

SUBSTANCE USE AND GENDER-BASED VIOLENCE

**COMPOUNDING VULNERABILITIES
AMONG DIFFERENT GROUPS
OF WOMEN**



Substance Use and Gender-Based Violence

Compounding vulnerabilities among different groups of women

2024



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About Skoun

Skoun was established in 2003 as a harm reduction and outpatient treatment center for substance use disorders. As part of its mandate, Skoun advocates for the respect and the fulfillment of the rights of all people who use drugs.

Women who use drugs are more at risk of violence than the general population, and are often underrepresented in treatment and face major obstacles in accessing specialized services. This assessment of the needs of women who use drugs at risk of GBV falls within Skoun's mandate of protection of people who use drugs.

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Definitions

Gender-Based Violence: is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately. There are several forms of gender-based violence including physical, sexual, psychological or economic harm.

Domestic violence: includes all acts of physical, sexual, psychological and economic violence that occur within the household- can be parents/children, among siblings, between partners or spouses, etc

Intimate-partner violence: is violence between romantic/sexual partners which goes beyond marital status, living situation and sexual orientation.

Substance Use: refers to the use of substances- both legal such as alcohol or prescription medication amongst other, or illegal such as heroin, cannabis, etc- that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other harmful effects.

Substance use disorders: Refers to a mental health condition in which a person has a problematic pattern of substance use that causes distress and/or impairs their life. Substance use disorders are treatable.

Women: For the purposes of this report, women refers to cis-gender women, transwomen, gender non-binary and gender non-conforming individuals.

Sexual orientation: a person's identity in relation to the gender or genders to which they are sexually attracted.

Sex Work: is the consensual exchange, among adults, of sex for money, goods or services, whether regularly or occasionally. Sex work entails the consent of sex workers, over the age of 18, and their capacity to exercise consent voluntarily. Trafficking, on the other hand, involves coercion and deceit, resulting in loss of agency on the part of the trafficked person¹.

Gender identity: refers to each person's own experience of their gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex.

Gender expression: refers to the way each individual's way of publicly presenting or expressing their gender.

¹ Special Rapporteur on the Right of everyone to the highest attainable standards of physical and mental Health, et.al, A Guide on the Human Rights of Sex Workers.

Table of Abbreviations

Abbreviation/ Acronyms	Definition
GBV	Gender-based violence
SU	Substance use
SUD	Substance use disorder
HIV	Human Immunodeficiency Virus
SRHR	Sexual and reproductive health and rights
LBQT	Lesbian, Bisexual, Queer and Trans
MDW	Migrant Domestic Workers
SW	Sex Work
IPV	Intimate Partner Violence
WUD	Women who use drugs
SOGIESC	Sexual orientation, gender expression, gender identity and sex characteristics
GBVIMS	Gender Based Violence Information Management System
FGD	Focus Group Discussion
MoPH	Ministry of Public Health

Introduction

Globally, women make up around a third of people who use drugs worldwide. Of the world's estimated 296 million people who use drugs, 25–47 per cent are women, depending on the substance and on the region². Women who inject drugs represent around 19 per cent of the estimated 13.2 million people who inject drugs.³

Injecting drug use increases the risk of acquiring HIV by 35 times. Women who inject drugs are more at risk than men of acquiring HIV, with the median prevalence of HIV among men being 9%, and 15% among women who inject drugs⁴. In 2022, 46% of people who acquired HIV were women and girls⁵.

Substance use has been recognized as one of the main causes of Gender Based Violence (GBV)⁶. Global studies suggest that women who use drugs experience Intimate Partner Violence (IPV) and GBV, 5 to 24 times more than general female populations. Women who use drugs also experience violence at the hands of law enforcement.⁷

Women who are victims of GBV are also at increased risk of substance use as a coping mechanism; in fact, experiencing trauma as a child or as an adult increases the risk of developing a substance use disorder⁸. Furthermore, causal links have been identified between GBV and HIV with women more at risk of contracting HIV and other bloodborne viruses through forced and aggressive sexual intercourse. “GBV, substance use and HIV tend to cluster together among marginalized women and girls so frequently that epidemiologists have described their common co-occurrence as the SAVA (substance abuse, AIDS and violence) syndemic”⁹

Due to the criminalization of the use of drugs along with some of the attached harms to drug use like increased risk of exposure to HIV and other blood borne viruses, and the stigma attached to these statuses, the vulnerability of women to GBV increases as well,¹⁰ and the vulnerabilities of specific sub-groups of women such as LBQT women, refugees, migrant domestic workers, women arrested for drug use, as well as women engaged in sex work compound.

² UNODC, World Drug Report, 2023.

³ Ibid.

⁴ IDPC, Breaking Barriers and Building Bridges: Navigating justice for womxn who use drugs in Southeast Asia, 2024

⁵ UNAIDS, 2022

⁶ UN Women, “A Gender Perspective On The Impact Of Drug Use, The Drug Trade, And Drug Control Regimes”, 2014

⁷ Stoicescu, Richer et al. Nexus of Risk: The Co-occurring Problems of Gender-based Violence, HIV and Drug Use Among Women and Adolescent Girls. The Impact of Global Drug Policy on Women: Shifting the Needle, p.49–57

⁸ Ibid.

⁹ Ibid.

¹⁰ UNODC, WHRIN, HRI, et.al. Addressing Gender-based Violence Against Women and People of Diverse Gender Identities and Expressions Who Use Drugs, 2023.

A study published in 2020 by MENA ROSA found that women make up approximately 40% of people living with HIV in the MENA region and that these women experience “exceptionally high”¹¹ levels of gender-based violence, and that the violence was “systemic in nature”¹².

Since 2019, Lebanon has been facing the most devastating, multi-pronged crisis in its history. The economic and financial crisis deepened as a result of the COVID-19 pandemic, and the massive Port of Beirut explosion in August 2020.¹³ Additionally, ongoing regional conflicts and the war in Lebanon since October 2023 have contributed to further exacerbate the situation. These ongoing crises have pushed over 80 percent of the population into poverty. Additionally, growing anti-refugee sentiment¹⁴, as well as homophobic campaigns¹⁵ have increased the vulnerability of specific populations amid generalized social insecurity. The escalation of hostilities and airstrikes in Lebanon throughout 2024 has also led to the internal displacement of over a million individuals across the country¹⁶.

For many people in Lebanon, whether they are Lebanese, refugees or migrant workers, the Lebanese crisis has led to traumatic events and stressful experiences. The war has further exacerbated mental health issues due to prolonged exposure to violence and displacement¹⁷, with women being more likely to “report symptoms of stress and anxiety compared to men.”¹⁸

The compounded crises faced by Lebanon’s residents have undermined positive coping mechanisms and have significantly affected the well-being of individuals across the country. “Deteriorating levels of psychological distress and mental health concerns were reported, in particular a higher number of cases involved in substance [use] that has also been identified as a risk associated with GBV¹⁹.”

“All forms of violence including GBV are exacerbated in humanitarian crises, which heighten pre-existing gender and socioeconomic inequalities. Women and people

¹¹ MENA Rosa, Violence is everywhere: addressing the links between gender-based violence and HIV in the Middle East and North Africa, 2020 available at <https://frontlineaids.org/resources/violence-is-everywhere/>

¹² Ibid

¹³ The World Bank, Lebanon overview, 2022. Available at www.worldbank.org/en/country/lebanon/overview&sa=D&source=docs&ust=1714242916079305&usg=AOvVaw2Xi9QZNL1Owt_gJXYMI8Zh

¹⁴ Wood and Nasser, “Is everyone potentially an enemy?”, Al Jazeera, 26 April, 2024 available at <https://www.aljazeera.com/features/longform/2024/4/26/the-hostility-syrian-refugees-content-with-in-lebanon>

¹⁵ France 24, “LGBT under attack as activists decry eroding freedoms”, 5 October 2024, available at <https://www.france24.com/en/live-news/20231005-lgbtq-lebanese-under-attack-as-activists-decry-eroding-freedoms>

¹⁶ United Nations, Lebanon crisis: Over one million people flee strikes amid invasion fears, 30 September 2024, available at <https://news.un.org/en/story/2024/09/1155141>

¹⁷ World Health organization, Public Health Situation Analysis, 10 December 2024, available at <https://reliefweb.int/report/lebanon/escalation-hostilities-lebanon-public-health-situation-analysis-phsa-10-december-2024>

¹⁸ Ibid.

¹⁹ UN Inter-Agency Coordination End of Year 2022 situation dashboard: protection- Including Child Protection and GBV. 2023

of diverse gender identity and expression who use drugs, already disadvantaged by punitive approaches to drug use and its gendered inequalities, experience additional layers of risk and hardship, further reducing their safety, health and well-being²⁰.

At the local level, the paucity of national data, specifically with regards to stigmatized topics such as substance use is flagrant. The humanitarian coordination mechanisms responding to the crisis in Lebanon, since the influx of Syrian refugees in 2011, remedy some of the gaps in the data by publishing extensive vulnerability assessments²¹, crisis response plans²², in-depth programmatic reports and appeals as well as end of year snapshots by sector of intervention²³; yet none of these documents pay particular attention to substance use. As a result, data linking substance use and GBV in Lebanon remains extremely scarce.

Beyond the crisis, the status of women who use drugs seems to be overlooked in terms of vulnerability to GBV and the response to GBV rarely includes access to harm reduction and specialized mental health services for substance use disorders. Furthermore, the rates of women accessing treatment for substance use disorders are significantly lower than the rates of men accessing the same services, due to a number of obstacles particularly faced by women, including stigma and discrimination which affects them more than men²⁴.

This needs assessment looks at the links between drug use and GBV, specifically with regards to five groups of women identified as vulnerable to GBV in order to demonstrate their need for specialized substance use services as part of the prevention and response to GBV. The assessment includes the findings from the Focus Group Discussions (FGDs)²⁵ conducted with GBV service providers working with the following groups of women, as well as findings from a survey conducted among individuals from the communities listed below²⁶:

- Refugees (mainly Syrian and Palestinian)
- Women engaged in sex work
- LBQT women
- Migrant Domestic Workers
- Women incarcerated for drug-related crimes

²⁰ UNODC, WHRIN, HRI, et.al. Addressing Gender-based Violence Against Women and People of Diverse Gender Identities and Expressions Who Use Drugs, 2023.

²¹ UNHCR, Vulnerability Assessment of Syrian Refugees in Lebanon, 2020, 2021, 2022, 2023

²² See Lebanon Crisis Response Plan (LCRP), 3RP, ERP

²³ Such as UN Inter-Agency Coordination End of Year 2022 situation dashboard: protection- Including Child Protection and GBV. 2023

²⁴ UN OHCHR, Human rights challenges in addressing and countering all aspects of the world drug problem (A/54/53), 15 August 2023.

²⁵ See Annex 1

²⁶ See Annex 2

GBV in Lebanon – Trends and crisis impact

Domestic violence and Intimate Partner Violence (IPV) make up the most common types of GBV in Lebanon according to a UNOCHA 2022 report²⁷, with an estimate of a third of married women being subjected to IPV and “an estimated one in every two individuals know someone subjected to domestic violence.”²⁸

Since the beginning of the crisis, instances of GBV have increased across the country, with rural areas being specifically impacted; “safety concerns have increased with rates increasing to 49 percent of households reporting this concern in Akkar, 39 percent in the North and 38 percent in Baalbek El Hermel.”²⁹

Sexual extortion and harassment have also witnessed an increase as a result of the crisis. After the Beirut blast in August 2020, the ISF reported that sexual extortion cases reported to the police had doubled in comparison from July to August 2020³⁰. The crisis has also seemingly increased instances of sexual harassment in work places that often go unreported by victims who fear losing their livelihoods within the context of a severe financial collapse. Furthermore, financial difficulties affecting women and girls’ ability to secure rent and basic necessities have put them at heightened risk of sexual exploitation and human trafficking, along with the increase in negative coping mechanisms such as child marriage³¹. In 2024, the mid-year GBVIMS report reported an increase of 20% in child marriages in Lebanon compared to the 2023 figures³².

An overview of GBV trends for the first half of 2024 in Lebanon shows that 52% of all reported GBV cases were perpetrated by intimate partners³³. Data collected through the GBVIMS for 2023 shows that both women and girls are subjected to IPV, 75% of IPV survivors being women, and 25% being girls, including married adolescents.³⁴

The figures representing the situation with the escalation of hostilities in Lebanon have yet to be released. However, humanitarian actors in Lebanon have noted the increased risk of GBV among women and girls during displacement or conflict, “including sexual violence, physical and emotional abuse, and exploitation.”³⁵ Furthermore, collective shelters have also emerged as unsafe spaces for women and girls due to the lack of privacy³⁶. Finally, already vulnerable groups such as migrant domestic workers have been devastatingly affected by the war with many being “prevented from relocating to safer areas, and/or returning to their country of origin,

²⁷ UNOCHA, “Increasing Humanitarian Needs in Lebanon”, 2022.

²⁸ UNOCHA in GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

²⁹ *Ibid.*

³⁰ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

³¹ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

³² GBVIMS, 2024 Mid-year Thematic Report, available at <https://data.unhcr.org/en/documents/details/112644>

³³ *Ibid.*

³⁴ GBVIMS, Mid-year report 2023, available at <https://data.unhcr.org/en/documents/details/106653>

³⁵ UNOCHA, Lebanon Flash Appeal, October 2024

³⁶ UNICEF, Rapid Gender Analysis: Situation of Displaced Adolescent Girls and Young Women in Lebanon, November 2024

or put on the street, often without their own documentation, resources or access to shelter or support, leaving them exposed to violence, exploitation and GBV³⁷.

Legal Framework and Access to Justice

The legislative framework related to GBV is not particularly strong in Lebanon, especially if further related to personal status laws. There are 15 different personal status laws that “cover marriage, divorce, child custody and inheritance, and that are informed by religious thoughts, beliefs and traditional laws.”³⁸

In 2014, the Parliament passed the first law criminalizing domestic violence, the law was amended in 2020 to expand its scope and include violence committed by ex-husbands, yet the law still does not criminalize marital rape.³⁹

In December 2020, the Parliament passed the first law criminalizing sexual harassment, but the law was criticized as falling short of international standards as it was for instance not included in the Lebanese labor law and other legal frameworks⁴⁰.

While these laws are supposedly applicable to everyone residing legally in the country, besides migrant domestic workers subjected to the Kafala system⁴¹ who have little to no guarantees in Lebanon, vulnerable groups continue to face significant challenges in their right to access justice.

According to data collected through the Gender-Based Violence Information Management System, 40 percent of survivors have declined referrals to legal assistance services⁴². A 2018 Oxfam study on access to justice in different countries including Lebanon has found that going to court is considered a last resort for women⁴³. Besides the possible lack of knowledge of legal remedies and workings of the justice system, alongside the fees and longevity of certain processes, other factors such as lack of legal documentation or engagement in criminal acts may also hinder access to justice.

Due to their lack of legal paperwork, undocumented Syrian refugees have poor access to justice. In 2015, the Lebanese government introduced new registration policies which caused 70% of Syrian refugees to lose their legal residency⁴⁴. In 2022, legal residency rates among Syrian refugees were at 17%, meaning that the majority of Syrian refugees were illegally residing in Lebanon and were therefore at increased risk of arrest and of deportation. As for the

³⁷ UNOCHA, Lebanon Flash Appeal, October 2024

³⁸ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

³⁹ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² GBVIMS, 2021

⁴³ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

⁴⁴ GBV Working Group. Gender Based Violence, Lebanon

200,000 Palestinian refugees living in Lebanon which are already excluded from social protection schemes, a significant portion of them are unregistered and lack official documentation, further facing hurdles in accessing justice.⁴⁵ FGD participants further highlighted that when the perpetrator is Lebanese, law enforcement usually favors the Lebanese person which discourages survivors from seeking police protection.

Other groups such as LGBTQ+ individuals and individuals engaged in sex work face criminalization in Lebanon which leads them to avoid reporting GBV incidents to the police or avoid resorting to legal solutions for fear of discrimination and arrest. According to the UN Special Rapporteur on Health, “criminalization increases the rates of harassment, violence and crime against sex workers, besides making them less likely to report these abuses to the authorities out of fear of arrest⁴⁶.”

In a study conducted by Legal Action Worldwide in 2022, 80% of respondents identifying as LGBTQI in Lebanon reported not seeking legal help for discrimination or abuse; among the reasons listed 38% reported fear of repercussions. Furthermore, 18% of respondents reported having been subjected to discrimination by the police, while 13% faced discrimination within the judicial system⁴⁷. The criminalization of LGBTQI individuals, along with the stigma and discrimination they face creates a system that hinders their ability to seek judicial redress, including for GBV. FGD participants highlighted the compounding vulnerabilities LGBTQI individuals may face if they also use drugs and/or engage in sex work, further barring them from access to legal protection.

With regards to women engaged in sex work, FGD participants highlighted that they are often subjected themselves to physical, verbal and sexual abuse in places of detention, which creates an obstacle to them seeking protection from law enforcement.

The same can be concluded about other criminalized behavior such as the use of drugs, whereby people who use drugs may avoid seeking legal redress for GBV. While no data exists specifically for Lebanon on the underreporting of GBV cases among women and gender-diverse individuals who use drugs, a 2023 briefing paper by the UNODC asserts that “Women who use drugs generally see law enforcement agents as a threat rather than as protectors, and so are unlikely to rely on police.⁴⁸ In a survey conducted by Skoun in 2024 among individuals from various vulnerable groups, the majority of respondents who had been arrested for drug use reported having been subjected to violence at the hands of law enforcement⁴⁹.

⁴⁵ GBV Working Group. Gender Based Violence, Lebanon

⁴⁶ UN Special Rapporteur on Health, Harm reduction for sustainable peace and development (A/79/177), 18 July 2024.

⁴⁷ Legal Action Worldwide. Hidden Identities, Broken Lives and No Access to Justice: Voices from LGBTQI+ people in Lebanon, 2022

⁴⁸ UNODC, WHRIN, HRI, et.al. Addressing Gender-based Violence Against Women and People of Diverse Gender Identities and Expressions Who Use Drugs, 2023.

⁴⁹ Skoun, Better responding to Substance Use and Gender-Based Violence: Including your voice and needs Survey results, see Annex 3.

Among the main reasons people who use drugs underreport GBV incidents are⁵⁰:

- Dismissal or blame from institutions as well as from family members,
- Punitive laws and policies,
- Survivors' fear of – and actual experience of – stigma and discrimination,
- Fear of being perceived as “offenders” and
- Fear of having their children removed from them

To avoid arrest, deportation or loss of custody, as well as other consequences, women who use drugs and who are survivors of GBV avoid reporting these cases to the police which in turn increases the incidence of GBV.

Women Who Use Drugs in Lebanon and GBV

While there isn't enough data about the prevalence of substance use among women in Lebanon, a 2021 survey indicates that a significant portion of people who use drugs in Lebanon are women.

The demographics of respondents of the European Web Survey on Drugs conducted in 2021 in Lebanon only among people who use drugs aged 18 and over, and collecting 328 responses, shows that the majority of respondents identified as men (57%), 35% identified as women, 5% as gender non-binary and 2% preferring not to report their gender⁵¹. This is concordant with global data.

Other national drug-related data published by the Ministry of Public Health shows that between 2014 and 2016, of all people in treatment for substance use disorders, only 8% were women⁵²and of the 1712 individuals enrolled in Opiate Agonist Treatment until 2016, only 6% were women. Figures provided by the Ministry of Interior and Municipalities, show that between 2012 and 2016, 3 women died of overdose⁵³. While men are more at risk of dying from overdoses than women,⁵⁴ the stigma related to drug use limits the disclosure of overdose deaths and therefore leads to inaccurate or underestimated data on deaths resulting from overdoses⁵⁵.

The Inter-Ministerial Substance Use Response Strategy for Lebanon categorizes women who use drugs as a vulnerable population citing their invisibility within the broader community of

⁵⁰ Skoun, Better responding to Substance Use and Gender-Based Violence: Including your voice and needs Survey results, see Annex 3.

⁵¹ EMCDDA, European Web Survey on Drugs 2021: Emerging findings in Lebanon, 2021 available at https://www.emcdda.europa.eu/publications/data-fact-sheets/european-web-survey-drugs-2021-emerging-findings-lebanon_en

⁵² Ministry of Public Health, National Report on the Drug Situation in Lebanon, 2017

⁵³ Ibid.

⁵⁴ UNODC, World Drug Report, 2023

⁵⁵ Ministry of Public Health, National report on the Drug Situation in Lebanon, 2017

people who use drugs and the higher stigma they face within society, which hinders their access to specialized services that may not even be suited to their needs⁵⁶.

A study by the Lebanese Ministry of Public Health published in 2019 looking at the lived experiences of women with substance use disorders identified the following relevant recurring themes⁵⁷:

- **Substance use as a coping mechanism** from past traumas such as child abuse or current stressors such as relationships, employment, housing or mental health disorders. Studies have shown that “trajectories of trauma from Child Sexual Abuse to experiencing violence in adulthood increase the likelihood of developing substance use disorders and acquiring HIV. Women who experience trauma, such as childhood neglect, emotional, physical, or sexual abuse, are more likely to suffer from depression, anxiety and post-traumatic stress disorder (PTSD), which in turn places them at higher risk of using substances as a means to cope.⁵⁸” In an assessment conducted by Skoun in 2023 among its service users (people who use drugs of all genders), all of the women who had been interviewed reported being subjected to physical violence during childhood, two of which having also been subjected to sexual violence at an early age⁵⁹.
- **Barriers to treatment** were mainly linked to accessibility and availability of treatment centers, cost of treatment and cost of transportation due to the centralization of specialized services, as well as opening hours of treatment centers which could conflict with working schedules or with motherly duties. While specialized services have been established outside Beirut and Mount Lebanon, most notably in Baalbeck and Tripoli, and although “non-governmental organizations offer treatment and medication at subsidized rates, some women, especially those from disadvantaged backgrounds and who receive no financial support, still struggle to meet these costs⁶⁰.” The compounded crises Lebanon has been grappling with since 2019, leading to the devaluation of the Lebanese pound and the severe loss of buying power must be inferred to further contribute to hindering women’s access to specialized services.
- **Support systems** were discussed as necessary for the uptake and continuity of treatment with a main challenge linked to the drug use status of intimate partners (whether they use drugs or not). “Relationship dynamics can make it difficult for women to access harm reduction services, enter and complete drug treatment (if desired) or practice safer drug use and safer sex.⁶¹” Furthermore, data shows that women who inject drugs are more likely than their male counterparts to have a sexual partner who injects drugs, and to be dependent on them for

⁵⁶ Ministry of Public Health, et.al. Inter-ministerial Substance Use response Strategy for Lebanon 2016-2021

⁵⁷ Ministry of Public Health, Needs of Women with Substance Use Disorders, 2019

⁵⁸ Stoicescu, Richer et al. Nexus of Risk: The Co-occurring Problems of Gender-based Violence, HIV and Drug Use Among Women and Adolescent Girls. The Impact of Global Drug Policy on Women: Shifting the Needle

⁵⁹ Skoun, GBV Assessment Among Service Users, 2023. Unpublished.

⁶⁰ Ministry of Public Health, Needs of Women with Substance Use Disorders, 2019

⁶¹ Menahra, Women Injecting Drug Users in the Middle East and North Africa, 2013

help acquiring drugs and injecting⁶². “Women who use drugs may also rely on men to inject them with drugs and acquire drugs and injection equipment, which increases the likelihood of injection with contaminated equipment.⁶³” Needle sharing between partners is also often viewed as a “sign of love, trust and commitment⁶⁴.” These practices increase the likelihood of transmitting or acquiring blood-borne viruses such as HIV, which in turn increases the risk of being subjected to violence. A number of participants to the FGDs conducted by Skoun have highlighted that women often report being forced to use drug by and with their partner or client, and often do not know what drugs they have been given which increases the potential for drug-related emergencies such as overdoses.

- **Sexual coercion** was also identified as a major issue affecting women who use drugs, specifically being taken advantage of while under the influence which could amount to rape, and being asked to exchange sex for drugs. In fact, women are more likely than men to resort to sex in exchange for housing, sustenance, and protection; they are more likely to suffer violence from “partners, dealers or family; and have difficulty insisting that their sexual partners use condoms⁶⁵.” The difficulty in condom use negotiation was particularly highlighted by FGD participants working directly with women engaged in sex work.

- **Stigma and discrimination** were also identified as a main barrier to accessing treatment, with a stronger stigma attached to women who use drugs. In fact, recent studies have shown that women who inject drugs in the MENA region encounter higher stigma than men which leads to their low use of services⁶⁶. Drug use has globally been stigmatized by being viewed as a “personal failure”, which for women is “magnified by the gender norms and role inequities imposed upon them⁶⁷.” Across the FGDs conducted by Skoun, all participants agreed that the stigma linked to drug use hinders women from disclosing that they use drug to their service providers further disabling them from accessing specialized services.

These themes highlight the vulnerability of women who use drugs in Lebanon to GBV. Read in combination with GBV data in Lebanon, the interlinkages between vulnerability to GBV and vulnerability to substance use and substance use disorders becomes evident.

In fact, the number of women subjected to GBV indicates a high level of trauma which could indicate a tendency to use drugs as a coping mechanism. Conversely, noting the higher probability of IPV among women who use drugs, could lead us to conclude that at least a number of women reporting cases of GBV in Lebanon may already be using substances.

Further, child and adolescent marriages as well as IPV among married girls constitutes childhood adverse experiences and childhood traumas which can be linked to potential current

⁶² Menahra, Women Injecting Drug Users in the Middle East and North Africa, 2013

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Menahra, Women Injecting Drug Users in the Middle East and North Africa, 2013

⁶⁶ Ministry of Public Health, et.al. Inter-ministerial Substance Use response Strategy for Lebanon 2016-2021

⁶⁷ UNODC, WHRIN, HRI, et.al. Addressing Gender-based Violence Against Women and People of Diverse Gender Identities and Expressions Who Use Drugs, 2023.

or future drug use. The 2023 midyear report states that “among married girls, 68 percent did not attend school on any day during the scholastic year 2021/2022”⁶⁸. Out of school children are stripped of the protective factors provided by schools and further renders them financially dependent on their partner. A qualitative study in Kenya shows that partners can play either a positive or a negative role in the initiation to substance use and that this influence is greater when women are economically dependent on their partners and when the relationship is dysfunctional.⁶⁹

The health consequences of GBV as noted by the protection sector such as severe physical injuries may potentially have women resorting to painkillers and lead to their misuse. Additionally, GBV may lead to “possible mental health problems [that] include depression, anxiety, harmful alcohol and drug use, post-traumatic stress disorder and suicidality.”⁷⁰

In a survey conducted by Skoun in 2024 among 35 individuals from the five identified vulnerable groups (all genders), 21 respondents declared using drugs and 14 of them responded having been subjected to at least one type of violence, amounting to 66% of respondents who use drugs. When we looked at the same sample excluding cis-men, we found that the proportion of women, trans, non-binary and gender non-conforming who use drugs and have been subjected to GBV rose to 78.5%.

Vulnerable groups of women

The impact of GBV is often more profound when it intersects with other forms of marginalization and oppression that women and girls experience such as sexual orientation, gender identity, race etc⁷¹...

Each group of women is not homogeneous and an individual may belong to different groups at once, thus combining vulnerabilities. All sub-groups' vulnerabilities must be read within the context of crisis that Lebanon has been experiencing. Further, the intersectionality of belonging to different groups affected by marginalization and discrimination (for example, being a [queer woman from] an ethnic minority with a substance use disorder) may further increase stigma and suffering and act as an additional barrier to accessing and utilizing services⁷²

Each subsection will delve into the most common needs of each subgroup and indicate the most recurrent themes found in the literature as well as the findings of the focus group discussions conducted with GBV service providers working with the identified sub-groups of women.

⁶⁸ GBVIMS, Mid-year Report 2023

⁶⁹ Mburu, et.al, Role of boyfriends and intimate sexual partners in the initiation and maintenance of injecting drug use among women in coastal Kenya, 2019

⁷⁰ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

⁷¹ UNODC, WHRIN, HRI, et.al. Addressing Gender-based Violence Against Women and People of Diverse Gender Identities and Expressions Who Use Drugs, 2023.

⁷² UNODC, World Drug report 2023, Chapter 5 Humanitarian Settings

Across focus groups, participants clearly acknowledged that women use alcohol and other drugs as a coping mechanism to GBV, and have implied that substance use can lead to GBV

Refugees and displaced persons

In comparison to the general population, refugees and displaced individuals are more vulnerable to substance use and substance use disorders⁷³, potentially as a result of greater risk factors such as family disruption, experiences of trauma, loss of home and loved ones, and the absence of “protective factors, such as monitoring by caregivers or a safe neighborhood. Moreover, given that a sizeable proportion of displaced people are children, the adverse experiences they suffer and the trauma of displacement can also make them vulnerable to substance use and mental health disorders.⁷⁴”

Yet displaced populations are heterogenous in their experience of mental health and substance use disorders⁷⁵. For instance, a systematic global review of the literature on substance use among displaced populations found that substance use disorders were more prevalent among people living in refugee camps than those living in community settings⁷⁶

In a study conducted in 2015 comparing substance use between Palestinian refugees living in Lebanon and displaced Syrians and Palestinians from Syria, it appears that Palestinian refugees living in Lebanon had a higher prevalence of lifetime substance use than Syrian refugees and Palestinian refugees from Syria⁷⁷. The same study found that women had lower lifetime use of substances and substance use in the previous three months than men⁷⁸, which is concordant with global estimates. However, that study was conducted only 4 years after the beginning of the Syrian crisis in 2011 and before the compounded crises began severely affecting Lebanon as of 2019. In fact, more recent vulnerability assessments in Lebanon and crisis response plans mention the use of illicit substances as a negative coping mechanism among affected populations: “Deteriorating levels of psychological distress and mental health concerns have also been reported. In particular a higher number of cases involved in substance use that is also a contributing factor increasing risks of GBV⁷⁹”.

The Inter-ministerial Substance Use Response Strategy for Lebanon categorized Palestinian refugees and displaced persons i.e. Syrian refugees, as vulnerable populations that “live in a context that further limits the accessibility to substance use response services”. With regards to Palestinian refugees living in camps, the strategy highlights marginalization of populations, lack of opportunities, political instability and armed clashes and violence within the camps, further

⁷³ UNODC, World Drug report 2023, Chapter 5 Humanitarian Settings.

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ UNODC, World Drug report 2023, Chapter 5 Humanitarian Settings

⁷⁷ Abbas, et.al, Substance Use Among Refugees in Three Lebanese camps: A cross-sectional study, 2021

⁷⁸ Ibid.

⁷⁹ UNOCHA, Lebanese Crisis Response Plan 2023

asserting that “drug-trafficking inside the camps is reported to be widespread and drug use is frequent.⁸⁰”

In a study conducted in 2021 among Palestinian refugees living in three camps in Lebanon, through which it was impossible to “recruit female community members due to the sensitive nature of the study⁸¹”, the study highlighted the link between drug use and gender-based violence⁸²:

the drug [use] situation was described by many key informant stakeholders as giving rise to 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 all arising from the need to afford the drugs.

Family tensions and fear of reprisals from family members if they find out of a women’s use of drugs were reported by FGD participants working directly with Palestinian and Syrian refugees.

With regards to Syrian refugees, little data exists, potentially to avoid further stigmatizing an already marginalized population suffering more and more from xenophobic attacks on behalf of the state and Lebanese citizens. However, a study conducted in 2014 focusing on the impact of displacement on youth has shown that 14% consume alcohol, while 4% consume drugs⁸³.

86% of all recorded GBV incidents from the first half of 2023 emanated from displaced Syrian nationals, indicating a high vulnerability to GBV of Syrian refugees due to a series of converging policies and factors that have rendered them marginalized in Lebanon⁸⁴. The high prevalence of GBV among Syrian refugees may indicate an increased vulnerability to substance use.

Findings from two focus group discussions with specific responses on the obstacles hindering disclosure of substance use by refugee women (both Palestinian and Syrian) have confirmed that women fear repercussions from their families or their partners, but also fear possible repercussions such as interruption of certain services such as cash assistance. Service providers further indicated that the women disclosing their substance use report having been forced to take drugs or are drugged against their will by their husbands or partners and are often unaware of the substances they are consuming. This in itself can be considered a form of violence.

⁸⁰ MoPH et.al. Interministerial Substance Use Response Strategy for Lebanon 2016-2021.

⁸¹ Aaraj, Haddad, et.al. Understanding and responding to substance use and abuse in the Palestinian refugee camps in Lebanon prior to and during COVID-19 times. International Journal of Mental Health and Addiction, 2021.

⁸² Ibid.

⁸³ UNFPA, UNESCO, UNICEF, UNHCR, and Save The Children International. Situation Analysis of Youth in Lebanon affected by the Syrian Crisis. 2014. (<http://www.unfpa.org.lb/Documents/Situation-Analysis-of-the-Youth-in-Lebanon-Affecte.aspx>)

⁸⁴ GBVIMS, Mid-year Report 2023,

Women engaged in sex work

Globally, research suggests that prevalence of drug use among women engaged in sex work (SW) is higher than within the general population. However, most studies focus on street-based cis-gendered women engaged in SW.⁸⁵

According to a report on women engaged in sex work in Lebanon, there are four type of sex work⁸⁶:

- Street sex workers who recruit their clients in public settings
- Women engaged in sex work who work for an institution that provides commercial sex and that takes a percentage of their fees
- Call girls working for an agency that makes appointments on their behalf and sends them to clients
- Women engaging in sex for exchange of goods or services or to secure urgent financial needs. This last type of sex work has been on the rise since the beginning of the crisis in Lebanon with individuals engaging in transactional sex as a negative coping mechanism. Financial difficulties affecting women and girls' ability to secure rent and basic necessities have put them at heightened risk of sexual exploitation and human trafficking, along with the increase in negative coping mechanisms such as child marriage.⁸⁷.

That 2006 study has shown that of women engaged in sex work surveyed almost 14% of them use drugs, further highlighting that “Women who work on the street are more likely to become infected with HIV than other sex workers. They often have more problems with drugs and alcohol and a history of violence.⁸⁸” HIV status is also a risk factor for GBV.

In a 2020 report published by Kafa, the main risks associated with sex work were identified as “physical violence, sexual assault, emotional abuse, theft, threats, unwanted pregnancies, and exposure to drugs, and HIV/AIDs and other STDs. Women also reported being under the constant risk of arrest and sexual assault by law enforcement officers.⁸⁹” The risk of arrest and abuse by law enforcement hinders women engaged in sex work from reporting instances of violence. This was further confirmed by focus group participants who reported that women can be extorted for sexual services by law enforcement instead of being arrested, or in exchange for contacting their lawyer. This underscores the inability of women engaged in sex work to resort to protection form law enforcement officers in cases of violence from partners.

⁸⁵ Iversen, Long et.al Patterns and Epidemiology of Illicit Drug Use Among Sex Workers Globally: A Systematic Review

⁸⁶ Ministry of Public Health, WHO, UNAIDS, Case Study on Behavior Change Among Female Sex Workers: Interventions from 2001-2007. 2008

⁸⁷ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

⁸⁸ Ministry of Public Health, WHO, UNAIDS, Case Study on Behavior Change Among Female Sex Workers: Interventions from 2001-2007. 2008

⁸⁹ Ghada Jabbour, Exit: Challenges and Needs of Lebanese and Syrian Women in Prostitution, Kafa (enough) Violence & Exploitation, June 2020.

The women interviewed for the study further indicated that they consume alcohol and drugs to cope with their clients and to tolerate the violence⁹⁰. Focus Groups findings also show that women engaged in sex work are sometimes forced by their clients to consume drugs. Among the women engaged in sex work interviewed for the study, 26% identified substance use treatment as a need⁹¹. Among the substances reported in FGDs as being used by women engaged in SW are: alcohol, stimulants such as base/crack cocaine, crystal methamphetamine, or opioids such as Heroin or Tramadol (locally known as Farawla).

Women in SW are at increased risk of arrest for “prostitution”, and can also be arrested for charges, such as drug use or violating residency requirements. In detention, they are at high risk of verbal, physical and sexual abuse as well as mistreatment, as per the FGD participants. Focus Group Participants further highlighted the compounded vulnerabilities of women engaged in sex work due to the criminalization of their activity, which hinders the ability of these women to demand and ensure the implementation of their rights in diverse settings including places of detention and healthcare facilities, further underscoring the vulnerabilities of LBQT women engaged in sex work or unregistered refugees/migrants engaged in sex work for whom substance use signifies triple criminalization.

Migrant Domestic Workers (MDW)

Globally, there are approximately 8.5 million female migrant domestic workers (MDW), who are often subjected to “live-in requirements” where they reside in their place of work with their employers making them more vulnerable to abuse, overwork and exploitation, material deprivation and GBV. As a result MDW are at increased risk of poorer mental health outcomes.⁹² Mental health disorders can often be accompanied by substance use.⁹³

There are an estimated 135,000 migrant workers in Lebanon, the vast majority are women from Bangladesh, Sierra Leone, Philippines and Sri Lanka, and are employed in private homes as domestic workers caring for homes, children and families⁹⁴. They are employed under the Kafala system, the only system available to them, which is a sponsorship system that leaves

⁹⁰Ghada Jabbour, Exit: Challenges and Needs of Lebanese and Syrian Women in Prostitution, Kafa (enough) Violence & Exploitation, June 2020.

⁹¹ Medecins Sans Frontieres. “Migrant Workers are abused and Ignored under the Kafala System”, 2023, available at <https://reliefweb.int/report/lebanon/migrant-workers-are-abused-and-ignored-under-kafala-system-enar>

⁹² Sumerlin, Kim, et.al, Employment conditions and mental health of overseas female migrant domestic workers in Hong Kong: a parallel mediation analysis, International Journal for Equity in Health, 2024.

⁹³ National institute of Mental Health, Substance Use and Co-occurring substance use disorders, available at <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

⁹⁴ Medecins Sans Frontieres, Migrant Workers in Lebanon: healthcare under the Kafala System, 9 May 2023, available at <https://www.msf-me.org/media-centre/news-and-stories/migrant-workers-lebanon-healthcare-under-kafala-system>

them at the mercy of their employers and leaving them extremely vulnerable⁹⁵. The immense power imbalance leaves them at high risk of violence and exploitation.⁹⁶ A 2013 study conducted among 33 psychiatrically hospitalized MDW found that 12.5% had been subjected to sexual violence, 37,5% to physical abuse and 50% to verbal abuse.⁹⁷

The accelerating economic crisis had further increased risks for” exposure to gender-based violence (GBV), including sexual exploitation, sexual harassment, sexual violence, child marriage, and intimate partner violence.⁹⁸”

According to MSF, many of the MDW they see have “been through difficult life events, whether on their journeys to Lebanon or after they arrived⁹⁹” where cases of forced labour, torture, mistreatment and SGBV have been widely documented. In 2022, MSF provided “1741 mental health consultations to MDW suffering from depression, trauma, anxiety or psychosis, much of which can be directly linked to their living and working conditions.¹⁰⁰” These factors, living conditions and discriminatory policies in place exacerbate the risk of substance use disorders.

In 2022, SIDC conducted field interventions among migrants and LGBT communities. Among the 1365 migrants they reached through their interventions, 60% were Ethiopians, while 40% were from other nationalities such as Sierra Leone, Philippines, Madagascar, Sudan, Tonga, etc.. They found that 22.41% were GBV survivors, 6% were LGBT individuals and 94% were considered as vulnerable key populations, specifically: people who use drugs, people engaged in sex work and people who inject drugs¹⁰¹.

FGD participants noted that drug use among Women migrant workers is common, citing the use of alcohol and cheap substances such as heroin, cough syrup (often containing opioids such as codeine), Tramadol and Captagon.

Being from ethnic minorities, migrant workers “may encounter additional barriers when accessing treatment services, including language difficulties, aspects of treatment that are incompatible with religious or cultural practices and immigration status that affects service eligibility, as well as perceived or actual racism and discrimination. These services may also not be culturally sensitive to the background of migrant workers¹⁰²”. In fact, language barriers have been highlighted as “THE key issue for supporting migrant workers¹⁰³” along with challenges linked to trust of service providers, lack of awareness of available services and lack of

⁹⁵ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

⁹⁶ GBV Working Group. Gender Based Violence, Lebanon Secondary Data Review: 2018-2022

⁹⁷ Zahreddine, et.al Psychiatric morbidity, phenomenology and management in hospitalized female foreign domestic workers in Lebanon, Community Mental Health Journal, 2013 DOI: [10.1007/s10597-013-9682-7](https://doi.org/10.1007/s10597-013-9682-7)

⁹⁸ Medecins Sans Frontieres. “Migrant Workers are abused and Ignored under the Kafala System”, 2023

⁹⁹ Ibid.

¹⁰⁰ Medecins Sans Frontieres. “Migrant Workers are abused and Ignored under the Kafala System”, 2023

¹⁰¹ SIDC presentation to the MDW Working Group Lebanon, 2023 (unpublished)

¹⁰² EMCDDA, “Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice”, 2017.

¹⁰³ GIZ, The Mental Health and Psychosocial Wellbeing of Migrant Workers Under the Kafala System, 2022

awareness around mental health¹⁰⁴. Most of these findings were confirmed by FGD participants, however, a representative from one organization working with MDW stated that language barriers do not pose such significant barriers as most MDW speak one of the three languages utilized in Lebanon, or the barrier could be overcome through the recruitment of other community members as interpreters or through the use of virtual translation apps. However, the use of other community members as interpreters may pose confidentiality concerns and requires adequate training.

Other barriers for seeking specialized services as disclosed by FGD participants are linked to legal and other consequences of substance use disclosure such as loss of employment -the MDW is returned by the employer to the recruitment office where workers also face the risk of violence-, deportation if arrested for drug use, and even deportation for seropositivity. Furthermore, requirements from specialized service providers such as a valid phone number or valid documentation may create additional barriers for MDWs.

LBQT Women

Persons with diverse sexual orientation, gender identities and expressions, and sexual characteristics (SOGIESC) remain one of the vulnerable groups that face GBV due to their gender or sexual orientation, and they often have safety and protection concerns due to the ongoing risks they are subjected to at home and in the community. Field reports indicate that people with diverse SOGIESC may be reluctant to report a GBV incident, because of expected further abuse or stigmatization from the community, as a result of the norms-based discrimination¹⁰⁵. In Lebanon, the criminalization of same sex relations also poses a barrier to reporting GBV incidents, furthermore certain individuals, specifically transwomen can be subjected to arbitrary urine tests by law enforcement as a way to criminalize transness (which in itself is not illegal by law); this was reported by FGD participants working directly with LBQT women.

The Inter-ministerial Substance Use response for Lebanon categorizes LGBTQI individuals as a vulnerable population highlighting that community members resort to substance use as a coping mechanism with the social stigma associated with homosexuality as well as their mistreatment in society¹⁰⁶.

In a 2021 report on the needs of LGBTQIA+ individuals in Lebanon, in the wake of the Covid pandemic, the economic crisis and the Beirut blast which destroyed the main safe space of queer communities in Lebanon; the study found that psychoactive substances were being used as a coping mechanism for the ongoing life stressors. Among the main stressors indicated by respondents was SGBV. In fact, 1 in 2 respondents perceived themselves as being at risk of SGBV with 65% of all women respondents and 77% of all trans respondents (including

¹⁰⁴ GIZ, The Mental Health and Psychosocial Wellbeing of Migrant Workers Under the Kafala System, 2022

¹⁰⁵ GBVIMS, Mid-year Report 2023

¹⁰⁶ MoPH et.al. Interministerial Substance Use Response Strategy for Lebanon 2016-2021.

transmen) reporting feeling at risk. Furthermore, 41% of respondents had been subjected to SGBV or other forms of violence due to their gender identities, with women and trans individuals being predominantly affected¹⁰⁷.

In a more recent survey conducted by MENAHRA in 2023 among 41 individuals identifying as LGBTQ (with 20% identifying as women, 25% as non-binary and 5% as gender fluid), 50% of respondents reported having used drugs in the past year, and 15% of those having faced violence linked to their use of substances including “verbal violence, emotional violence and GBV.”¹⁰⁸

A main issue faced by LBQT women outside of the capital is the lack of available specialized services as highlighted by FGD participants, another issue is the issue of safety that affects gender non-conforming individuals who do not feel safe in all settings and in all areas of Lebanon.

Women incarcerated for drug related crimes

Worldwide, there are more men than women in prison, both in general and for drug-related offenses where men outnumber women by a ratio of 10 to 1 in prison populations.¹⁰⁹

In Lebanon, Women make up 1.6% of the people arrested for drug use only from 2019 to 2023¹¹⁰. In 2023, 17 women were held in prisons and detention centers for drug related crimes, making up 3% of all individuals detained for drug related crimes¹¹¹.

There are four adult women prisons in Lebanon: Zahle, Baabda, Barbar Khazen and Al Qubbah, and there are two detention centers for adult women, one in Tripoli and another in Hbeich Police Station¹¹². Since the beginning of the crises, prison conditions have dramatically deteriorated with an increase in prison overcrowding, a lack of health services and food shortages across all prisons. In 2023, the Internal Security Forces stated that all prisons, including the women’s prisons in Baabda and Barbar el Khazen “are overcrowded at levels that exceed these prisons’ capacities¹¹³”; noting that 80% of detainees in Lebanese prisons are held in pre-trial detention¹¹⁴. Article 108 of the Lebanese Code of Criminal Procedure provides for the indefinite pre-trial detention of individuals accused of a number of very specific crimes, that include drug-related crimes.

¹⁰⁷ Yalla Care Coalition. A Descriptive report- Study on the needs of LGBTIQ+ community in Beirut, 2021.

¹⁰⁸ MENAHRA, Validation Meeting- 2023 Country Report Lebanon (Unpublished).

¹⁰⁹ INCB Report 2016, Chapter 1 Women and Drugs

¹¹⁰ Lebanon Central Drug Crimes Bureau, Annual Statistics, 2019 to 2023, Unpublished

¹¹¹ Ministry of Justice, prison Administration database available at

¹¹² CLDH- Women and Juveniles’ rights behind bars 2022

¹¹³ Human Rights Watch, Lebanon: Harrowing Prison Conditions, 23 August 2023.

¹¹⁴ Ibid.

“When women are persecuted for drug related offenses, they meet the same challenges as they do in other circumstances: a judiciary system that discredits their testaments, and punishment that neglects their particular circumstances as women.¹¹⁵”

According to a psychotherapist working in prisons and interviewed as part of study conducted by CLDH in 2022 on the rights of women in prisons, incarcerated women “go through abuse. Once they are arrested, they are abused physically and psychologically. For example, when they get examined by a medical doctor, they also go through moral abuse. They are not treated as human beings.¹¹⁶” The therapist further highlights actual or perceived drug use as a source of abuse: “women accused of sex work are perceived as drug users as well. They are subjected to sexual torture during interrogation.¹¹⁷”

Amongst the cases of violations at police stations documented by Skoun through the legal aid service it provides to individuals arrested for drug use, two women shared their experience of GBV at the hands of law enforcement. In one of the cases, the interrogator tried to forcefully remove her piercings, and in another case, the woman was sexually harassed and physically assaulted by the interrogator before he gave her his personal number, inviting her to contact him. Additionally, through a survey conducted in 2024 among individuals from 5 vulnerable groups, the two women who had previously been arrested for drug use had both been subjected to violence at the hands of law enforcement, one was verbally abused, while the other suffered verbal, physical and sexual violence during her arrest¹¹⁸.

Additional violence is perpetrated against women through the lack of adequate services in detention as well as the restricted access to basic hygiene products such as sanitary pads: “the frequency of providing these is very low as some hygiene products are given once or twice per year only”.

Prisons in Lebanon lack harm reduction services, and only individuals previously on Opioid Agonist Treatment can continue taking their medication in prison. Others have no form of treatment available for substance use disorders. This was confirmed through FGDs. The imprisonment of people who use drugs “leads to increased health risks linked to the prison environment, and seems to exacerbate drug dependency and reinforce the pathological act of searching for drugs”¹¹⁹. This is particularly worrisome due to the presence of drugs in prison; in fact, a 2008 study among prisoners in Lebanon has shown that over 70% of them had used intravenous drugs on their very first day in prison and 7% had shared needles¹²⁰, thus putting them at risk of transmitting and acquiring blood borne viruses such as HIV, which in turn

¹¹⁵ UN Women, “A Gender Perspective on The Impact of Drug Use, The Drug Trade, And Drug Control Regimes”, 2014

¹¹⁶CLDH- Women and Juveniles’ rights behind bars 2022.

¹¹⁷ Ibid.

¹¹⁸ ¹¹⁸ Skoun, Better responding to Substance Use and Gender-Based Violence: Including your voice and needs Survey results, 2024, see Annex 3.

¹¹⁹ Dabaghi and Mack, A Case Study on the AJEM Center for Drug User Rehabilitation, 2008

¹²⁰ Ibid.

increases vulnerability to GBV. FGD participants working with women arrested for drug-related charges have confirmed that women have access to drugs in prison.

The lack of adequate specialized services in prison is also concerning because prolonged periods of forced abstinence increase the risk of overdose upon release¹²¹, as evidenced by the story of a woman previously detained in Al Qubbah prison, who, once released, had no place and no shelter to go to; she met with a former prisoner and died on the same day of her release due to a drug overdose¹²².”

Missing link

Through the focus group discussions conducted with service providers engaged in the GBV response and working with vulnerable women, it emerged that a missing link between GBV services and specialized substance use services exists in Lebanon.

One of the main findings with regards to GBV service providers is that they are not trained on assessing and responding to substance use, it also emerged that their knowledge of drugs and the various risks associated to the misuse of psychoactive substances is not sufficient. Furthermore, GBV service providers do not assess substance use but ask about coping strategies and mechanisms during the first assessment meetings (2 to 3 sessions).

One focus group participant advised against systematic screening. In fact, this concern should be read in conjunction with the fact that disclosure of substance use can have many consequences besides the previously discussed consequences, substance use may interrupt cash assistance, or may lead to loss of child custody; furthermore, substance use as well as mental health disorders automatically excludes the person from accessing shelters. Shelters do not receive people who use drugs as they are not equipped to receive such cases and cite “fear for other individuals in the shelter” as a reason for exclusion.

When substance use is disclosed to GBV service providers, the majority inform the concerned person of available services that they can seek out should they want to, others directly refer them to specialized services with their consent.

However, knowledge of available specialized services is lacking, with FGD participants noting that “they refer to services that they know of”, and others highlighting that service mappings do not provide comprehensive information that may be important for referral such as cost.

On the side of specialized service providers, some procedures can be an obstacle to access. FGD participants have repeatedly highlighted the cost of services may be too high, hindering women in precarious situations to access services, the location of the service may also pose a concern in terms of cost of transportation or in terms of the safety of individuals which particularly affects gender non-conforming people, and individuals lacking valid documentation

¹²¹ Rafful, Orozco, et.al. Increased non-fatal overdose risk associated with involuntary drug treatment in a longitudinal study with people who inject drugs

¹²² CLDH- Women and Juveniles’ rights Behind Bars, 2022

who avoid commuting for fear of checkpoints. Furthermore, requirements such as a working phone number or valid documentation may also preclude women who use drugs from accessing these services.

The generalized lack of knowledge of communities of their rights, of available services, and even of the substances they are consuming bars them from seeking services. Finally, the stigma surrounding substance use in all communities is a major barrier to disclosing substance use.

Recommendations

The Focus Group discussion highlighted a number of gaps in the links between GBV service providers and substance use specialized services despite the acknowledgement of the use of substances among the subgroups of women.

The below recommendations are based on the findings of the FGDs, the recommendations emitted by GBV actors and community members in Lebanon during working sessions held in June 2024¹²³, as well as the UNODC briefing paper¹²⁴. Additionally, these recommendations reflect those emitted by UN human rights entities¹²⁵. They aim at bridging gaps and better responding to the needs of women survivors or victims of GBV who use substances:

General recommendations:

- Acknowledge the cyclical and bi-directional link between substance use and GBV
- Recognize the compounded vulnerabilities that the criminalization of the use of drugs creates for different sub-groups of women.
- Integrate substance use into the national GBV response framework.

Within the GBV response framework:

- Build capacities of GBV responders on substance use assessment, motivational interviewing and safe referrals
- Explore avenues for the provision of harm reduction services to women at risk of GBV and substance use by collaboration with harm reduction organizations through notably allocating days for service provision to women within existing safe spaces.
- Provide information to service users on available specialized substance use and SRHR services
- Consider integrating substance use/harm reduction services within shelters to ensure the protection of women who use drugs that are victims of GBV.
- Organize awareness sessions with women at risk of substance use in collaboration with organizations engaged in the response to substance use in Lebanon.
- Provide information to staff and service users on available substance use, legal rights/aid, SRHR services to ensure referrals that respond to the multifaceted needs to GBV survivors at risk of substance use.
- Mitigate other consequences of drug use disclosure like interruption of cash assistance to ensure women at risk are able to safely seek assistance for substance use disorders.

At the level Substance use service providers

- Build capacities of substance use responders on GBV and on safe referrals

¹²³See Annex 3

¹²⁴ UNODC, WHRIN, HRI, et.al. Addressing Gender-based Violence Against Women and People of Diverse Gender Identities and Expressions Who Use Drugs, 2023.

¹²⁵ UN OHCHR, Human rights challenges in addressing and countering all aspects of the world drug problem (A/54/53), 15 August 2023.

- Provide scientific information to GBV responders on different substances, their effects and on harm reduction to ensure the protection of women who use drugs.
- Ensure the provision of gender-sensitive services through the provision of SOGIESC trainings, and ensure a safe and inclusive environment for women survivors of GBV
- Consider allocating days for the provision of specialized services within safe spaces used by women survivors or at risk of GBV
- Provide multilingual and culturally appropriate information on drugs and available safe services to ensure women from different sub-groups are reached, most notably migrant women.
- Ensure inclusivity of IEC material through their provision in different language, through the use of gender-inclusive language and by diversifying modalities to include persons with disabilities and persons with different levels of literacy.
- Develop information targeted at different sub-groups of women with their active participation to ensure the information is accessible to these communities.
- Regularly update GBV service providers through service mappings on available services including comprehensive information such as cost, admission requirements and target populations to ensure safe referrals of women to specialized services.
- Provide information to staff and service users on available substance GBV, legal rights/aid, SRHR services to ensure referrals that respond to the multifaceted needs of women who use drugs and are at risk of GBV.
- Relax admission requirements to ensure they respond to the barriers faced by different groups of women to ensure accessibility of services
- Provide coverage for transportation to ensure wider access to specialized services
- Engage in different modalities of service provision to ensure broader access of vulnerable groups to specialized services.

At the community level

- Meaningfully engage community members in the planning and implementation of SU-GBV responses
- Engage communities in participatory research through their inclusion in the planning, design and implementation of the study.
- Create communities of care through the capacity building of community leaders and peers
- Provide IEC materials on available GBV, legal, substance use, and SRHR services within community centers.
- Engage communities in raising awareness to their peers by supporting the creation of their own content and their own interventions
- Conduct outreach interventions within different communities to ensure that different sub-groups of women have access to necessary information
- Work on stigma reduction with different communities to ensure women who use drugs have access to specialized services.

At the level of humanitarian coordination mechanisms

- Substance use actors to provide regular updates on trends and patterns related to substance use within intersectoral coordination mechanisms
- Include substance use within the response to GBV as part of annual plans
- Include substance use as a topic of focus within the regularly conducted rapid needs assessments
- Provide funding for collaborations that tackle compounding vulnerabilities

At the level of the state

- Provide substance use and harm reduction services in prisons
- Reform punitive policies most notably the criminalization of the use of drugs, the criminalization of sex work, the criminalization of “relations contrary to nature” and deportation for HIV positive status, among others.
- Provide greater protection to women at risk of GBV including by criminalizing marital rape.
- Provide safe mechanisms for reporting violations committed by law enforcement against vulnerable women to ensure their safe access to judicial redress and other state provided protection mechanisms.
- Increase referral of women to the drug addiction committee to ensure their criminal records remain free of drug use charges.

Annexes

Annex 1- Focus Group Discussions

Seven Focus Group Discussions were conducted with a total of 18 different organizations in March 2024.

The FGDs were conducted to better understand the link between substance use and Gender-based violence (GBV) within the Lebanese context looking at the specific vulnerabilities of the following five sub-groups of women:

- Palestinian and Syrian refugees
- Women engaged in sex work
- Migrant domestic workers
- LBTQ women
- Women arrested for drug-related charges

Objectives:

The Focus Group Discussions objective is to collect information from professionals working with the five identified sub-groups of women. The collected information aims to:

- Better understand the link between GBV and substance among women in Lebanon
- Identify successes, gaps and challenges in the current response to GBV in relation to substance use.
- Develop recommendations and action points for integrated services and support for women facing these challenges.
- Inform the development of more effective interventions to address the specific needs of women.

FGD Title	Palestinian Refugees	Syrian Refugees	Women Engaged in Sex Work	Migrant Domestic Workers	LBTQ Women	Women Arrested for Drug Use
DATE	26 March 2024	26 March 2024	26 March 2024	26 March 2024 And 28 March 2024	26 March 2024	27 March 2024
Participating Organizations	UNRWA ABAAD NABAD	KAFA LUPD ABAAD IRC NABAD AMEL	KAFA MARSA MOSAIC Dar el Amal	Fe-male CLDH NRC ARM	Helem DRC MARSA SIDC MOSAIC 1MoreCup	AJEM ICRC SIDC MOSAIC

Number of Participants	5	9	5	5	8	4
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Thematic Analysis of FGD

Themes	Number of FGD	Examples
Legal Consequences/ compounded criminalization	6	<ul style="list-style-type: none"> - deportation (legal residency) - deportation for HIV status - compounded criminalization (use of drug charges or arbitrary urine testing to criminalize transwomen)
Other Consequences	4	<ul style="list-style-type: none"> - loss of employment for MDW → returned to recruitment office where they face GBV - loss of custody - family reprisals and consequences - Inability to seek judicial redress (for number of reasons including SOGIESC, legal residency, engagement in criminalized behavior such as sex work) - bias of authorities in favor of Lebanese perpetrator (in case of forced drug use) when victim is foreign - Disclosure of substance use automatically disqualifies a person from accessing shelter. The same applies to victims with mental health issues. Participants note the lack of capacities in shelters to deal with such cases + potential threat to other individuals in the shelter.
Stigma	6	<ul style="list-style-type: none"> - Stigma was mentioned in all focus groups as a main factor hindering disclosure of substance use. Religious factors and beliefs were also sometimes linked to stigma.
Fear of GBV	3	<ul style="list-style-type: none"> - Fear of exploitation and abuse by partner - Fear of GBV by law enforcement - examples of SGBV by law enforcement officers especially in the case of women engaged in sex work.

Service provision competencies	6	<ul style="list-style-type: none"> - Organizations taking part in the FGD reported not having specialized staff enabled to deal with substance use cases - Teams are not trained on substance use
Knowledge of service providers	5	<ul style="list-style-type: none"> - A number of organizations reported not having enough knowledge on available services - Service mapping is not enough in terms of information about existing services
Modes of referral		<ul style="list-style-type: none"> - Some services refer the person directly to available services, while other just give the person a list of available services for them to reach out to if they want
SU assessment	5	<ul style="list-style-type: none"> - Most participants mentioned that they do not automatically screen for substance use, but SU may be disclosed during the first assessment sessions as part of questions on coping mechanisms - Only one service provider said that they screen for SU
Specialized services and obstacles to access	5	<ul style="list-style-type: none"> - Cost of services - Lack of available specialized services in certain regions - transportation costs - lack of valid paperwork (MDW) - Lack of phone number (MDW) - Lack of safety for LBQT in accessing services in certain area - language barrier (MDW) - Culturally not accepted (MDW)

<p>Knowledge among women</p>	<p>3</p>	<ul style="list-style-type: none"> - Palestinian, Syrian and MDW were said to not be aware of their rights - Lack of knowledge of available services was also mentioned for these three groups of women - Lack of knowledge of the drugs they were taking or being administered was also mentioned by FGD participants
<p>Modes of SU/substances taken</p>	<p>6</p>	<ul style="list-style-type: none"> - Substance use as a coping mechanism for GBV and the living conditions in general was mentioned in all FGDs - Some women are provided drugs by their partners, or their clients - Some women are forced to take drugs by their partner or client and they do so to avoid violence - Some women engage in drug trafficking for survival - in the case of sex workers they need to pay to stand in a specific spot to sell their services - Some women engage in survival sex to procure their drugs.

Annex 2 – Online Survey Among Communities

Rationale

In order to include affected communities in the design of the response to their needs, and to overcome the difficulties related to the conduct of focus group discussions on sensitive, stigmatized and criminalized topics, i.e. substance use and gender-based violence among vulnerable groups, a self-administered anonymous survey was adopted as a means to a participatory approach.

The survey seeks to gauge the incidence of substance use and violence among identified key populations as well as evaluate the possible links between the two. Furthermore, the survey asks about knowledge of specialized services, ease of access to specialized services and seeks recommendations from participants on how to make services accessible and inclusive, and how to better reach them and their communities.

Methodology

The survey was developed on the basis of the literature review conducted as well as the information collected during focus group discussions.

The survey was submitted to a GBV expert for validation and to ensure that the formulation of questions was clear and would not trigger participants.

The survey was developed as a self-administered and anonymous survey, to allow for people to respond confidentially to sensitive topics they might not feel comfortable discussing with enumerators.

On June 5, the survey was sent to the co-leads of four coordination Working Group: GBV Working Group, the MHPSS Task Force, the LGBTQ Task Force and the Migrant Sector requesting that members disseminate the survey among their beneficiaries. The Survey remained open until June 20, 2024. The survey was made available in both English and Arabic.

Limitations

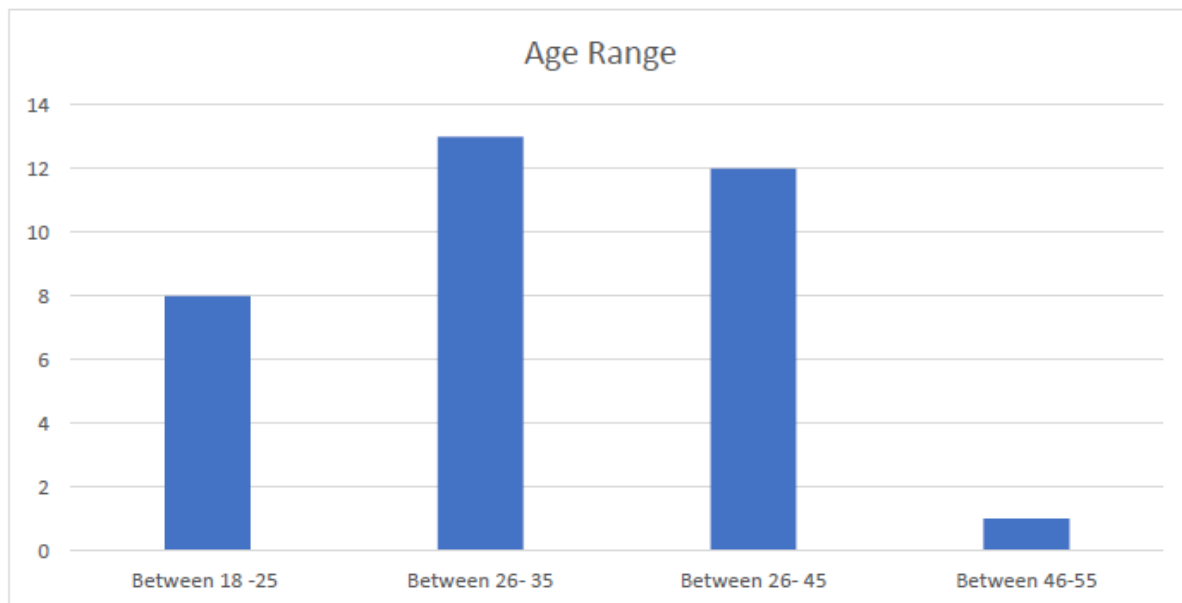
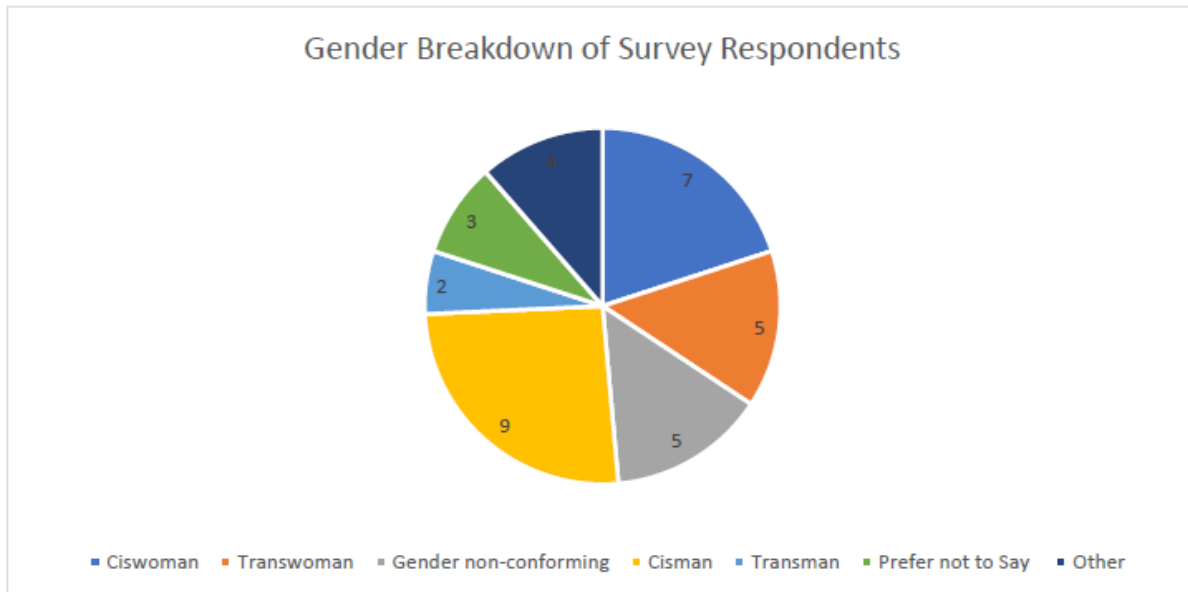
A number of limitations are linked to this self-administered survey:

- The survey was only available in Arabic and in English therefore limiting participants to those able to read these two languages.
- The survey was only available online therefore limiting participants to those with an internet connection.
- The survey was self-administered, and participants had therefore no way to clear any misunderstanding they might have had about any questions.
- The survey was disseminated through service providers, thus limiting participation to service users.
- The survey did not restrict participation to ciswomen, transwomen, gender nonconforming individuals. However, participants from other genders identified with key populations and their input could therefore be valid to some aspects of the survey.

Survey Results

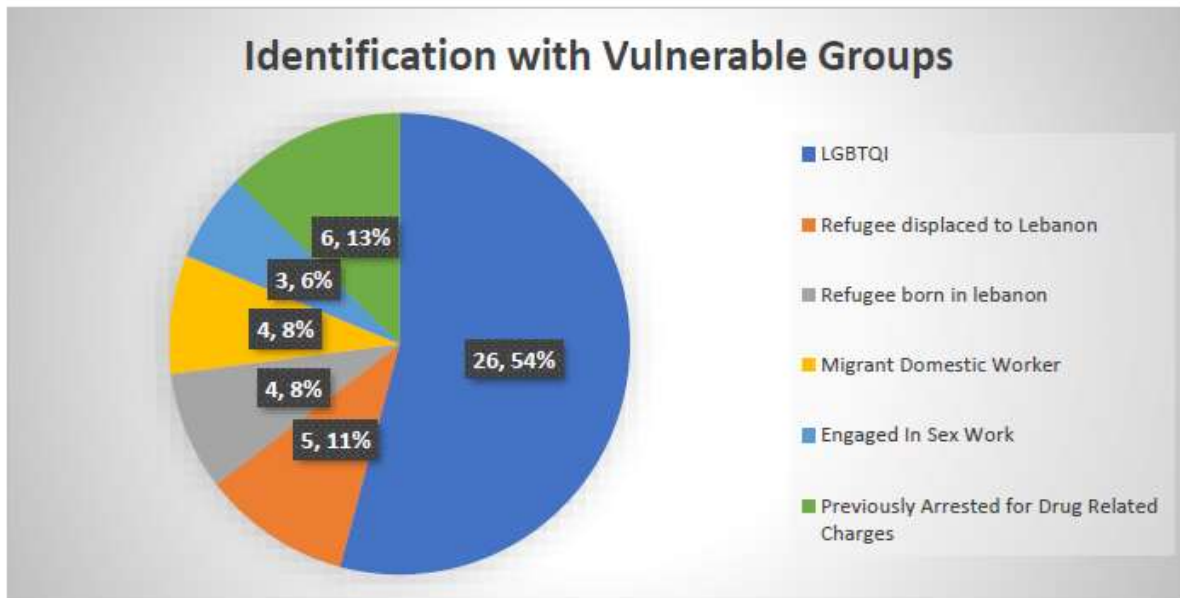
A total of 16 participants took the survey in English and 19 in Arabic, bringing the total to 35 respondents.

1- Demographics



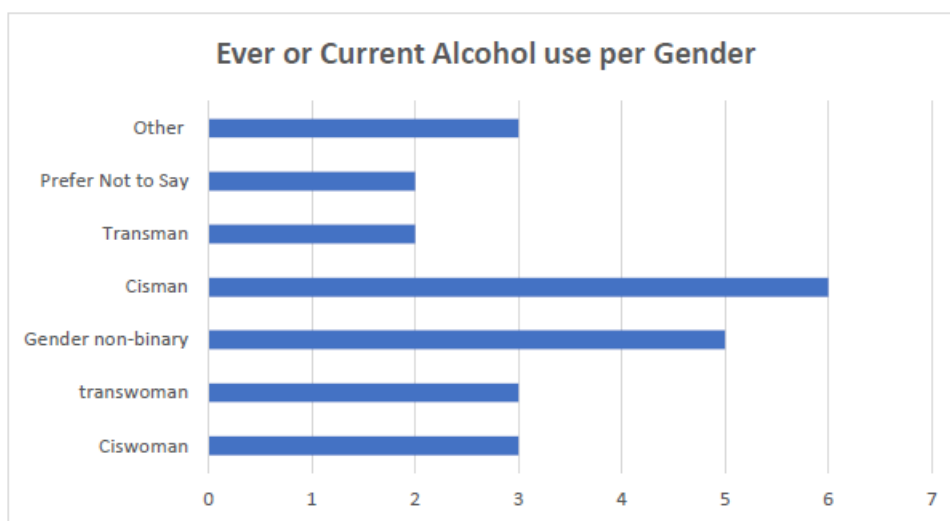
2- Identification with Vulnerable Groups

Some participants identified with a more than one vulnerable group.

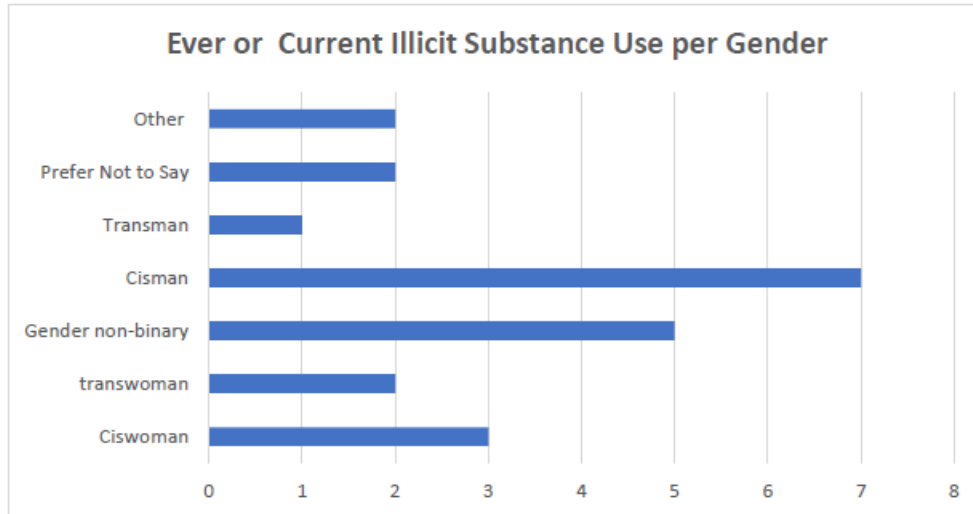


3- Substance Use Among Respondents

68.5% of respondents have ever or currently use alcohol.

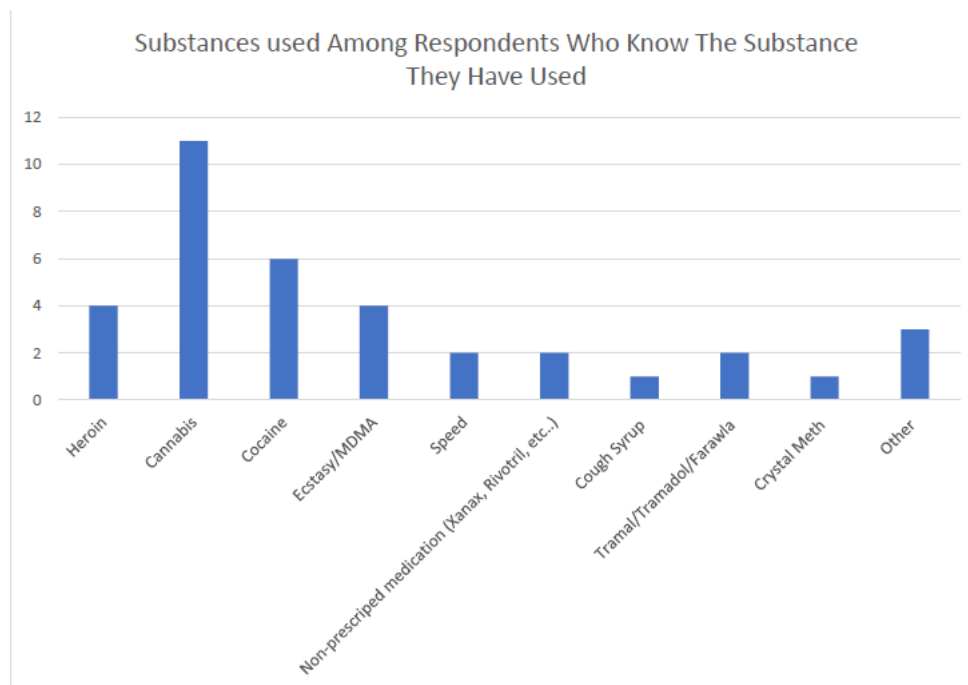


62.8% of respondents have ever or currently use illicit substances



Among respondents who have ever or currently used substances, 4 responded that they did not know which substances they have consumed.

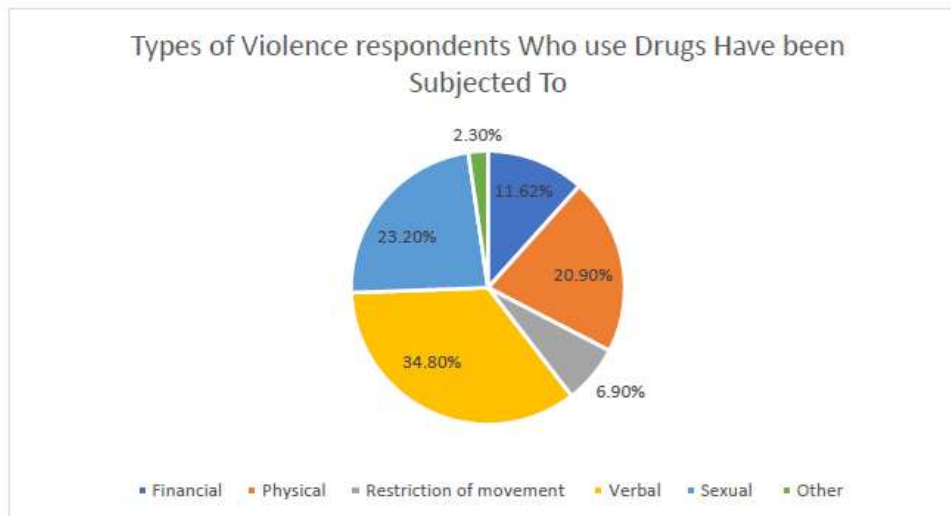
Among respondents who know the substances they have consumed, the most common is Cannabis, followed by Cocaine, then Ecstasy and Heroin. It is worth noting that a number of respondents are polysubstance users.



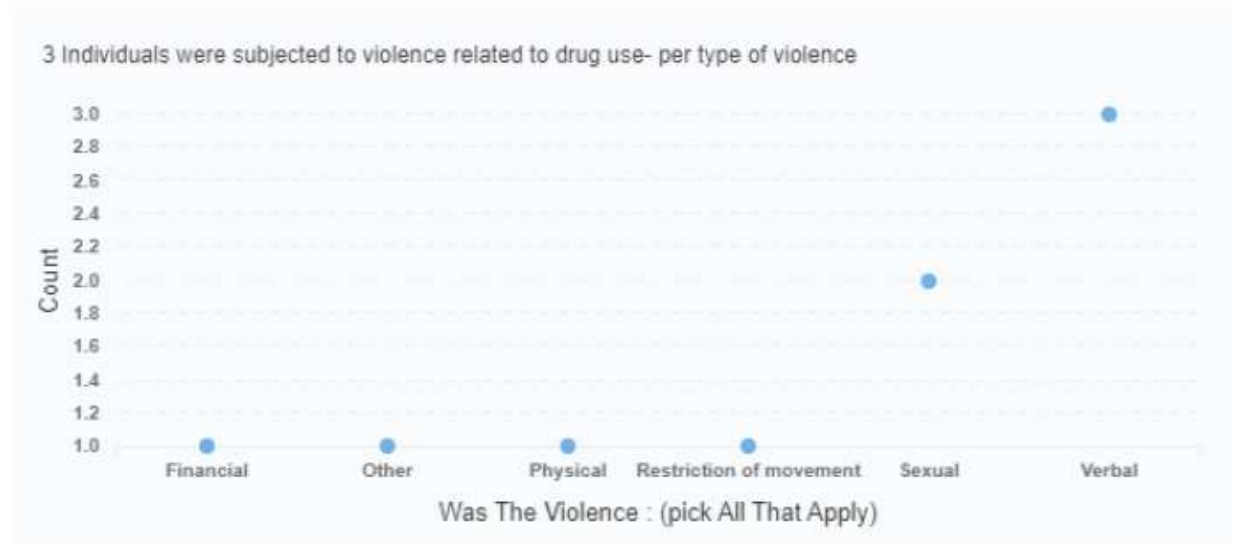
4- Substance Use and GBV

In total, 15 of the 22 (68%) individuals who responded yes to ever or currently using drugs, have been subjected to some form of violence.

The below figures show the types of violence respondents who have ever or who currently use drugs have been subjected to. The same individual may have been subjected to different types of violence. The most common type of violence is verbal, followed by sexual abuse and physical violence.



Among respondents who have ever or who currently use drugs and have been subjected to violence, only three have directly linked this violence to their use of substances. One individual identified as a cisman, another as a transwoman and the third identified as gender non-binary. Below the forms of violence they were subjected to as a result of their use of drugs.

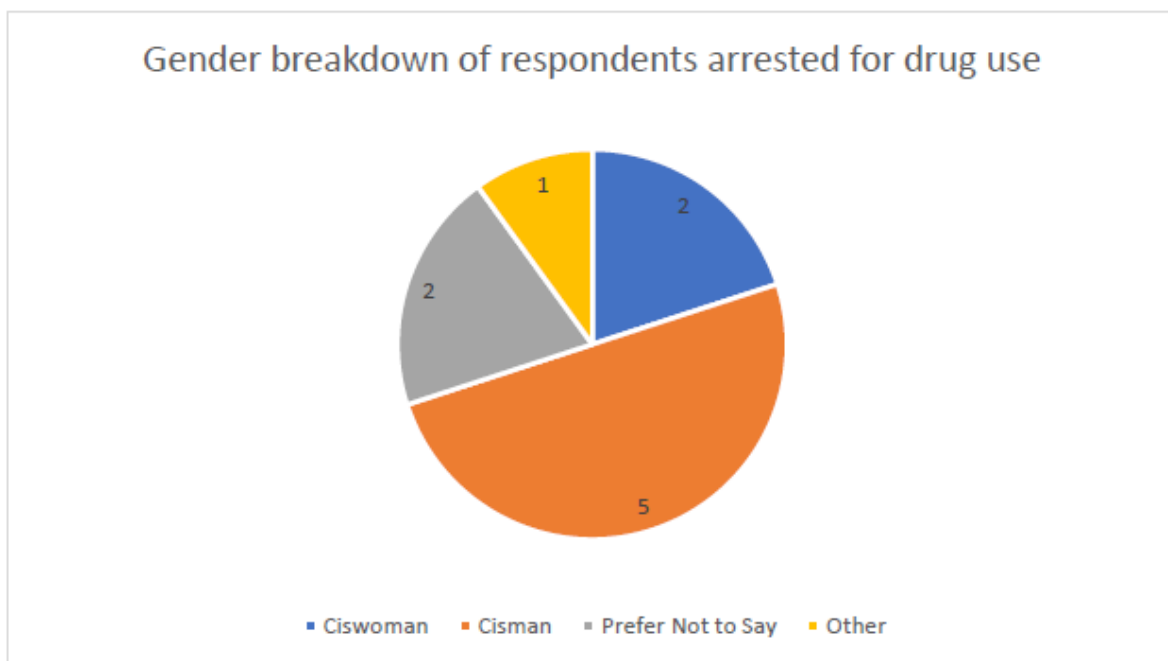


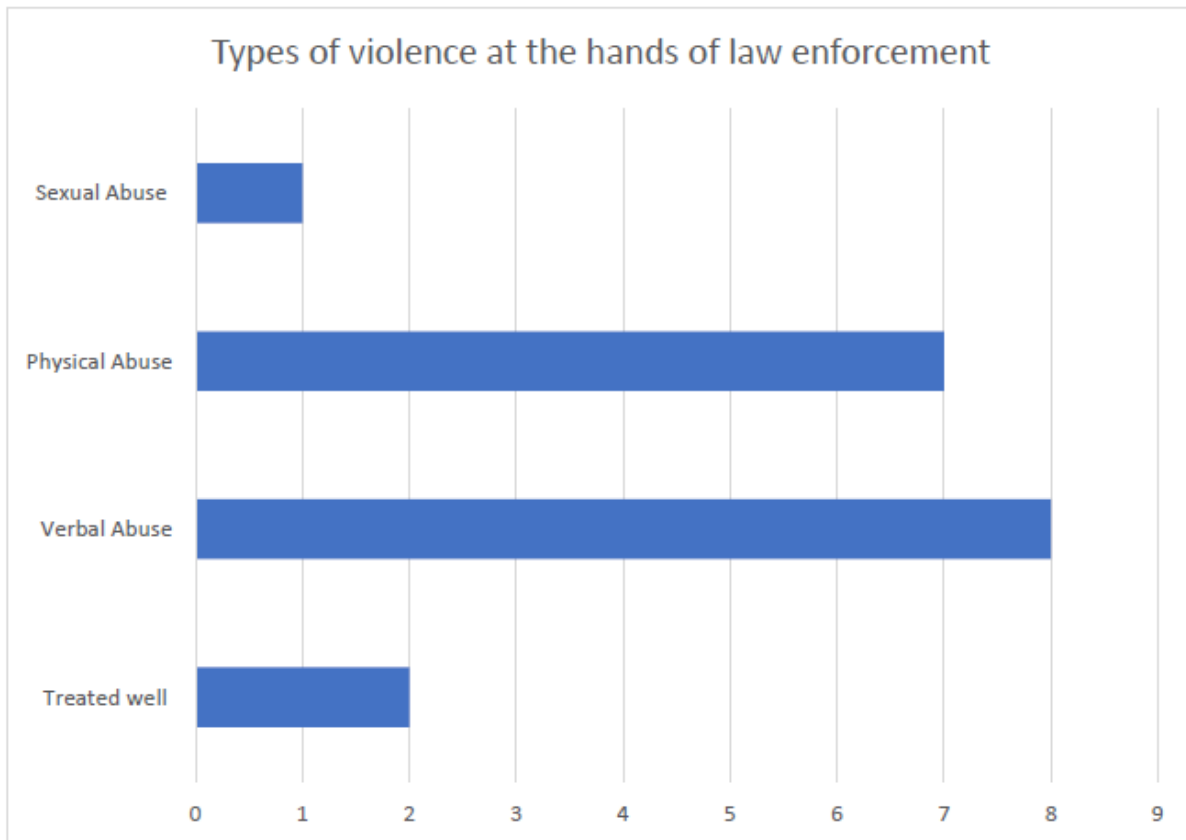
In one of the cases, the individual’s family found out about their drug use and locked them in a room forcing them to go through withdrawal without medication. Withdrawal without medication causes severe physical pain.

However, despite only three respondents directly linking the violence to their use of substances, a total of 8 individuals (including the three who were also subjected to violence as a result of their drug use) were forced to use drugs which in itself is a form of violence. In one case, an LGBTQ individual was forced to use Crystal Meth on a date and was therefore unable to negotiate condom use. In one other case, the person was forced to use drugs by a family member, in another by a client and in three other cases by an unspecified third person.

Furthermore, a total of 10 individuals reported having been arrested for drug use, all of which having reported being subjected to some form of violence by law enforcement. In picking the types of violence they were subjected to, two respondents answered that the police treated them well but also subjected them to some type of violence, indicating that the person may have been arrested more than once.

It is worth noting that individuals subjected to violence at the hand of law enforcement indicated being subjected to different types of violence.





5- Disclosure of substance use to service providers

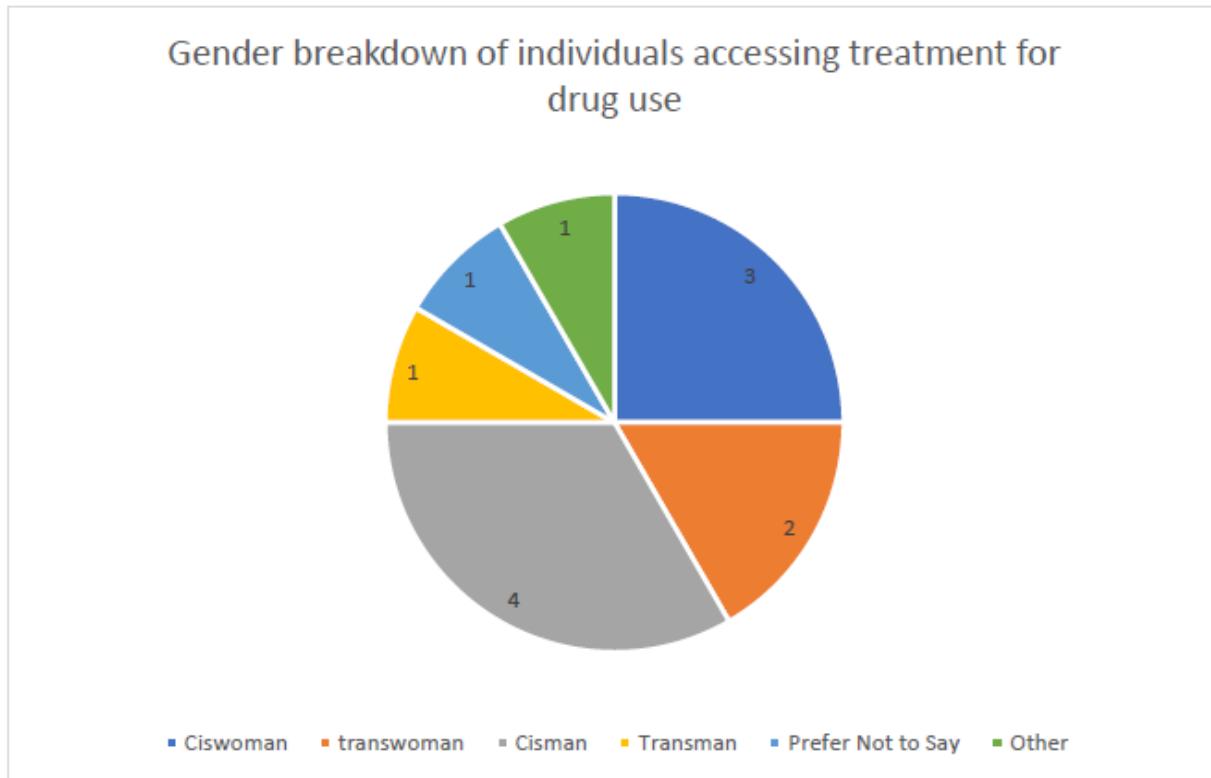
Of all the individuals who reported ever using or currently using drugs, a total of 14 disclosed their use to a service provider. Of those, 6 were referred to specialized services, in 6 cases nothing happened, and 4 individuals had to suffer consequences.

Of the 4 individuals who suffered consequences of disclosure, only three provided details of the consequences:

- one was told to stop their medication (Opioid Agonist Treatment- OAT),
- one went to jail
- one lost their job and their use of drugs was made public; their parents found them and held them in a room, forcing them to go through withdrawal without medication.

6- Access to specialized services

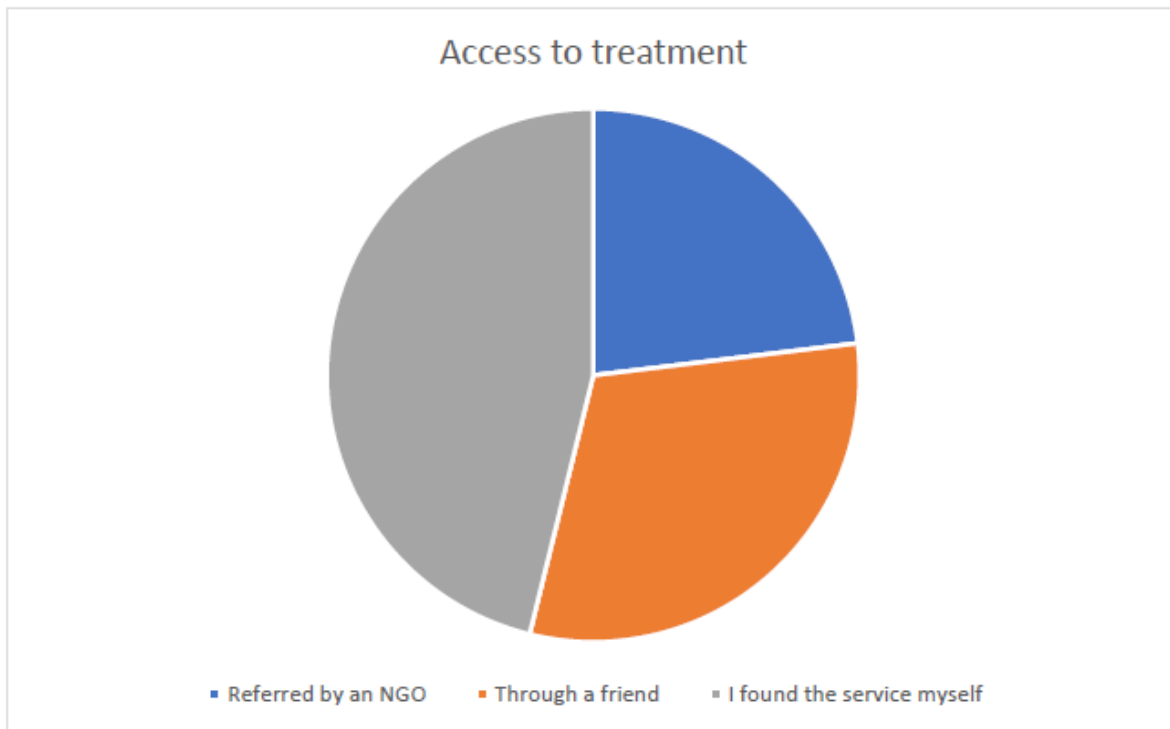
At total of 12 individuals have reported having accessed treatment services for their drug use, a third of these being cismen.



Among the individuals having access to substance use treatment services:

- One identified as a migrant worker
- One identified as an LGBTQ refugee displaced to Lebanon and engaged in sex work
- One identified as an LGBTQ refugee born in Lebanon
- Five identified as LGBTQ
- Four as individuals previously arrested for drug related charges

The majority of individuals accessing treatment services had found the service themselves or through a friend, while a small portion has arrived to these services by being referred to an NGO.



The majority of respondents had not accessed treatment and have listed the below as the main reasons:

- Not needing treatment
- Fear or shame
- Distance from treatment centers
- No knowledge of existing services
- Cost of services

7- Recommendations to ease access to specialized services:

The main recommendations emitted by participants related of access highlighted the below themes:

- Confidentiality
- Anonymity by for instance allowing people to use a pseudonym
- Clarity, for instance about how confidentiality applies, or about the rules
- Non-judgmental environment
- Protection through the provision of social services and job opportunities
- Follow up
- Explanation about medication processes

Annex 3- Recommendations Working Sessions

Background

Skoun organized two separate four-hour working sessions on the 27th and 28th of Juen 2024 to which it invited GBV actors across Lebanon in order to discuss the preliminary recommendations that emanated from the needs assessment.

The purpose of the exercise is to collect input from GBV actors on the priorities, and the feasibility of specific recommendations and to further detail them into action points to facilitate their implementation.

A total of 36 participants from 22 organization engaged in the response to GBV took part in the working sessions.

Methodology

After presenting the findings of the needs assessment and highlighting the vulnerabilities of each of the 5 identified groups of vulnerable women, along with the obstacles they face in accessing specialized services, the participants were presented with the preliminary recommendations emanating from the assessment.

Participants were then divided into 5 groups based on the population their organization caters to. Participants were provided with a series of guiding questions and requested to develop into action points the recommendations they view as priority and as most feasible. Participants were asked to focus most on the recommendations pertaining to service providers (GBV and substance Use services) and on community engagement.

During the first day, there was no group specifically dedicated to women previously arrested for drug related charges as participants did not directly work with this community.

Guiding Questions

- What is the best way to reach your community?
- What are the best ways to ensure our services are inclusive?
- How can we mitigate the challenges faced by the community in reaching specialized services?
- Are there consequences to disclosing drug use to service providers and how can we mitigate them?
- What are things to take into consideration when reaching out to your community?
- Why are people who use drugs excluded from shelters? Do you have suggestions on how to allow their inclusion in shelter?
- How can we meaningfully engage the community?
- How can we address stigma within the community?
- What makes services inclusive of women, specifically those at risk of GBV?

Participants Profile

Day 1 - 27 June 2024		
Organization	Position	Total
AND	Social worker	2
IRC	Case Management/Senior Officer	2
KNM Ethiopian community organization	Founder	1
MOSAIC	MEAL Officer	1
DRC	GBV Team Leader	1
UNIFIL	HIV Training Officer	1
IMC	GBV Specialist	1
QORRAS	N/A	1
Abaad	Officer	1
IOM	Community Engagement Consultant/ Community Volunteer/Case Worker	3
INTERSOS	Case Worker	2
UN Women	Gender and social inclusion field officer	1
Order of Malta	Field Coordinator	1
DAY 2 - 28 June 2024		
GIZ	MHPSS Advisor	1
Intersos	Case Worker	6
Lecorvaw	Clinical Psychologist	1
MDM	GBV Advisor/ Inclusion Specialist	2
Amel	Project Coordinator/ Field Coordinator	3

Makhzoumi Foundation	GBV Case Worker/ Field Coordinator	2
Nusroto	Rehab Coordinator	1
Caritas	Social Worker	1
MOSAIC	Case Manager	1
TOTAL		36



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