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Feature

Health

Libya's "growing" drugs/HIV problem

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Moloo/IRIN

TRIPOLI, 17 June 2013

Doctors in Libya say they are seeing a "growing" number of patients with drug problems and a corresponding risk of HIV infection, in a post-Gaddafi era marked by limited law enforcement and government capacity.

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help,” said Abdullah Fannir, deputy director of Gargaresh psychiatric hospital in Tripoli.

“It’s part of the fallout from the revolution. Border control is weak, making it easy for drug-traffickers, and there’s more demand as well. Hundreds of thousands of Libyans were displaced, wounded or bereaved during the uprising.”

Doctors at Benghazi’s Al Irada drug addiction clinic, the only treatment centre of its kind in the country, say some of the most common addictions they have to treat are for Tramadol, a painkiller that stimulates the release of serotonin and can cause seizures, and heroin.

With heroin has come HIV/AIDS. A [report](#) by the Liverpool School of Tropical Medicine published in April based on data collected in Tripoli before the uprising concluded that 87 percent of the city’s injecting drug users have HIV. That is the highest rate recorded anywhere in the world and compares to 2.6 percent in Tunis and 7.7 percent in Cairo.

Joseph Valadez was study director on the project and says the epidemic among the drug-using community must be tackled now to stave off a wider health crisis.

“Our results show quite clearly that there is a concentrated epidemic among Libya’s injecting drug users. They also show progress towards a concentrated epidemic among men who have sex with men and, although we weren’t able to do an in-depth survey, our results also point to high levels of HIV infection among sex workers. When you take all this together it is very worrying...

“Often the men who have sex with men are also married, as are those who use prostitutes and drugs. These groups are vehicles for the general population to be infected and Libya needs to



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address this issue now or it will face a huge problem in the future.”

Health services are limited. At the Al Irada clinic Libyans with addiction problems are helped to kick their habit with the help of psychologists and tailor-made drug courses. But this clinic has room for just 40 patients.

“It provides a good service but it’s far too small to serve the whole country,” said Alia Shaiboub, the National AIDS Programme’s (NAP) head of HIV awareness. “We deal with a lot of addicts who need this kind of treatment but it’s very hard to get them a place. At the moment there’s no way we can get treatment for them all.”

Data paucity

A lack of data is causing huge problems for those trying to fight Libya’s drug problem.

“Under Gaddafi, Libya’s drug problem was largely ignored,” said Nabil Abuamer, project coordinator for the UN Office on Drugs and Crime in Libya.

“Now we’re starting from scratch trying to pull together hospital records and data from prisons but so far it’s been impossible to get a handle on the situation. We have no idea how many injecting drug users there are. There could be anything from a couple of thousand to many tens of thousands. We just don’t know.”

Reliable HIV data is hard to come by. According to official figures, around 12,000 people have been recorded as living with HIV, but Laila Aghil, head of Strategic Planning at NAP, says this number is a gross underestimate.

“Many people who have HIV don’t seek medical treatment and don’t ever come into contact with



officials or doctors. This means official figures are just the tip of a very large iceberg.”

"Under Gaddafi, Libya's drug problem was largely ignored", Nabil Abuamer, UNODC in Libya

Part of the reason for the lack of data is lack of funds. Valadez says more money needs to be channelled into Libya's addiction and HIV programmes.

“Both the Libyan government and international donors should provide much more money for harm reduction programmes and education as well as research. We need to look at the impact of the war and the overall prevalence of HIV in the country.”

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“During the revolution it's likely that HIV infection spread. People scatter when the war comes, and they scatter their infections as well. During war very often there is an increase in prostitution and sex work. There's also sexual violence against women and young people and it is normal to see an increase in uncontrolled sexually transmitted diseases.”

Confronting the problem

Responding to the report by the Liverpool School of Tropical Medicine, the Libyan government said it would treat the HIV epidemic among drug users as a matter of national priority. But, according to Fannir, so far nothing has been done.

“There is still no needle exchange programme and our doctors don't have the right experience or the right drugs. In fact, not a single one of the report's recommendations has been implemented. I believe because of this inaction the rate of HIV infection is rising among injecting drug users, even as the number of drug users increases.”

According to Fannir the worsening crisis has severe implications for the wider community.

“It is getting to the point that it threatens national stability. Drug dealing is fuelling militia violence. All this is undermining faith in Libya’s politicians and the effect of this should not be underestimated.”

Mustafa Gebreil is an independent member of Libya’s General National Congress (GNC) and member of the GNC Health Committee. He rejects the idea that battling addiction should be an immediate focus for the government.

“The Health Ministry is concentrating on crisis fighting. There are many issues that need attention in Libya, and because of this treating drug addicts is not a priority.”

The social stigma that surrounds HIV and drug taking is a big part of the problem, according to Alessandra Martino, an HIV specialist who has worked in Libya since 2005.

“HIV is very closely associated with vices like casual sex, homosexuality and drug taking: things that are unacceptable in mainstream Libyan culture. This means for Libyans HIV and drug abuse are not very fashionable areas to be campaigning about or working in.”

Revolution and rehabilitation

Accounts from drug users and outreach workers back up the reports by doctors that Libya’s drug problems are worsening. Salah is a recovering heroin addict at Benghazi’s Al Irada clinic and says heroin became increasingly easy to get hold of after the uprising.

“It was everywhere after the revolution. I originally gave up heroin in 2008 but I started to take it again

after the liberation. I fought on the front lines and like other fighters I received a significant pay-out. A lot of my friends started to take it, and because I had the extra money it was difficult to stay away.”

“We know there is more distribution now,” said Belkis Abudher, a public health specialist working for NAP. “When we go into primary and elementary schools it is very clear that many of the children have already been exposed to drugs like Tramadol and hashish. This was not the case before the revolution.”

A lack of drug education is one of the factors behind the explosion in drug use in Libya, according to Fannir.

“During the Gaddafi era the general public knew very little about the dangers of drugs, and the situation isn’t improving. The chaos of revolution meant many of the existing outreach and education programmes collapsed, and few have been reinstated.”

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