Statement by Souraya Frem Baroud, Head of CDLL NGO, Lebanon
Thematic Intersessional Meeting of the Commission on Narcotic Drugs (CND)

As the President of CDLL, a Lebanese civil society organization committed to youth prevention and addiction treatment since 2006., I address you under the umbrella of the Vienna NGO Committee on Drugs, with deep concern about the rapidly expanding and diversifying drug crisis in Lebanon.

(On drug market)
Decades of conflict have made Lebanon a key player in regional drug trafficking and illicit cultivation. Over the past 20 years, Lebanon's illicit drug production, that was mainly focused on opiates and cannabis cultivation shifted to Captagon, largely due to the Syrian conflict, followed by increased methamphetamine production. Synthetic drug labs expanded in the Bekaa Valley and Lebanese boarders, and Captagon, initially produced for armed groups, is now spreading internally and its trade is affecting regional politics and threatening social peace.
The legalization of cannabis for medical use has worsened the situation, with the government's poor regulation and the normalization of cannabis use, especially among youth. Furthermore, the internet has broadened drug markets, making it easier for traffickers to reach isolated communities. In 2001, the reported age of first use was 9 years old.
Lebanon's people have paid a tremendous price for 15 years civil war, and ongoing crises that fueled addiction, with increased drug availability, psychological fragility, economic hardship, and a more permissive culture. Today, consumption continues to rise, driven by trauma from events like the economic collapse and the 2020 Beirut port explosion, as people turn to cannabis and alcohol for relief from stress and anxiety.

(Impact of the war)
And now, the war has exacerbated these issues, resulting in more than 3,000 deaths, 13,500 injuries, and nearly 1.2 million Internally Displaced Persons (nov 5). The school year has not started, as half of the country's public schools have been repurposed as shelters. 1.5 million children face a sixth year of disrupted education, raising deep concerns for their well-being and Lebanon's generational recovery. Addiction treatment is severely impacted forcing rehab centers to close and hindering healthcare service provision. Civil society organizations are struggling amid soaring demand. Public healthcare is under extreme stress; more then 100 PHCs and 8 major hospitals have been forced to shut down, and detox services are suspended.

(Recommendations)
In a region marked by conflict and complexity, it is not obvious to stop the proliferation and trafficking of drugs, yet we can and must focus on preventing substance abuse, as it remains a critical issue that we have the power to address.
It is crucial to:
Ø Implement programs targeting both in and out-of-school youth.
Ø Strengthen coordination between international and local organizations.
Ø Promote a localizing model that directly channels funding to local organizations, bypassing the inefficient and corrupted government mechanisms to ensure that resources reach individuals requiring treatment, preventive care, and relief.
Ø Enhance data collection frameworks and improve the capabilities of the actors on field.
Ø Above all, we must stop the war, as its impact spreads across geographies, cultures, and communities, affecting us all. A ceasefire is crucial—not only to stop the violence but to prevent the trauma that feeds into the growing despair among the Lebanese, mental health distress, and addiction for generations to come.

Thank you