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

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Viewpoint

Since the start of the Israeli-Palestinian conflict in 1948, a large number of Palestinians were displaced. Subsequent chapters of violence, conflict and wars in the Near and Middle East region, stretching up to the most recent Syrian war continue to contribute an increasing Palestinian refugee population. Current United Nations (UN) estimates indicate that 5.2 million Palestinians are displaced internally in Gaza and the West Bank (including East Jerusalem), and externally into neighbouring countries of Jordan (2,175,000 registered refugees living in ten camps), Syria (552,000 in nine camps), and Lebanon (504,000 living in 12 camps). Complexities in defining Palestinian refugee status (for example legal status and registration with the United Nations Relief and Work Agency for Palestinian Refugees, UNRWA) has fuelled inherent difficulties in quantifying exact numbers and location of Palestinian refugees. UNRWA is a temporary UN body, working on improving health and education, and supporting reconstruction and social services. It is funded almost entirely by voluntary contributions from the UN Member States, and has been severely affected recently by funding cuts. Further, the '*Peace to Prosperity'* plan that promises economic support to Palestinian refugees and their hosting countries is hampered by its prerequisites that seemingly stand against the Palestinians "*right of return*", a key integral issue to the Middle East process. Amidst such political complexities and challenges, Palestinian refugees are in danger of being left behind.

They are exposed to an excessive burden of disease caused by the consequences of trauma, conflict, violence, occupation, displacement, poverty and environmental determinants of health (congested living space, poor sanitation) which jeopardize their health outcomes and wellbeing (Habib *et al.,* 2012:2014:2019; Kitamura *et al.,* 2018). Reported multi-morbidities experienced by Palestinian refugees include high rates of chronic illness such as hypertension, cancer and diabetes, mental health (including substance use) and respiratory disorders, malnutrition and blood borne viruses (HIV/Hepatitis C) (Al- Krenawi *et al.,* 2007; Habib *et al.,*

2014; Al-Afifi *et al.,* 2015). Nevertheless, despite making up (at times) a relatively significant proportion of the domestic host population, externally displaced Palestinians are generally denied full rights to political, economic and societal integration (employment, property ownership), are restricted access to public education, public health care and social services, and consequently experience acute socio-economic deprivation (Habib *et al.,* 2012; Kitamura *et al.,* 2018). Further to the political insecurity, complicated by the impending angst around the '*right to return'*, Palestinian refugee communities in the drug transit and drug production countries of Lebanon, Jordan, Syria, West Bank and Gaza are reported to increasingly experience camp insecurity and drug related health threats and vulnerabilities (Thabet and Dajani, 2012; UNRWA/UNICEF, 2018; Massad *et al.,* 2018; Al-Afifi *et al.,* 2019; Van Hout *et al.,* 2019; Damiri *et al.,* 2019; Syam *et al.,* 2019; Wazaify *et al.,* 2020). These conditions inside camps, along with tensions with the outside or host communities collectively increase their risk of substance use and high-risk drug use (Anera, 2019; Afifi *et al.,* 2019). Limited access to safety and justice, lack of governance and infiltration by radical Islamist groups and criminal networks in some camps has played a vital role in the targeting of youth by drug dealers, the spread of drug abuse, trafficking and violence (Yamout *et al.,* 2012; UNHCR, 2016; Damiri *et al.,* 2018). Young disenfranchised Palestinian refugees, particularly males, and those living with the trauma of displacement and conflict, are extremely vulnerable to drug related risk behaviours including exploitation in drug trafficking by cross border criminal networks (Elbedour *et al.,* 2007; Al-ghzawi *et al.,* 2014; Van Hout *et al.,* 2019; Al-Afifi *et al.,* 2019; Wazaify *et al.,* 2020). Internal efforts by Palestinian communities, NGOs, and CSOs strive to counteract this threat to communal existence and safety in the refugee camps.

Despite such efforts, there has been little progress in activating a joint public health and security response matching the level of needs within the Palestinian refugee camps in these countries. Most recently, the 2020 Middle East and North Africa Harm Reduction Association

(MENAHRA) situation assessment of drug use and harm reduction in the region has highlighted refugees as key population, alongside the impact of displacement of drug injecting related infectious disease (HIV, Hepatitis C) and the varying degrees of access by refugees to harm reduction measures (MENAHRA, 2020). Efforts to provide integrated HIV and other health services for displaced populations have been enhanced by the 2018 Global Fund grant to support HIV, TB and malaria services in humanitarian setting in Syria, Iraq, Jordan, Lebanon and Yemen. Refugee numbers have however stretched domestic responses to substance use and related harms in the region (MENAHRA, 2020). Countries hosting Palestinian refugees also differ in terms of the level of harm reduction response. In Palestine NSP and condom provision was initiated in the West Bank by local NGOs, but is currently not provided for, with exception of a small programme in East Jerusalem. Lebanon provides harm reduction and treatment responses largely driven by civil society organisations (CSO), and provide free HIV services to refugees regardless of settled status. In contrast, whilst both Syria and Jordan note PWID as a key population in their National AIDS planning, there is no operationalization of harm reduction in Syria, and whilst NSP was provided on a small scale in Jordan, there has been a decline in the important of some health programmes, particularly the national AIDs programme, with domestic resources are currently diverted to refugee support initiatives. Community groups continue to report concern around the hidden nature of drug use, the stigmatising treatment of drug users as criminals by law enforcement, and lack of harm reduction and drug treatment provision accessible near to the camps (Glick *et al.,* 2018; Van Hout *et al.,* 2019; Al-Afifi *et al.,* 2019; Wazaify *et al.,* 2020; MENAHRA, 2020). Efforts are also reported to be coming from within, for example in Lebanon where in 2014, a group of young people living in *Burj Barajneh* camp converted an old prison building into a drug rehabilitation centre. The lack of policy driven by evidence is underpinned by camp security

and governance aspects which hamper efforts to collect routine surveillance data, resulting in lack of informed policy (Wazaify *et al.,* 2020; MENAHRA, 2020).

Hence, there remains an urgent need to activate robust remedial measures to prevent overcrowded camps becoming hotbeds for drug abuse, and to respond to the specific needs of Palestinian refugees affected by substance use and abuse. Research in humanitarian and conflict affected settings elsewhere (for example Thailand, Afghanistan, Pakistan, Kenya) underscores that whilst displacement and conflict affected populations are uniquely vulnerable to harmful patterns of substance use and related harms (for example HIV, Hepatitis C), the epidemiology of refugee substance use is limited and challenged by poor measurement and inconsistent reporting, with their health outcomes worsened by displacement experiences, and limited access to or exclusion from relevant host population prevention and treatment services (Ezard *et al.,* 2011; Kane and Greene, 2018). Guidelines for humanitarian assistance refer to actions to address substance in refugee settings, but practice remains limited by the lack of evidence on effectiveness and limited implementation of substance use interventions (Green *et al,* 2019). Operational research on navigating implementation barriers such as stigma and service provider capacity, and devising effective models for service integration and delivery and generating robust evidence to inform policy and resource allocation is in its infancy (Green *et al,* 2018; 2019). Recommendations therefore centre on the need to standard measurement and reporting of substance related outcomes, and utilise existing guidance and adapt interventions implemented in refugee populations in other countries (Ezard *et al.,* 2011; Kane and Greene, 2018; Green *et al.,* 2018;2019), train UNRWA social and health workers (for example mhGAP substance-use training) in brief and family interventions, community behaviour change and harm reduction, and design and evaluate prevention and treatment interventions for substance misuse specific to outcomes relevant to displaced Palestinian communities.

There is an urgent need to activate contextual and age and gender appropriated evidence-based preventive measures to address vulnerability, build the resilience and promote protective factors against substance use. This is further to the response to attend to the needs of those already affected by co-morbidities, substance use and problematic use (including their parents, siblings and children) using a stepped care approach (Kane and Greene, 2018). This calls for an imperative need to quantify and address the issue, through a strengthened holistic approach of health, social and legal measures, in line with the UNODC and WHO standards and Guidelines. These include, the UNODC and WHO International Standards for Treatment of Drug Use Disorders (UNODC/WHO, 2020) and the International Standards on Drug Use Prevention (UNODC, 2018). Intervention-oriented qualitative rapid assessment and response methods are warranted (UNHCR/WHO, 2008; Ezard *et al.,* 2011; Green *et al.,* 2018;2019) to inform a culturally and contextually relevant response. Such responses should focus on preventive measures including promoting parental and family skills, youth social and emotional skills, enforcing environmental policies including the loose regulations around pharmacy dispensing of habit forming drugs in the camps; and preventing the exploitation of youth by criminal networks and for radicalisation. Moreover, they should also include context specific, targeted and comprehensive packages covering measures to reduce harm, integrated HIV/HCV/STI screening, and treatment of care for people with substance use disorders within Palestinian refugee settings. Such packages of assistance are paramount to prevent further exacerbation of the social and health conditions within the camps and should be inter-linked within the surrounding community social and health services as they carry impact and are related to the domestic context around such camps. We further note the impact of the COVID-19 carries an unproportionate effect on this vulnerable population. This effect is either direct due to the stress caused by the pandemic or indirect due to policies applied to deal with it (including lock down), or its economic consequences. The health vulnerabilities of Palestinian

communities living in congested poorly sanitised camps, notwithstanding the heightened risks of those engaging in harmful drug use during this time of even more difficult access to health services begs more than ever for concerted public health responses to counter the drug related health threats and vulnerabilities in such settings.

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References

Afifi, T.D., Afifi, W.A., Acevedo Callejas, M., Shahnazi, A., White, A., & Nimah, N. (2019). The Functionality of Communal Coping in Chronic Uncertainty Environments: The Context of Palestinian Refugees in Lebanon. *Health Communication.* 34, 13, 1585-1596.

Al- Krenawi, A., Lev-Wiesel, R., & Mahmud, A. S. (2007). Psychological symptomatology among Palestinian adolescents living with political violence. *Child and Adolescent Mental Health*, 12, 1, 27–31.

Al-Afifi, M. F., Sakka, M., Shehada, M., & Afifi, R. (2015). Effect of Gaza 2014 war on use of smoking, tramadol, and psychoactive drugs among university students. Available at https://www.drugabuse.gov/international/abstracts/effect-gaza- 2014-war-use-smoking-tramadol-psychoactive-drugs-among-university-students

Al-Afifi, M., Abushams, L., Sakka, M., Shehada, M., Afifi, R., Alloush, M., Rabee, A., Kewley, S., Quigg, Z., Whitfield, M., McVeigh, J., Wazaify, M., Van Hout, MC (2019). Perspectives of frontline professionals on Palestinian children's experiences of parental and sibling drug abuse in the West Bank and Gaza. *International Journal of Mental Health and Addiction*. [Epub ahead of print]. Available at https://doi.org/10.1007/s11469-019-00120-2

Al-ghzawi, HM., ALBashtawy, M., Azzeghaiby, S. N., & Alzoghaibi, I. N. (2014)l. The Impact of Wars and Conflicts on Mental Health of Arab Population. *International Journal of Humanities and Social Science,* 4, 6, 237-242.

Anera (2019). Getting Out of the Cycle of Poverty in Tripoli, Lebanon. Washington: American Near East Refugee Aid (Anera). Available at https://www.anera.org/blog/cash-assistance-poverty-tripoli-lebanon/

Damiri, B. R. (2019). The Use of Psychoactive Substances in a Conflict Area in the West Bank: Drug Use Risk Factors and Practices in Palestinian Refugee Camps. *International Journal of Mental Health and Addiction*, 1–14.

Damiri, B., Sayeh, W., Odeh, M., & Musmar, H. (2018b). Drug use and possession, emerging of new psychoactive substances in the West Bank, Palestine. *Egyptian Journal of Forensic Sciences*, 8, 1, 42.

Elbedour, S., Onwuegbuzie., Ghannam, J Whitcome, J. A., & Hein, F. A (2007). Post-traumatic stress disorder, depression and anxiety among Gaza Strip adolescents in the wake of the second Uprising (Infitada). *Child Abuse and Neglect* 31, 7, 719-729.

Ezard, N., Oppenheimer, E., Burton, A., Schilperoord, M., Macdonald, D., Adelekan, M., Sakarati, A., & van Ommeren, M (2011). Six rapid assessments of alcohol and other substance use in populations displaced by conflict. *Conflict and Health,* 5, 1.

Glick, P., Al Khammash, U., Shaheen, M., Brown, R., Goutam, P., Karam, R., & Massad, S. (2018). Health risk behaviours of Palestinian youth: findings from a representative survey. *EMHJ-Eastern Mediterranean Health Journal*, 24, 02, 127–136.

Greene, M.C., Ventevogel, P., & Kane, J.C. (2019). Substance use services for refugees. *Bulletin of the World Health Organization*. 97, 246-246A.

Greene, M.C, Kane, J.C., Khashnood, K., Ventevogel, P., & Tol, W.A. (2018). Challenges and opportunities for implementation of substance misuse interventions in conflict-affected populations. *Harm Reduction,* 15, 18.

Habib, RR., Hojeij, S., Elzein, K., & Chaaban, J (2019). Self-Rated Health and Relative Socioeconomic Deprivation in the Palestinian Refugee Communities of Lebanon. *Journal of Immigrant and Minority Health*, 1-9.

Habib, R.R., Hojeij, S., Elzein, K., Chaaban, J., & Seyfert, K (2014). Associations between life conditions and multi-morbidity in marginalized populations: the case of Palestinian refugees. *European Journal of Public Health,* 24, 5, 727–33.

Habib, R., Seyfert, K., & Hojeij, S. (2012). Health and living conditions of Palestinian refugees residing in camps and gatherings in Lebanon: a cross sectional survey. *The Lancet*, 380, 1, S3.

Kane, J.C., & Greene, M.C. (2018). *Addressing Alcohol and Substance Use Disorders among Refugees: A Desk Review of Intervention Approaches.* Geneva: United Nations High Commissioner for Refugees (UNHCR).

Kitamura, A., Jimba, M., McCahey, J., Paolucci, G., Shah, S., Hababeh, M., Shanin, Y., Seita, A (2018). Health and dignity of Palestine refugees at stake: a need for international response to sustain crucial life services at UNRWA. *The Lancet*. Available at https://doi.org/10.1016/S0140-6736(18)32621-7

Massad, S. G., Shaheen, M., Karam, R., Brown, R., Glick, P., Linnemay, S., & Khammash, U. (2016). Substance use among Palestinian youth in the West Bank, Palestine: a qualitative investigation. *BMC Public Health*, 16, 1, 800.

MENAHRA (2020) *Assessment of Situation and Response of Drug use and its Harms*. Beirut: Middle East and North Africa Harm Reduction Association (MENAHRA).

Syam, H., Venables, E., Sousse, B., Severy, N., Saavedra, L., Kazour, F (2019). With every passing day I feel like a candle, melting little by little." experiences of long-term displacement amongst Syrian refugees in Shatila, Lebanon. *Conflict and Health* 13: 45.

Thabet, A. A. M., & Dajani, J. K. (2012). Substance abuse among Palestinians in the West Bank and Gaza Strip. *Arab Journal of Psychological Science*, 36, 76–78.

UNHCR/WHO (2008). *Rapid Assessment of Alcohol and Other Substance Use in Conflict-Affected and Displaced Populations.* Available at https://www.who.int/mental_health/publications/field_guide_alcohol_substance_use/en/

UNHCR (2016). *The Situation of Palestinian Refugees in Lebanon.* Geneva: United Nations High Commissioner for Refugees (UNHCR).

UNODC (2018) *International Standards on Drug Use Prevention. Vienna*: Vienna: United Nations Office on Drugs and Crime (UNODC). Available at https://www.unodc.org/unodc/en/prevention/prevention-standards.html

UNODC/WHO (2020). *International Standards for Treatment of Drug Use Disorders*. Vienna: United Nations Office on Drugs and Crime (UNODC). Available at https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Treatment_Standards_March_2020.pdf

UNRWA/UNICEF (2018). Youth strategic framework for Palestine. Refugees in Lebanon. Jordan: United Nations Relief and Work Agency for Palestinian Refugees UNRWA/UNICEF. Available at https://www.unrwa.org/resources/strategy-policy/youth-strategic-framework-palestine-refugees-lebanon.

Van Hout, MC., Al-Afifi, M., Abushams, L., Kewley, S., Quigg, Z., Whitfield, M., McVeigh, J., & Wazaify, M (2019). Palestinian children's experiences of drug abuse in the home in the Occupied Territories of Palestine: A scoping review of extant literature. *International Journal*

of Mental Health and Addiction. [Epub ahead of print]. Available at https://doi.org/10.1007/s11469-019-00085-2

Wazaify, M., Abushams, L., Kewley, S., Quigg, Z., Whitfield, M., McVeigh, J., Al-Afifi, M., Van Hout, MC. (2020). Perspectives of frontline professionals on Palestinian children living with sibling and parental drug use in the UNRWA camps, Jordan. *International Journal of Mental Health and Addiction.* [Epub ahead of print]. Available at https://doi.org/10.1007/s11469-020-00293-1

Yamout, R., Farran, S., Rmeilah, N., Hogan, D., Giacaman, R (2012) Insecurity in Palestinian refugee camps in Lebanon:a pilot study. *The Lancet*. Available at https://doi.org/10.1016/S0140-6736(13)60193-2