HARM REDUCTION INTERNATIONAL

INVEST IN JUSTICE

CASE STUDY

LEBANON

Lebanon's Shift Toward Health-Centred Drug Policy

Summary

Lebanon has faced overlapping political, economic, and humanitarian crises over the past decade, severely affecting healthcare systems and access to services for people who use drugs. In this context, civil society played a central role in sustaining harm reduction services in collaboration with the Ministry of Public Health.

Despite intense challenges, Lebanon's model has become regionally recognised for its strong cooperation between government institutions and civil society in advancing health- and rights-based drug policy reforms. This has led to real impact on communities with a 300% reduction in Hepatitis C prevalence among overdose agonist treatment (OAT) clients, and the identification and development of Safe Overdose Admission hospitals improving health outcomes and reducing fear.

Recent years have also seen a reduction in the number of people sentenced for low-level drug offences, though further progress is needed to tackle intense prison overcrowding.[1,2,3]

Key statistics

2518

2518 people questioned about substance use and released without charge in 2021.[4,5]

35%▼

The number of people arrested and sentenced for substance use has decreased by 35%, from 1202 people in 2021 to 790 people in 2023.[4,5]

55

There are 55 identified Safe Overdose Admission hospitals, an increase of 23% from 2022.[6]

4%▼

Hepatitis C rates among OAT clients reduced from 12% to 4% since 2011.[4,a]

a. Data systems remain a major challenge. Most records are not computerized, paper files are often lost, and there is no comprehensive public reporting system.

The Punitive Approach

Lebanon's drug policy framework has relied on punitive approaches under Law 673 (1998), which criminalises drug use and possession. This legal environment has created constant fear of arrest, surveillance, and exposure among people who use drugs, discouraging them from accessing healthcare, emergency services, or harm reduction programmes. [1,5,7]

The punitive model has also contributed to prison overcrowding, with reports from 2023 showing prisons to be operating at almost 200% capacity, driven by the criminalisation of low-level drug Offences. Unethical practices in some detention centres, including forced urine testing, have also been reported.

Criminalisation is further compounded by significant delays in sentencing, with some 87% of people in prison being held without trial.[8]

Alternatives to incarceration exist through the Drug Addiction Committee (DAC) for first-time arrests, though this remains underutilised. People arrested are rarely informed of their rights and the Internal Security Forces are either themselves unaware or intentionally withhold information from people arrested for drug offences, with less than 10% of eligible cases reaching the DAC.

Challenging the Punitive Approach

Lebanon's shift toward harm reduction has been driven primarily by civil society organisations such as Skoun, the Society for Inclusion and Development in Communities (SIDC), the Middle East and North Africa Harm Reduction Association (MENAHRA), and Association for Justice and Mercy (AJEM).

These organisations built trust with decision-makers through reliance on scientific evidence, human rights frameworks, and strategic advocacy linking drug policy to broader priorities such as public health, mental health, and gender-based violence. Drug policy reform in Lebanon emerged gradually through sustained collaboration between civil society, healthcare providers, and state institutions rather than through a single political event.

Instigating Change

Advocacy efforts have slowly contributed to noteworthy policy developments, including the limited operationalisation of the DAC, and the introduction of Safe Overdose Admission circulars.

Clinicians and harm reduction service providers reported large numbers of overdose cases where people avoided hospitals due to fear of arrest. Civil society organizations worked with the Ministry of Public Health and Ministry of Interior to promote a policy ensuring hospitals could provide emergency overdose care without reporting to the police.[7,9]

At the same time, arrests for drug use have declined by 34% between 2021 and 2023, suggesting a gradual shift away from purely punitive approaches[4] However drug use continues to be criminalised, and full utilisation and expansion of the DAC provides further scope for impact.

> **"Before the [Safe Overdose Admission] circular, fear of police involvement kept us from taking our friend into the hospital after an overdose. Afterwards, we could seek emergency care openly and without fear. That change saved lives."**

Lebanon's situation is unique because reforms evolved during repeated national crises, including economic collapse, COVID-19, the Beirut port explosion, and armed conflict. On 3 March 2026, following Israeli bombardments in Beirut, the Ministry of Public Health authorised exceptional one-month OAT prescriptions, previously capped at two weeks, allowing more than one thousand people receiving OAT to maintain access during conflict and displacement – showing flexibility of government policy to ensure continuity of care.[3]

Investing in Community, Health and Justice

Although no formal budget reallocation from enforcement to health services has been documented, interviewees reported growing institutional support for harm reduction approaches.

Key changes supported by the ministry of health include expansion of OAT, needle and syringe programmes (NSPs), overdose prevention efforts, and integration of harm reduction services into four primary healthcare centres (PHCCs) across Lebanon. PHCCs have also become eligible to receive DAC referrals, strengthening pathways between the justice and health sectors.[2]

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b. DAC was founded in 2013 and offers treatment referral, including to civil society providers, as an alternative to incarceration for people charged with drug possession for the first time.

The Ministry of Public Health is currently updating OAT policies to align with the latest scientific evidence, including the introduction of long-acting buprenorphine formulations. In parallel, the Ministry is developing a new drug law to better differentiate between drug possession and supply, as well as developing an updated national strategy on substance use.

Once finalised, these developments should provide further scope for divestment from punitive drug policies.

Impact

Lebanon's reforms have contributed to gradual but tangible shifts from punishment toward health-centred responses. The number of hospitals reporting overdose cases to police declined by 23% from 2022 to 2024, indicating the reduced fear around seeking emergency care, showing civil society influence leading to government action and real-world impact.[7]

Lebanon's OAT programme has demonstrated positive health outcomes. Since the introduction of OAT in 2011, hepatitis C prevalence among programme participants declined from approximately 12% to 4%. Retention outcomes have also been strong, with comparative international studies showing Lebanon achieving retention rates up to 31 weeks—performing better than comparable countries and exceeding conventional retention averages.

Beyond service delivery, Lebanon has increasingly shifted public and institutional narratives toward health and human rights. Despite ongoing legal, political, and economic challenges, there is movement towards longer-term structural reform.

If implemented effectively, the proposed legal reforms could expand access to services, increase referrals to the DAC, and reduce the criminalisation of people who use drugs. Lebanon's experience demonstrates the potential benefits and opportunities of gradually divesting from punitive responses and investing in community-based health services.

Reducing reliance on incarceration for low-level drug offences could free up funds to enable sustainable investment in harm reduction - improving health outcomes, reducing pressure on the criminal legal system, and supporting a more effective and humane, and response to drug use.

Sources

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9. Implementing opioid substitution in Lebanon: Inception and challenges (https://pubmed.ncbi.nlm.nih.gov/27114000/)

This is one in a series of case studies which captures the experiences of governments and donors around the world divesting from punitive approaches to drugs, and investing in programmes which prioritise community, health and justice. These case studies are not meant to be comprehensive but provide examples of effective divestment and investment, and related advocacy strategies.