

WORLD HEALTH  
ORGANIZATION



Regional Office  
for the Eastern Mediterranean

ORGANISATION MONDIALE  
DE LA SANTÉ

Bureau régional  
pour la Méditerranée orientale

WHO Inter-Regional Workshop on  
Prevention and Treatment of Drug Dependence

Alexandria, 16 - 21 October 1978

Country Profile - Lebanon

by

Dr A.L. Boustany  
Psychiatrist  
Chief of mental health department  
Social Development Office  
Beirut

1) Period prior to the War

Before starting reading my report, I would like to draw your attention to two facts:

- the first one is that the analysis and description which will follow reflect a psychiatric point of view and, therefore, the approach taken has been essentially clinical.
- the second fact is that, so far, we have been unable to obtain serious and valid statistics in the field of drug addiction in Lebanon, and the estimates that will be given in the course of this study are personal. We are aware of existing deficiencies and we do not claim to have achieved a sound and well-structured work. Many things may subsequently be changed. I wish to apologize for this lack of accuracy, but I hope that the distinguished participants will take into consideration the conditions on which our work is being done.

Analysis of the situation

Drug addiction in Lebanon is now posing an acute problem. Never in the history of this country has there been a period so dramatic and so grave as that now presented by the use of drugs. Although Lebanon was known as a country where hashish is cultivated, a center of drug traffic, the country was never touched by this "disease" and the few cases that used hard drugs hardly surpassed 200 in a population of about 3 million. These few cases were spread through all social categories and never constituted a major problem within Lebanese society.

The two psychiatric hospitals in Lebanon offered therapy. Twelve years ago, one of the two transformed one of its pavillions into a state prison for drug addicts, and

the other merely refused to receive this type of patient because of the "troubles" they caused within the hospital. Only some cases using amphetamines or barbiturates orally were admitted. Thus the Lebanese drug addict who wished to be cured had a choice only between the state prison or a cure outside the country, if he was able to afford the latter.

The use of hashish is more widely spread, especially among the middle and lower classes, but it presents problems only for the police. These cases for the most part come into contact with judicial authorities much more than with psychiatrists.

In the mid 60's, the use of hallucinogens and amphetamines made its appearance and a veritable social crisis arose. It was from this time on, in our opinion, that the term "chemical inebriation" found its justification and apt usage. In the beginning it was merely a case of "monotoxicomanes", but from this period on notes that "polytoxicomanes" become more and more numerous.

The characteristic of this occurrence, is that it continued to spread and was about to become a mass phenomenon among the youth, mostly in the schools: secondary and university students. The feminine element was also clearly visible.

It must be stated that this phenomenon of the 60's had nothing in common with the drug addiction which preceded. It was the first time that the students began using drugs. This coincided with the beginning of liberalization of the hierarchic structures of society and of thought. It came at a time when the term "participation" became more and more current accompanied by an attempt to apply these notions in a milieu not quite ready. As a consequence, protests became more aggressive. The protests were often saturated with ideology and attached the validity of educational,

political, social and economic structure as well as the whole system of static values. There was evidence of a deep malaise, symptom of a desire to question everything radically and structurally, a desire to adopt a form of society other than that we know.

That malaise was not limited to student and intellectual circles. It was felt on all levels of Lebanese society. Although the Lebanese is described as one who enjoys life, carefree, mindless of tomorrow, extrovert, in an atmosphere of disorder and anarchy, although there is much talk of his hospitality and his agreeable life in a mild climate and a beautiful country, and despite the touch of caricature that such a description involves, still, this Lebanese had his problems which he felt deeply, his conflicts which caused him anguish and which he had been carrying perhaps for centuries.

This carelessness about dangers to come, this refusal to face his problems, this search for compromise as a prototype for all solutions - does not this all denote a flight from agonizing reality, communicated from generation to generation? A vital anguish fueled by a history and a recent past impregnated with misfortune and catastrophe, and springing forth pathologically, every time that a situation grown aberrant, necessitated a change in structures or a calling into question of the system of values.

Apart from the upset which this disaster and this sudden rise of drug addiction caused among a limited number of people who were conscious of the seriousness of the situation, no preventative measures - medical, social or political - were officially studied or projected by the authorities.

This was the situation on the eve of the war in Lebanon. Of course, this picture with its analysis does not pretend to be exhaustive, we have only given a rapid, concise

and objective description of the situation which prevailed then, we are quite aware that a profound analysis requires a study and a different approach.

2) The War aids the spread of drug addiction

Analysis:

The war in Lebanon is unique in many ways. One is tempted to say it had its own specificity.

The fact is that, at the end of 19 months of savage fighting, the country had undergone frightful material and moral destruction.

The first months of the war did not reveal any upsetting spread of drug addiction. Those habituated to hashish continued smoking and the few addicts to cocaine, morphine and heroin managed to obtain their dosage.

As the war dragged on and seemed to be endless, as the country was put to destruction and pillage, as fighting became more fierce, and as everyone flirted with death everywhere and at every moment, and especially when the Lebanese army, the sole remaining representative, of law, interdiction and repression, totally collapsed, an instinctive affective liberation, whole and entire, came about in the population, especially among the combatants. Among these young men, tired, overburdened, in anguish, socio-cultural values quickly took another meaning: law - it was they who created and imposed it, interdict had changed sides and sense.

Rather than liberation, it was instinctive - affective anarchy that reigned, a reawakening of the archaic libidinal layer latent in the depths of the human being, an abandonment to deep pulses which had been restrained till then. Of course, there are no "good" or "bad" instincts, all are bad as long as moral conscience does not

impose on them that form of integration and control which depends on its judgement, that is to say, its system of values and choice.

3) How explain that spread of drugs?

By what process did it come about?

In general terms, chance circumstances, vogue, and the phenomenon of collective hysteria can play as great a role as a structural predisposition, and in this sense there is a real danger because many more people, than one would think (especially among the youth) can become a drug addicts if they meet the wrong person. None of these factors was absent. With regard to circumstances, the state of war offered an ideal ground, the phenomenon of collective hysteria grew in extent and intensity, the vogue of taking drugs grew and proselytizers could give themselves over fully to their profitable activity without hindrance to make an increasing number of adepts.

The road to drug addiction begins most frequently by a form of hashish and some psychotonics. After all, the fighters have to resist and support the physical and psychological strain which brought on by months of war. One has overcome anguish and that fear of death stalking each and every one of them. One has to overcome that sense of depression, ennui, and routine which came week after week, month after month. Psychotonics or a little hashish did the trick, euphoria replaced depression, hyper-activity replaced monotony and passivity, enthusiasm and courage camouflaged fear and anguish, coldness and indifference diminished the intensity of the shock caused by the death of near ones and comrades.

However, the step to hard drugs was soon taken. Fortunately it was not taken by everyone. We do not have statistics showing the frequency of this escalation nor

the number of those who succumbed. Later we will be able to have a more precise idea for our own case.

4) Age and Sex of Drug Addicts

There are still no precise statistics. However the youngest addictive counseled were 14 years old.

Moreover, we noticed that there was a clear majority of adolescents and young adults, that is, between the ages of 15 and 25 years.

The frequency of girls using drugs has also increased much, but remains inferior to that of boys. The percentage is higher among girl combatants or those who participated in war activities, than among civilians.

It should be noted that these addicts are found among all social classes, but especially among middle and lower classes. Of course, account must be taken also of family structure and relations and troubles of affective life which prepare the ground for addiction.

Many kinds of drugs are used in Lebanon. The mostly used are hashish and tranquilizers (barbiturates and non barbiturates). Cocaine is the preferred drug within fighters. It must be noticed that a spontaneous detoxification happened to many of them (only to those who were suffering) after the end of the first war 1975 - 1976. But no one of those who were addicted to morphine or its substitutes like l'osegor or Doloral also to heroin, amphetamines I.V. or orally stopped by himself. We did not notice any accident by overdose nor in our service neither in psychiatric or general hospitals or police reports.

Opium addiction is very rare. It was frequent prior to the war within the aristocratic society. Concerning Hallucinogens specially L.S.D. We noticed curiously reduction in its use during and after the war. I do not have yet the explanation of the reasons of this change but it seems to me that the L.S.D. is the "drug of the peace" and cocaine the "drug of violence".

Concerning prevention there are no concrete reasons taken until now. Studies for therapeutic strategy concerning prevention, radical desintoxication and rehabilitation were made, but the frequent deterioration of security did not allow us to carry out these studies.

Contacts were done with International Red Cross, with WHO Geneva, with the International Bureau of Narcotics without any follow-up.

We hope that in the near future we will be able to achieve positive results.