:

"We face a lot of negativity from the community stigmatizing our services seekers "leave him, why you want to help him?" "let them die, it is better" " there is no hope" " Outreach Worker.

Due to high stigma and discrimination towards PWIDs, they usually have difficulty trusting outreach workers and accepting the NSP being delivered:

"They fear that we might be giving them needles in order to arrest them. We give them a lot of explanations so they understand why we are doing this and trust us." Outreach worker

"Sometimes, they come for few times and do not say that they use drugs. They try us few times before declaring that they use drugs." Outreach worker

Other logistical challenges were also mentioned and were mainly related to timing of visits, frequency, transportation, and available parking lots. The timing of outreach visits is scheduled in the afternoon, however, during this time and according to outreach workers, PWID are usually trying to buy their doses and looking for their dealers. So, they usually show up with some withdrawal symptoms and are in a hurry to leave and go and get their dose:

"Time of field visits is a main challenge. We usually go in the afternoon. This is the time when users are craving and they go to meet the dealers. So when we see them they are in a hurry and want to get their needles and leave to take their dose. So they don't want to spend time with us." Outreach worker

The difficulty of coordinating outreach visits was also mentioned by outreach workers because the team has specific time in each location and it is very difficult to gather PWID or find a suitable time for them to come and seek services. Visits to areas far from ESCALE are usually not frequent, sometimes once every month or two; therefore, PWIDs are usually lost to follow up and very hardly reached:

"When we go to Kesrouan or other far areas we usually coordinate with other people to inform users about our visits and ask them to gather at a specific time. However, this is very difficult. Very difficult to find appropriate time to gather all substance users." Outreach worker

"The timeframe between each visit is sometimes long so when we don't see them frequently we tend to lose them. They usually change their phone numbers so we are not able to contact them. Sometimes some areas we visit once or twice a month. We are losing a lot of users when doing this. And we have to start from zero." Outreach worker

Outreach workers park their mobile unit in areas where they can have access to public parking lots usually outside the crowded cities or areas. However, PWID living far from the parking place usually are not motivated to reach and drug use usually occurs in narrow streets where the mobile unit cannot enter:

"The current location is limited. Users living far are not motivated to come." Outreach worker

"We have the problem with the transportation. We usually use the van to move around however, we don't always find parking spots near the areas that we are targeting. Sometimes, our colleagues use their own motorcycles to move around." Outreach worker

Outreach workers mentioned "fear" as a constant challenge during their work. The working conditions and the tackled population make them feel fearful of arrest or involvement in any legal issue:

"We have the MOPH card [identification card signed by the NGO and the NAP] however; we deal with a lot of persons who are followed by the police for arrest. So I always fear of being arrested or caught for dealing with these people. Even if they will release me after that, I always fear this." Outreach worker

"Sometimes, dealers come to the van to get some services when having illicit substances with them. We always ask them not to come with their substances but sometimes we don't know if they have or not. This might pose a big risk. I fear dealing with this. I need something to protect me." Outreach worker

Funding is also a major challenge for NSP work. According to outreach workers, the mobile unit and the outreach work is funded by international donors within specific projects and set targets. Discontinuation of services due to interrupted funding and lack of sustainability is a main concern.

"When the project stops we suffer. We restart from zero. We lose [trust of] a lot of users." Outreach worker

In addition, inability to have a more widespread geographical coverage was also linked to funding issues.

"In the area near SIDC center, or other surrounding areas, even if the program stopped we still try to reach some users and give them needles. But this is not feasible in far regions." Outreach worker

"Far regions are difficult to reach if budget is not sustainable." Outreach worker

Sometimes, the main target of the funded projects is not PWID therefore; outreach workers have to focus their efforts on the targeted group and might not be able to deliver services to PWID. In addition, shortage of syringes and kits is quite recurrent due to limited funding:

"Now the target of the project is vulnerable youth so our focus is not only PWID. Even the age range is different. We need to meet our target and many PWID do not fit the target that we are tackling. So we want to help them but at the same time this is delaying us from reaching our targets." Outreach worker

"Since the current project is targeted towards youth so it doesn't really have a budget to cover needles and kits. Sometimes we run out of cookers or other material." Outreach worker

Sustainability of services was highlighted as a main challenge by all stakeholders that were interviewed for this assessment. Concern related to the effects of discontinuing NSP services on the beneficiaries of this program was also shown. In addition, participants in stakeholders FGDs also described some difficulties in importing safe injecting equipment and long procedures for clearance by the General Security, have at times caused interruptions to NSP services..

“Challenge of losing the programs services when funding stops. NGOs would have worked a lot on building the trust relationship with users and suddenly the program stops.” NGO representative

“The second issue is the importance of ensuring funding to keep it sustainable. Once the service is cut this is risky.” Order of Nurses representative

Survey results also stressed on ensuring sustainability of services and avoiding shortages or interruptions to this service when participants were asked for recommendations. This probably indicates that interruptions to the program have greatly affected the beneficiaries.

D. Limitations

The implementation of this assessment was affected by multiple factors. Data collection was delayed due to the situation in the country starting October 2019 (uprising, road closure...). The unstable situation made it very difficult to gather people from different region in one place and forced the project to be put on hold for several months. Outreach workers were not able to plan outreach visits and fill the surveys easily during this situation which limited the sample size. Moreover, no surveys were filled with PWID that are not beneficiaries of Escale (either center or outreach); one of the objectives of the survey was to assess the barriers and challenges of PWID that do not receive such services, however this was not possible. The COVID-19 lockdown measures further extended the delay in data collection. Therefore, decisions were made to decrease the number of FGDs and cancel the one with PWID. The Key Informant Interview with the prison's physician was also cancelled. The third FGD was made through an online platform which might have hindered the quality of the interaction and the overall data collected.

E. Recommendations

This section outlines recommendations on the political, organizational, socio-cultural, and individual levels based on the results of the assessment. The recommendations made tackle the views of all the stakeholders that were engaged throughout this assessment and aim at providing practical action points for follow-up to improve accessibility and coverage of NSP in Lebanon.

Level of intervention	Recommendations	Stakeholders involved (to be finalized by NMHP)	Action plan
Policy level	Advocate for the decriminalization of illicit substance use and possession	MOPH, NGOs, MOJ,	Follow the action plan set for Objective 1.3.2 in the Inter-Ministerial Substance Use Response Strategy for Lebanon.
	Enhance inter-ministerial or high level collaboration for harm reduction programs to facilitate the implementation	All ministries collaborating under the inter-ministerial strategy	Create a national NSP taskforce (or sub-committee under the national substance use taskforce).
		MOPH, WHO, NSP taskforce	Develop a protocol for NSP services in Lebanon in line with WHO technical guidelines ²
			Develop an inter-ministerial harm reduction action plan.
		NGOs, professional associations, UN agencies, MOPH	Develop a joint statement by stakeholders, endorsed by the Ministry of Health, on the importance and benefits of NSPs.
		MOPH & Order of Pharmacists	Issue an official circular by the MOPH, in collaboration with the Order of Pharmacists, to pharmacies instructing them to sell syringes to anyone requesting them.
		NGOs, ISF, MOPH	Establish an agreement with the ISF regarding outreach work, NSP, and referral of PWUD.
		MOPH & general security	Establish an agreement with the General Security in order to facilitate the import of safe injecting equipment.
Increase funding for NSPs	MOPH	Maintain ministerial endorsement to external funders of NSP proposals prepared by NGOs	
Organizational level	Build capacities of health professionals (pharmacists, nurses and social workers) to be better able to deal with PWUDs and deliver appropriate referrals when needed	Professional associations, MOPH & NGOs	Provide interventions aiming at decreasing stigma, increasing awareness related to NSPs, effective communication with PWUD, and referrals to specialized health professionals in collaboration with Order of Pharmacists, Order of Nurses, and Order of Social Workers.

² Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009. Available from: https://apps.who.int/iris/bitstream/handle/10665/77969/9789241504379_eng.pdf?sequence=1

Improve the accessibility, coverage and delivery of current NSPs and ensure gender sensitivity	MOPH	Map harm reduction friendly services for PWUD (including pharmacies and NGOs).
	MOPH & universities	Include in the revision of available addictology courses a section on harm reduction and currently available services in Lebanon (Objective 2.2.3). Provide extended time within the module to provide harm reduction information
	NGOs delivering NSP	Increase time-provision of NSP services through outreach work to include day shifts in order to increase accessibility to services
	NGOs delivering NSP & MOPH	Implement awareness increasing campaigns and interventions to spread information regarding availability of services and normalize them
	NGOs delivering NSP & MOPH	Establish agreement with MOPH for permits regarding outreach work that is implemented as per NSP guidelines to be developed by the taskforce, for official cover
	NGOs delivering NSP	Provide ongoing trainings and meetings for outreach workers to update their knowledge and share experiences and lessons learned
	NGOs delivering NSP, NAP & MOPH	Increase geographical coverage of NSPs, in collaboration with MOPH and NAP
	NGOs delivering NSP	Provide tailored services to women who use drugs including SRHR and GBV services and interventions
	NGOs delivering NSP & MOPH	Provide training on NSP implementation based on WHO recommendation and highlight lessons learned to NGOs willing to implement this service.
	NGOs delivering NSP	Ensure the availability of motorcycles to facilitate the distribution of material mainly in narrow streets and crowded areas.
Ministry of Interior & MOPH	Provide parking permits for dedicated mobile units to facilitate the parking in areas close to the targeted population.	

	Include harm reduction interventions, specifically NSPs in PHCs and SDCs service centers	MOSA & MOPH	Conduct an assessment regarding readiness of national PHCs and SDCs in providing harm reduction services and NSPs.
		MOPH	Pilot the delivery of NSPs in few selected centers.
Socio-cultural	Decrease stigma related to substance use in general and harm reduction programs specifically	MOPH	Include in the "child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination" a specific section on harm reduction in general and specifically NSPs.
		NGOs & MOPH	Development of awareness raising activities targeting judges and lawyer to ensure appropriate referrals to the Drug Addiction Committee (DAC)

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Annex 1: Needles and Syringes Programs in Lebanon - Assessment Tool

A. Demographics

1. What is your age? _____
2. What is your nationality?
 - Lebanese
 - Syrian
 - Palestinian
 - Other _____
3. What is the highest degree or level of school you have completed?
 - No schooling complete
 - Primary school
 - Middle school
 - High School
 - Technical degree
 - University degree
4. In which area/city do you live?

5. What is your marital status?
 - Single, never married
 - Permanent partner
 - Married
 - Widowed
 - Divorced
 - Separated
6. Gender
 - Male
 - Female
 - Other: _____
7. Employment :
 - Full-time
 - Part-time
 - Self-employed
 - Currently unemployed

B. Substance use:

8. Do you inject drugs?
 - Yes
 - No
9. How often do you inject?
 - Daily (# of times: _____)
 - Weekly (# of times: _____)
 - Occasionally (specify: _____)
10. What types of drugs do you inject?

- Cocaine Heroin Ecstasy Tranquilizers
 Buprenorphine Others: _____

11. Do you ever share injecting or sniffing equipment?

- Yes No

12. If yes, who do you share this equipment with?

- Friends Regular sex partner Casual sex partner Family members
 Others: _____

13. How do you usually get your needles?

- I buy them from a pharmacy
 I use my own used needles
 I use someone else's used needles
 I get them from the person who bought the drug
 I get my needles from a center. Provide name _____
 I receive NSP through outreach workers
 I get clean needles from my friends
 N/A

If you receive NSP services from a center or outreach, please answer the below:	If you don't receive NSP services, please answer the below:
14. How many needles do you receive per month? # _____	21. Why don't you use NSP services? <input type="checkbox"/> I don't know where to find these services <input type="checkbox"/> Fear of being caught by the police <input type="checkbox"/> I don't know that this kind of service is available <input type="checkbox"/> The service is very far from where I live <input type="checkbox"/> Other _____
15. Do you receive anything other than the needles? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify _____	22. Have you ever tried to use NSP services before? <input type="checkbox"/> Yes <input type="checkbox"/> No Please elaborate: _____
16. How did you know about this service? <input type="checkbox"/> From a friend <input type="checkbox"/> Outreach workers <input type="checkbox"/> Other _____	23. If NSPs are made available in more areas, would you use them? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____

<p>17. Have you ever referred your friends to this service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I take needles for my friends If no or you take for them, why?</p>	<p>24. If pharmacies provided NSP, would you use this service? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____</p>
<p>18. Do you know if this kind of service is available elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____</p>	<p>25. What do you think is needed in order to let you receive NSP more easily?</p>
<p>19. How do you describe your accessibility to this service? <input type="checkbox"/> easily accessible <input type="checkbox"/> somehow accessible <input type="checkbox"/> difficult to access Please elaborate _____</p>	
<p>20. Do you face any challenges when receiving NSP services? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, what kind?</p>	
<p>21. How can NSP services that you are currently receiving be improved?</p>	

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Annex 2: Focus Group Discussions Guides - English

Focus Group Discussion 1: Addressing the Governmental Organizations & Governing Bodies:

The participants for the FGD will be representatives of:

- ISF/Judiciary Police/Anti-Narcotics Police
- The Drug Addiction Committee
- WR WHO Lebanon Office
- NMHP/Ministry of Health
- NAP
- Order of Pharmacists/Nurses/Social Workers
- Ministry of Justice

Objectives:

- To explore their knowledge of the Harm Reduction strategy and key programs
- To probe their opinions and attitudes towards Harm Reduction and more specifically the NSP services
- To explore their knowledge and acceptance of the existence of the NSP services in Lebanon and their accessibility

Focus Group Discussion Guide:

- What do you know about harm reduction?

(probes: what does it include, OST, NSP, Naloxone)

Note: following this question, moderator may correct some misinformation that may come out)

- Do you have any knowledge if any of these programs are available in Lebanon?

(If yes, what are the available services?)

- What do you think about these programs?

(probes: helpful/unhelpful, risky/not risky, encourage drug use/preventive)

- More specifically, what is your opinion of NSPs?

- Do you have knowledge of how NSP is being provided in Lebanon and where it is available?

- What do you think are challenges that NSP service providers might face in Lebanon?

(probes: legal, economical, acceptance, how can they be overcome)

- What do you think are challenges that PWID might face in Lebanon?

(probes: legal, economical, acceptance, how can they be overcome)

- What are your suggestions for scaling up this service in Lebanon?

Focus Group Discussion 2: Addressing the Non-Governmental Organizations

The participants for the FGD will be representatives (decision makers) of all NGOs that work on substance use in Lebanon

Objectives:

- To explore their knowledge of the Harm Reduction strategy and key programs
- To probe their opinions and attitudes towards Harm Reduction and more specifically the NSP services
- To explore their knowledge and acceptance of the existence of the NSP services in Lebanon and their accessibility

Focus Group Discussion Guide:

- What do you know about harm reduction?
(probes: what does it include, OST, NSP, Naloxone)

Note: following this question, moderator may correct some misinformation that may come out)

- Do you have any knowledge if any of these programs are available in Lebanon?
(If yes, what are the available services?)
- What do you think about these programs?
(probes: helpful/unhelpful, risky/not risky, encourage drug use/preventive)
- More specifically, what is your opinion of NSPs?
- Do you have knowledge of how NSP is being provided in Lebanon and where it is available?
- What do you think are challenges that NSP service providers might face in Lebanon?
(probes: legal, economical, acceptance, how can they be overcome)
- What do you think are challenges that PWID might face in Lebanon?
(probes: legal, economical, acceptance, how can they be overcome)

- What are your suggestions for scaling up this service in Lebanon?
- Would your organization be willing to provide or refer to this service?

Focus Group Discussion 3: Addressing the Outreach workers

The participants for the FGD will be outreach workers from different governorates

Objectives:

- To explore their knowledge of the Harm Reduction strategy and key programs
- To probe their opinions and attitudes towards Harm Reduction and more specifically the NSP services
- To explore their knowledge and acceptance of the existence of the NSP services in Lebanon and their accessibility

Focus Group Discussion Guide:

- What do you know about harm reduction?
(probes: what does it include, OST, NSP, Naloxone)

Note: following this question, moderator may correct some misinformation that may come out)

- Do you have any knowledge if any of these programs are available in Lebanon?
(If yes, what are the available services?)
- What do you think about these programs?
(probes: helpful/unhelpful, risky/not risky, encourage drug use/preventive)
- More specifically, what is your opinion of NSPs?
- Do you think that persons in need of this service [NSP], know where it is available and how they can receive it?
- What are the challenges that you or anyone you know might face while accessing NSP?
(probes: legal, economical, acceptance, how can they be overcome)
- What do you think are challenges that outreach workers/centers might face in Lebanon?
(probes: legal, economical, acceptance, how can they be overcome)
- What are your suggestions for making this service more available and accessible?

Annex 3: Key Informant Interview guide - Mr Elie Aaraj

Elie Aaraj – Harm Reduction - Lebanese experience

Objectives:

- To document the history of harm reduction and establishment of NSPs in Lebanon
- To explore challenges faced in the process of establishment and implementation of NSPs in Lebanon
- To explore current practices and needs of NSPs in Lebanon

Interview Guide:

- 1- How did harm reduction (mainly NSP) start in Lebanon?
- 2- What were the challenges faced during this process?
(probes: acceptance, lobbying, funding, legal issues)
- 3- What do you think about the current NSPs available in Lebanon?
(probes: availability, accessibility, coverage, components)
- 4- What do you think are challenges to implement NSP in Lebanon?
(probes: legal, economical, acceptance, how can they be overcome)
- 5- What are your thoughts about scaling up NSPs?