



Ministry of Health



# Illicit Drug Use in Palestine

November 2017

United Nations Office on Drugs and Crime (UNODC)

In response to the increasing drug use and drug users' needs in the State of Palestine, UNODC Regional Office for the Middle East and North Africa, through its Programme Office in East Jerusalem, has been providing technical support to the Palestinian Authority, through its Project PSEY13: "Supporting the establishment of evidence based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Center".

UNODC assisted in the development of a comprehensive, integrated and safe response to the problem of drug dependence. Building on the findings of **this assessment** and its recommendations, UNODC will strive to support the Palestinian Ministry of Health by developing a comprehensive drug dependence treatment and care system, fully integrated into the national health system, and by strengthening the institutional and human resource capacity of the Palestine National Rehabilitation Center to provide a comprehensive package of drug dependence treatment and rehabilitation services within the continuum of care through community based services.

UNODC seeks to achieve security and justice for all by helping Member States and their peoples to guard against the serious threats posed by drugs, crime and terrorism.



# Illicit Drug Use in Palestine: A Qualitative Investigation

Formative phase study report

Palestinian National Institute of Public Health

November 2017

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# Abbreviations

D: Drug user

ExD: Former drug user

F: Female

FG: Focus group

GS: Gaza Strip

INT: Interview

M: Male

MGS: Middle Gaza Strip

MMS: Military Medical Services

Mol: Ministry of Interior

MOSA: Ministry of Social Affairs

MoE: Ministry of Education

MWB: Middle West Bank

NGS: North Gaza Strip

NWB: North West Bank

PWUD: people who use drugs

RDS: Respondent Driven Sampling

SGS: South Gaza Strip

SWB: South West Bank

UNODC: United Nations Office on Drugs and Crime

WB: West Bank

WHO: World Health Organization

# Introduction

Substance abuse is «the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs» (1). Illicit drug use, defined here as the use of illegal drugs and/or the misuse of prescription medication or household substances, affects most countries of the world. In 2013, there were 246 million people globally who use drugs (PWUD) aged between 15 and 64 years (2). The widespread availability of several forms of illicit drugs is one of the contributing factors to the increase in prevalence (3). The most commonly used illicit drugs are cannabis, followed by amphetamine type stimulants, cocaine, and opioids. The use of all of these drugs appears to be rising (1).

The Mediterranean region has been affected by the widespread use of illicit drugs (4), (5). However, the extent of illicit drug use in Arab countries is difficult to estimate due to the limited availability of research (6). Available data indicate that abuse<sup>1</sup> of Tramadol, a drug that affects the central nervous system and used primarily to treat severe pain, is common in Egypt (7, 8), heroin in Libya, cannabis and heroin in Morocco and Algeria, and drugs in general in Jordan (9). In Saudi Arabia, the most commonly used illicit drugs are amphetamines, heroin, and cannabis, with increasing trends in the use of cannabis and amphetamines (10). In a study of Palestinian school adolescents aged 14-16 years, the prevalence of lifetime cannabis use was reported to be 3.9% (11).

The growing prevalence of illicit drug use in Arab countries is related to increased exposure to new types of addictive substances and the booming opportunities for income generation through the smuggling and selling of drugs (6). The fact that many people in these countries follow Islam and Christianity, both of which strongly disapprove of illicit drug use, has not stemmed the growth in drug use (4). A major barrier to combating illicit drug use in the Arab and Middle Eastern region is linked to the region's significance in the production and trafficking of drugs.

Afghanistan currently hosts heroin laboratories and has been the world's largest supplier of cultivated opiates since the 1950s (4). Opiates and heroin are trafficked into Pakistan, the former Soviet Union, and Iran. In Iran, opiates and heroin are used locally but are also trafficked to Turkey, which in turn transfers drugs to the European Union (7). Morocco, Pakistan, Afghanistan and Lebanon are major sources of cannabis as well as other drugs (4).

## Side effects of illicit drug use

Illicit drug use has high mental and physical morbidity, and, in some cases, mortality (3). People who use drugs (PWUD) are at high risk of developing drug use disorders or drug dependence, characterized as an increased tolerance to the effect of drugs and withdrawal symptoms when use is reduced or stopped. . In 2013, an estimated 27 million persons worldwide between the ages of 15 and 64 suffered from drug use disorders or drug dependence (12). In Palestine, the Palestinian Ministry of Health reported that the incidence of addiction-related mental disorders was 1.8 per 100,000 population in 2006. During 2012, the General Directorate of Mental Health of the Palestinian Ministry of Health reported that 73 new cases of drug dependence had been referred to community mental health clinics (13).

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1 Definded as the habitual taking of addictive or illegal drugs.

Illicit drugs such as cocaine, heroin, barbiturates, and amphetamines can lead to death due to overdose (14). Studies have indicated that PWUD have significantly worse overall quality of life based on World Health Organization standards (5), (12). In 2000, illicit drug use globally contributed to 0.8% of global ill health (4), and in 2010, illicit drug use disorders accounted for 10.9% of global disability adjusted life years (DALYs) (13). In the Eastern Mediterranean region, drug use disorders accounted for a loss of four DALYs and 9 deaths per 1000 population (14). In addition, illicit drug use has negative psychosocial effects and has been related to antisocial behaviors such as being belligerent, getting into fights, and alienation. Those who abuse illicit drugs can experience lower performance in school, at the workplace, and in conducting daily tasks and responsibilities, as well as increased familial conflicts, exposure to criminal activities, and drug-related injuries and accidents. Overall, illicit drug use can have negative consequences on personal, familial, and societal levels (14).

PWUD, primarily those who inject drugs, are vulnerable to several blood-borne diseases, including HIV and Hepatitis C. Globally, an estimated 12.9 million people inject drugs, of whom 1.56 million were estimated to be living with HIV in 2013 (2). In Palestine, the prevalence of HIV/AIDS cases has increased and is associated with sharing injection needles and other equipment between PWUD. In addition, data from Palestine indicate that 42.5% of heroin users and 50% of opium users inject these drugs; the number of people who inject drugs is estimated to be between 1000 and 5000. It is estimated that the West Bank has a higher number of people who inject drugs than the Gaza Strip (15).

## Risk factors of illicit drug use

Adolescence has been found to be an important risk factor related to illicit drug use (15). Being «male» is also a risk factor related to substance abuse (6). Globally, men are three times more likely than women to use cannabis, cocaine, or amphetamines (2). Behavioral risk factors for substance abuse include an «individual's perception towards drugs» (3), (15), having too much «spare time» (3), other addictive behaviors such as «smoking», or stress and physical pain (6). In addition, individuals who suffer from psychiatric conditions such as anxiety and depression are at higher risk of developing dependency on psychoactive medications (15).

Social environment such as family structure is an important determinant of illicit drug use. For instance, being divorced is associated with a higher likelihood of illicit drug use. The family structure during childhood such as poor parental control, parental role models (i.e., a father who smokes) (3), (14), a single mother in the household or the absence of parents in general, «poor family communication» (3), (6), and family problems have been found to increase the risk of illicit drug use (15). The «influence of friends» has also been reported as a risk factor for illicit drug use (15). Imprisonment increases exposure and the risk of illicit drug use, as does «availability and accessibility to drugs» (2).

Economic conditions impact the use of illicit drugs and the risk of substance abuse tends to be increased by both extremes of economic conditions: «affluence and poverty» (3). Illicit drug use has been associated with «unemployment» and «hard working conditions» (3), (14), and with the high economic incentives generated through illicit drug trafficking and trade. The political context has an impact on the extent of illicit drug use; countries that

have been occupied historically, including India, South Africa, and Latin American countries, have experienced increased prevalence of illicit drug use among residents.

The unique socioeconomic context in Palestine, characterized by «political and economic tensions», has created conditions that facilitate the spread of illicit drug use. Palestinians face political violence, house demolitions, arrests, restrictions to movement, and encroachment on their land. Illicit drug use is used by Palestinians as a coping mechanism while living under these harsh, and often humiliating, conditions (16). Palestinian youth experiencing disenfranchisement and alienation from their own culture are those primarily affected by these conditions (16). Research among Tramadol users in the Gaza Strip found that the recurrent attacks, the siege imposed by the Israeli occupation, and high unemployment rates among university graduates are factors associated with the widespread abuse of Tramadol (17). Illicit drug use has been reported to provide users with the opportunity to "escape problems", obtain a "feeling of relaxation", to «not think», and to «fall asleep». The traumatic events imposed by Israeli political violence on the Gaza Strip have also led to an increase of illicit drug use in children (18).

Changes to Palestinian family structure (i.e., from extended to nuclear families) have led to a breakdown in emotional and economic support systems within families, while changes in social values (i.e., from conservative cultural norms to liberal individualistic western lifestyles) have created conditions for increased drug use (11). Additional problems include the absence of a unified Palestinian authority and police system, the internal Palestinian conflict, weak legal enforcement of laws, and limited control over borders to combat the trafficking of illicit drugs. These factors all contribute to increased drug use among Palestinians (3).

## Treatment of people who are addicted to drugs

Illicit drug use becomes a more challenging public health problem when treatment options are limited. In Palestine, treatment is more limited for females than for males because of cultural expectations and the lack of treatment services designed to meet the special needs of females. Although one in three drug users is female, only one in five of drug users in treatment is female (2). Cultural expectations and constraints pose significant barriers to females taking part in any treatment program . In Muslim communities, religion plays a major role in the treatment of psychiatric and substance-related problems, and treatment modalities should consider spiritual healing and advice from traditional and religious practitioners. Successful treatment modalities are known to encompass a holistic approach by addressing medical, social, and spiritual needs equally (5).

Mental health services in Palestine include addiction and drug abuse treatment but are still limited and confined to specific areas. Restrictions on movement and the fragmentation of Palestinian land have limited existing treatment services to within the area of residence. Low awareness of mental health problems in Palestinian families may limit the detection of a family member's drug abuse problem (19). However, even when drug abuse is recognized within a family, seeking treatment for drug dependence is often socially unacceptable (15).

Mental health services are provided by the Palestinian Ministry of Health, the private sector, non-governmental organizations (NGOs), and the United Nations Relief and Works Agency.

The Palestinian Ministry of Health manages two psychiatric hospitals: Dr. Kamal Psychiatric Hospital in Bethlehem and the Psychiatric Hospital in the Gaza Strip. Mainly formal services are provided for the mentally ill through the hospitals and there is less emphasis on community services (15). The Ministry of Health manages community mental health centers in both the West Bank and Gaza Strip. In addition, there are an estimated 20 private psychiatrists in the West Bank and 10 private psychiatrists in the Gaza Strip who provide medication management and psychotherapy.

## Palestinian policy on illicit drug use

Public policy on illicit drug use in Palestine has not been effective despite several attempts to combat drug abuse. In 1994, the Palestinian police established the Anti-Narcotics Department which is mandated to combat illicit drug use and trafficking-related crimes through enforcement of existing laws. The Anti-Narcotics Department runs prevention programs through which it promotes awareness in coordination with other organizations and provides capacity building for substance abuse treatment. Since its establishment, the Department has succeeded in identifying and stopping hundreds of drug trafficking and drug abuse cases, and has organized hundreds of awareness sessions on the dangerous impact of drug use (20).

In 1997, the «Palestinian and Israeli People against Substance Abuse» conference was held to establish a prevention strategy to reduce drug abuse in the Gaza Strip and West Bank. Following the Fatah-Hamas conflict between 2006 and 2007, the Hamas government criminalized the sale and use of illicit drugs, resulting in an estimated 80% reduction in the illicit drug supply in the Gaza Strip. These measures resulted in increased abuse of other types of drugs not yet classified as illicit (17).

In 2015, Palestinian legislation was issued in Resolution 18 on combating drugs and psychoactive substances (Annex 1). Effective implementation of the Resolution will require collaborative efforts by the Ministry of Health, public prosecution, Palestinian police, and the Anti-Narcotics Department. The role of each of these entities was defined in the Resolution (23).

# Study objectives

The formative assessment was carried out to evaluate the extent of drug use and services and to inform a quantitative survey to be conducted in 2016 and 2017 with PWUD. Specifically, the goals of the formative assessment were to:

- Map services available for the treatment and rehabilitation for PWUD, and identify preexisting gaps between needs and existing services.
- Examine the epidemiology of drug use (age of initiation, sources of drugs, affordability, reasons for drug use, sources of drugs, intention to quit, household factors).
- Inform a quantitative survey by:
  - Mapping the survey population and social networks to identify subpopulations of interest.
  - Identifying "seeds" (the initial survey participants to be recruited by project staff). "Good seeds" are defined as having a large social network (many social ties to other PWUD) made up of multiple types of relationships, activities, and subgroups to ensure recruitment effectiveness by supporting the survey goals and persuading others to participate.
  - Defining logistical issues: acceptable incentives for enrolling in the survey and recruiting peers, finding appropriate survey locations, setting appropriate hours and days of operation, the number and sex of the survey staff, and providing important information about coupon design (colors, pictures, maps, and language and literacy considerations).
  - Informing survey questions.

# Methods

As part of a larger quantitative study aimed at examining the extent of illicit drug use in Palestine, we conducted 35 key informant interviews with focal points in the West Bank (WB) and Gaza Strip (Gaza) from the Ministry of Health, Ministry of Social Welfare, Ministry of Education, Ministry of Interior, Head of the Anti-Narcotic Department, UNODC, and NGOs working with drug-related issues (Annex II).

In addition, we conducted 13 focus groups (FG) in the WB, East Jerusalem (EJ) and Gaza. There were a total of 52 interviews in the WB, 48 interviews in Gaza, and 40 interviews in EJ with current (D) and former (ExD) PWUD and their families (Table 1). Focus groups and interviews were conducted among males (M) and females (F):

## A. Interviews in WB:

- 20 interviews with PWUD (7 F, 13 M)
- 18 interviews with former PWUD (5 F, 13 M)
- 14 interviews with family members of current and former PWUD (7+7)

## B. Interviews in EJ:

- 14 interviews with PWUD (6 F, 8 M)
- 14 interviews with former PWUD (6 F, 8 M)
- 12 interviews with family members of current and former PWUD (7+5)

## C. Interviews in Gaza:

- 18 interviews with PWUD (13 M, 5 F)
- 18 interviews with former PWUD (13 M, 5 F)
- 12 interviews with family members of current and former PWUD (7+5)

## D. 5 focus groups with current and former PWUD in WB

## E. 3 focus groups with current and former PWUD in EJ

## F. 1 focus group with family members of PWUD

## G. 4 focus groups with current and former PWUD in Gaza

## Recruitment and sample

We utilized a combination of purposive and convenience sampling techniques to select a sample balanced across age, gender, and region. Recruitment was conducted by al Maqdesi. Eleven focus groups of males who use drugs and one focus group of females who use drugs were conducted, with 6 to 15 participants in each group. A total of 52 PWUD (18 females and 34 males) and 50 ex-drug users (16 females and 34 males) from WB and Gaza participated in individual interviews. Data collection took place between July and August 2016. Table 1 shows a demographic description of the study sample.

Table I. Demographic characteristics of interviewed participants (N=97)

	West Bank (N=61)	Gaza Strip (N=36)
<b>Age: median (min-max)</b>	33 (17,65)	24 (17,53)
<b>Total (EJ)</b>		
<b>Drug users N (EJ)</b>	32(14)	18
- Males	21(8)	13
- Females	11(6)	5
<b>Ex-drug users N (EJ)</b>	29 (14)	18
- Males	18(8)	13
- Females	11(6)	5
<b>Education : N (EJ)</b>		
- Elementary	12	2
- Preparatory	20 (10)	13
- Secondary	21(15)	8
- Diploma	4 (3)	8
- University	4	5
<b>Employed N (EJ)</b>	25 (11)	19
<b>Marital status N (EJ)</b>		
- Single	22 (11)	22
- Married	27(11)	12
- Divorced	12 (6)	2
<b>Region N (EJ)</b>		
- North	8	15
- Middle	45 (28)	14
- South	8	7

### Focus group and interview procedures

Focus groups and individual interviews explored illicit drug use in Palestine. Key questions included the perceived prevalence of illicit drug use in Palestine; sub-groups of youth who engage in illicit drug use; the most common types of illicit drug use; sources of drugs; settings for use (i.e., alone, with group, party); reasons why youth engage in substance use; perceived gender and geographical variances in substance use; factors contributing to substance use; the perceived consequences of engaging in substance use; and the counseling and treatment services available to Palestinians affected by illicit drug use. Key questions were also presented to inform the quantitative study. These included a question on social interaction, the acceptability of respondent-driven sampling (RDS: the sampling method used to create the sample of illicit drug users) by the survey population, seed selection, survey procedures, and willingness to participate in the upcoming study and recruit peers (Annex III).

The interviewers also asked respondents about their own engagement in illicit drug use. Both protocols were semi-structured to ensure that key questions were addressed and

to permit comparisons across individuals and groups, while at the same time, providing the interviewer with the freedom to follow up on unanticipated topics. The focus groups were audio recorded after obtaining the participants' consent. Separate focus groups were conducted for youth below 21 years of age. The Helsinki Ethical Committee-Gaza, Palestine, approved the study protocol in April 2015. Oral informed consent and assent were obtained from participants (Annex IV and Annex V). No personal identifiers were collected from current and former PWUD and their families.

## Qualitative analysis

Initial formal coding broke the data down into themes and sub-themes. The major themes were substance use and services. Within each of the formal codes, sub-codes were further developed to indicate discussion of sub-groups, locations, personal engagement in behaviors, and the like.

# Results

## West Bank Results

### *Age at initiation and daily drug use*

Study participants reported that drug use is not initiated at any specific age and the age of initiation depends on place of residence, access to drugs, type of drugs, having family members who use drugs, and if the individual had been to prison. The age of initiation among study participants was between 12 and 20 years, although a few reported starting at an older age (as old as 35 years). Larger numbers of current and former PWUD started using drugs at the age of 14 to 19 years. In one focus group discussion, it was reported that some individuals started using as young as 7 and 8 years of age.

*"I saw a 7 year-old-boy buying hydro<sup>2</sup> with 3 NIS."<sup>3</sup> FG\_Middle West Bank (MWB)\_older than 21, M\_ExD*

Most participants said that they started using drugs daily after 20 years (range 20-36). Current and former PWUD younger than 21 said they started using drugs daily by the age of 17 years.

### *Reasons for first use of drugs*

Many participants described their first drug use as being related to violence and abuse. Women were especially likely to report abuse from husbands, rape, and different forms of harassment as reasons for first using drugs.

*"They told me about a young man in my neighborhood who was raped by a relative. He was devastated; he dropped out of school and start taking drugs to forget what had happened to him." FG\_MWB\_younger than 21M\_D*

*"I was with someone abusive who treated me badly and used to put me down saying that I was fat and ugly; I tried everything to lose weight, until I started using pills [drugs]." INT\_MWB\_33 F\_D*

*"I was raped when I was 16, then I went to a psychiatrist who gave me antidepressants. I became addicted to Valium; I could not sleep without it." INT\_MWB\_26F\_ExD*

*"When I was young, I was repeatedly sexually harassed and suffered from bad mental health problems so I started using drugs." INT\_MWB\_21 M\_ExD*

Other reasons for first using drugs were related to coping with family problems.

*"My parents separated and I lived with my grandparents. I started using drugs because I was feeling empty and lonely." INT\_MWB\_26 F\_ExD*

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2 Hydro is hydrocodone, also known as dihydrocodeinone, is a semi-synthetic opioid synthesized from codeine, one of the opioid alkaloids found in the opium poppy.

3 NIS is the acronym for the Israeli New Shekel.

Participants also cited working in Israel, wanting to increase self-confidence, having relatives who use drugs, physical performance enhancement, being imprisoned by the Israelis, ill-health, curiosity, peer pressure, for pleasure and fun, family neglect, poor living conditions, and unemployment as reasons for first using drugs. Males were more likely to report wanting to be perceived as masculine and manly or wanting to enhance sexual performance. They had been misled into thinking that synthetic marijuana was legal and increased physical strength.

### ***First drug used***

Most PWUD started with marijuana and hashish or alcohol. Among the PWUD interviewed, few started with anti-depressants and even fewer started with synthetic marijuana.

### ***Reasons for continued use of drugs***

There were several reasons why PWUD continued to use drugs. These included fear of bodily pain if they stopped taking it, unemployment, family problems, long working hours, decreased sexual performance and self-esteem, broken families, coping with poor living conditions, and a miserable marriage. Another reason for continuing the use of drugs was the ease with which drugs can be obtained. Reasons for continued drug use among females included having drug-dependent husbands, unsupportive families, the inability to recover from trauma (rape, divorce, and abuse), and bearing the brunt of persistent social stigma.

*“I could not tell anyone that I was repeatedly sexually harassed and raped. I was suffocating. I do not feel safe.” INT\_ MWB \_21M \_ExD*

### ***Those most likely to use drugs***

Study participants reported that those most likely to use drugs are youth with a lot of free time, those who have family problems, children of PWUD, those who live in an environment with easy access to drugs, and those who work in Israel.

### ***Hidden PWUD***

Hidden PWUD are those who normally take drugs by themselves and may not engage in social networks with other PWUD. There was consensus among study participants that hidden PWUD include people who inject drugs, wealthy individuals and those from well-known families, females, new PWUD, university students, and athletes.

*“Heroin addicts socialize with each other; they consider themselves to be special and elite as heroin is an expensive drug so they do not communicate with others.” INT\_ MWB \_55MF \_D*

### ***Common drugs***

The most common drugs used in WB are hashish/marijuana, prescription drugs (such as Tramadol, anti-depressants, Valium), heroin, and synthetic marijuana. Few reported using cocaine, methamphetamines or LSD.

### ***Cost of a daily dose of drugs***

The daily cost of a dose of drugs varied between 30 NIS and 500 NIS depending on the type of drug and the quantity used. Most participants reported spending around 100 NIS to 200 NIS a day.

### ***Sources of drugs***

Most participants reported obtaining their drugs from friends. A few said that they got them directly from a drug dealer, physicians or Bedouin, or that they used fake prescriptions.

Most participants said that they go to Israel or places on the border with Israel such as Anata, al-Ram, Beit Jala (next to the checkpoint), and near to Israeli settlements to get drugs. Some reported that they obtained drugs from Hebron and Jericho, where synthetic marijuana is now manufactured. Some participants said that there is a home delivery service, but it costs them a bit more.

### ***Settings for drug use***

Settings for drug use include parties and social gatherings, homes, or when they meet up to engage in illegal activities such as theft.

### ***Problems faced by PWUD***

Participants reported that PWUD face job loss, increased financial expenditure, becoming abusive, continuously agitated, weight loss, neglect of hygiene and health, family problems, ill health (i.e., hepatitis C, infertility), imprisonment, and dropping out of school. Women in relationships with partners who used drugs reported sexual harassment and rape.

*"I was devastated. My husband used to ask me to have sex with his friends."* INT\_ North West Bank (NWB)\_47 F\_ExD

### ***The number of PWUD in the same family***

Most PWUD reported that they were the only user in their household; a few reported two to four PWUD in their household.

### ***Family reactions to finding out a family member uses drugs***

Most families stated that they found out that a family member was dependent on drugs within one to six years of that person initiating drug use. Most of them said they found out within two years. Interviews with families of current and former PWUD revealed that they found out about their family member's drug dependency from other family members, neighbors or friends. Many said that they found out that a family member was dependent on drugs from changes in behavior that included poor hygiene, sleeping outside the house, quitting work, increases in financial expenditure, socializing with friends who had bad reputations, engaging in illegal activities, and by the family member being arrested by the police. Most family members expressed feelings of shock, trauma, and fear of abusive behavior in response to discovering a family member was using drugs. After realizing that someone in their family was using drugs, interviewees reported being confused and not knowing what to do. Some wives decided to end their marriages to avoid the abusive behavior of a drug-dependent husband and to protect the children. Only one of the families said that they immediately started to think about a solution and tried to seek help to get the family member to stop using drugs.

### *Living with a PWUD: Family perspective*

Participants who reported living with a PWUD reported having to face the breakdown of family relationships, suffering abusive and violent behavior, economic hardships, inability to get treatment for the family member, and social stigma from the community. Many participants reported that they did not know how to respond to a family member who was using drugs.

*"He always hit me; he is isolated and hates everybody. I do not know what to do. I have no place to go to if I get divorced. I have to stay with him and stay quiet."*  
INT\_South West Bank (SWB)\_ Wife\_D

*"I became the father and the mother to my children. I started cleaning houses to support my family. He takes all my money to buy drugs."* INT\_NWB\_Wife\_D

*"I faced lots of challenges. He hits and insults me and I am scared to tell anyone. He doesn't care about his kids or his wife. He was unemployed and I had to support the family. He refuses to go to treatment centers and always finds excuses. This is the life of the wife of a drug addict."* INT\_SWB\_Wife\_D

Other participants reported having problems with the police as a result of a family member using drugs.

### *Attempts to quit using drugs*

Most interviewees who were using drugs had the intention to quit and had made several failed attempts to quit. A few had no intentions to quit, claiming that they were not addicted to drugs. Most PWUD under the age of 21 reported that they did not intend to quit soon.

*"I tried several times to quit, but I didn't know where to go or where to seek help. My husband did not want me to quit. He wanted me to stay addicted so I will not say anything about his addiction, and not say no to anything he does or says."*  
INT\_MWB\_37F \_ D

### *Duration of quitting drug use*

Of those who had attempted to quit drugs, most tried to do so by abstaining from drugs for less than one month before resuming drug use. A few PWUD said that their previous attempts to quit using drugs had lasted several months.

### *Barriers and reasons to want to quit using drugs*

Many participants did not feel the need to quit because the conditions (e.g., unemployment, poor living conditions, etc.) that led them to use drugs in the first place had not changed. Other barriers to quitting drugs included the widespread availability of drugs, having too much free time, lack of support to quit drugs, ignorance about and inability to pay for available treatment, the influence of family members or peers who use drugs, fear of withdrawal symptoms, and the stigma that exists even after quitting drugs. The perceived benefits of drug use such as enjoying feeling high and having enhanced sexual performance were also barriers to quitting.

The reasons cited by PWUD for attempting to quit using drugs included concerns about their health, fear of dying of an overdose, to stop hurting family members, and wanting to find employment, get married and start a family.

*"My health was deteriorating. I have children. I lost everything, my job, my family, my respect. It was enough; I needed to stop."* INT\_MWB\_53M\_ExD

*"I stopped using because I started having weird symptoms; I started to hallucinate. Once I attempted to kill my father and I hit my cousins very badly. I quit for my family's sake. I want to have a normal life, to get married and have children."* INT\_SWB\_20M\_ExD

*"I have friends who died from an overdose."* INT\_NWB\_56M\_ExD

*"I want start a family and I do not want my kids to have a drug addict father. My mom was always sick because of my drug addiction. She had a heart attack and developed hypertension and diabetes. She would have died if I had continued to use drugs."* INT\_MWB\_21M\_ExD

Other reasons cited by PWUD for attempting to quit drugs was fear of moving on to stronger and more addictive drugs such as heroin and ending up in prison.

### ***Services available***

Most participants agreed that there is lack of services for PWUD. In particular, PWUD cited an uneven geographical distribution of services, most of which are clustered in the middle of the West Bank. A few mentioned that rehabilitation centers are available but are poor compared with rehabilitation centers in Israel. Some said that they went to private doctors and psychiatrists to be treated but these services are expensive and are not covered by any insurance. Some reported not wanting to go to a rehabilitation center but to quit on their own with the support of their families. Others quit using drugs while in prison.

*"The treatment centers are only for profit. My husband was using drugs inside the center. He told me that they treat them like animals. They do not even give them enough food to eat."* INT\_NWB\_Wife\_D

*"The new center in Ramallah is good. They stop the addicts from stealing or begging to get the drugs and prevent them from injecting and diseases."* INT\_MWB\_Wife\_D

*"There are a few treatment centers but they are poor quality. They do not know how to treat each drug user by the drug type. They put heroin addicts with prescription drug addicts and treat them all the same way."* INT\_NWB\_35 M\_D

*"They are very expensive and we do not have money to pay for this. Once we [the drug addict] leave the center, we are on our own. They do not follow up cases, they do not help us find jobs. Even if we have to do a routine test, we have to pay for it."* INT\_SWB\_18 M\_D

*"Some treatment centers treat addicts like animals. I used to go a psychiatrist who did nothing to do with psychological treatment; she would sit with me for 10 minutes and take 200 NIS."* INT\_MWB\_21 M\_ExD

Females were the least interested in seeking treatment locally because of the perceived lack of confidentiality and because these services do not cater to the unique needs of women drug users. Of the females who sought treatment, most did so in Israel or Jordan.

*"There are no treatment centers for women, and you know what would happen if female addicts attended a male treatment center. They would not have mercy on her."* INT\_NWB\_38F \_D

Almost all families interviewed agreed that there are no special services for families of PWUD. Family members reported that they did not know how to manage a drug dependent family member appropriately or where to seek support without being exposed.

*"There are no services for the families of drug users and when I ask for help from organizations, they treat me like a beggar. People fear us and think we are all thieves so they treat us without respect."* INT\_MWB\_Wife \_D

Only a few said that they benefited from an allowance from the Ministry of Social Affairs of 700 NIS every three months.

### ***Study recommendations by participants***

Almost all current and former PWUD and their families stressed the need for free, quality rehabilitation centers that can treat different types of drug dependency issues, as well as providing post-treatment rehabilitation follow-up and social integration services. They also asked for free health services that provide regular, confidential medical tests and checks. They stressed the need to train professional service providers to treat PWUD and their families with respect and dignity. PWUD requested legislation to protect them from police abuse and encourage awareness that police should treat PWUD as people with an illness rather than as criminals. Participants suggested the introduction of rehabilitation services in prison, including vocational training to help former PWUD reintegrate into society, find employment, and remain healthy and drug-free once they are released. Most female interviewees stressed the need for female-friendly health centers, the availability of more female social workers and counselors, safe homes for current and former women who use drugs, and legal support to protect women from abuse by partners who use drugs.

*"I wish there were centers for girls and women who go through hell. I know many of them, both drug addicts and ex-drug users, who ran away from their parents and their husbands. They all ran away for a reason. These women need protection."*  
INT\_MWB\_37 F\_D

*"The government needs to provide free health insurance for drug addicts so they can do regular checkups and blood tests to prevent transmitting diseases to their family, especially wives."* INT\_MWB\_41 M\_ExD

*"We need support, mercy and compassion. We need safe homes to feel secure. We need special centers for addicts, and help to find jobs instead of selling our bodies so we can survive."* INT\_SWB\_27F\_ExD

PWUD and their families asked for awareness programs about the services available to them and almost all families expressed their desperate need for counseling programs to help them deal with a family member who uses drugs. In addition, PWUD expressed an urgent need for support through social services, health insurance (especially for children), and food stamps to help them survive. Many participants highlighted the need to raise awareness among people who inject drugs about the risk of disease transmission through the sharing of syringes and needles.

## **Jerusalem Results**

### ***Age of initiation of drug use***

Participants reported that the age of drug use initiation was between 10 and 28 years. A larger number of current and former PWUD reported starting to use drugs at the age of 16 to 18 years.

*“I started [taking drugs] at the age of 12 with older guys from the neighborhood; we used to take drugs together.” INT\_MWB\_12M\_D*

*“I was 14. I used to skip school with my classmates. My friend used to steal drugs from his father who was a drug dealer and we used to take drugs together.” INT\_Jerusalem\_17M\_D*

*“I started at 16 when I was kicked out of school and started working in Israel in construction.” INT\_Jerusalem\_38M\_D*

### ***Reasons for first using drugs***

The reasons reported by PWUD for first drug use included being curious, peer pressure, for pleasure and fun, family neglect, poor living conditions, unemployment, misled by the Israeli occupation in prisons, broken relationships, dropping out of school, and working in Israel. Male participants added that they first used drugs to be perceived as masculine and manly and to enhance their sexual performance, whereas female participants added that they first used drugs because they were married to someone who used drugs or because of sexual harassment and family problems (broken families).

*“I used to see my brother smoking hash with his friends. I used to watch them laughing and having a good time so I was curious to try and I started to steal from him.” INT\_Jerusalem\_23F\_D*

*“I fell in love with a man but he raped me and caused me lots of problems with my family. They forced us to get married. He entered prison for life for killing someone while I was pregnant. Soon after I gave birth, I started using drugs to forget all this. Now my mom has custody of my son and she is raising him.” INT\_Jerusalem\_20F\_D*

*“I was kicked out of school and starting hanging out in the streets all day. Then I started taking drugs and stealing.” INT\_Jerusalem\_43M\_D*

*“When I was 13, my mom kicked me out of the house after I dropped out of school. I lived in the streets for three months with older men who taught me to use drugs, smoke, and drink alcohol.” INT\_Jerusalem\_38M\_D*

### ***First drug used***

Most PWUD reported that the first drug they used was marijuana and/or hashish. Others reported their first drug to be synthetic marijuana; a few first used Ecstasy, Trip, heroin or cocaine.

### ***Reasons for continued use of drugs***

The most common reasons reported for continuing to use drugs included the social stigma and bad social reputation, inability to access treatment services, enhanced self-confidence, the fact that synthetic marijuana is legal, and the easy accessibility and affordability of drugs in the face

of long working hours, unemployment, family problems, being unable to sleep, coping with poor living conditions, and being physically addicted to drugs. Females reported continuous sexual abuse, miserable marriages, and being forced to take drugs by their husbands as reasons for continuing to use drugs.

### *Those most likely to use drugs*

Participants reported that those most likely to use drugs were school drop outs, young people with a lot of free time, the unemployed and impoverished, young people, and women with family problems.

*"Everyone takes drugs; you see kids as young as 12 and people in their 60s taking drugs. Jerusalem is destroyed; they [Israel] want to see this city drowned with drugs."* FG\_Jerusalem \_M older than 21\_D

*"Unemployed youth and young men who do not have money resort to stealing and enter the world of criminals, and then drugs."* FG\_Jerusalem \_M older than 21\_ExD

### *Hidden PWUD*

Most study participants agreed that people who inject drugs, the wealthy and those from well-known families, females (especially young females), and new drug users comprise the hidden PWUD who do not socialize with other PWUD.

### *Common drugs used*

Most participants reported that the drugs most commonly found in Jerusalem are synthetic marijuana, hashish and Ecstasy, in descending order. Many reported using heroin, methamphetamines and methadone. A few reported using sedatives such as Clonex and Asival.

*"Mastalone [the street name for synthetic marijuana] and hashish are the most common. However, it is hard to find marijuana nowadays as the Palestinian police found and destroyed farms of hashish in Jericho, Qalqilia, and Hebron. But it will be available soon."* INT\_Jerusalem \_18M\_D

### *Cost of a daily dose of drugs*

Study participants reported that the cost of a daily dose of drugs ranged between 50 and 2000 NIS but most reported spending up to 100 NIS on a daily dose of drugs. Those taking cocaine or methamphetamines reported paying up to 2000 NIS for a daily dose. The costs of the daily doses differed according to income, having friends with free access to drugs, the type of drug, and the duration of addiction. PWUD said that they started with small doses that were not costly but then increased the dosage and started using other drugs over time, thereby significantly increasing the cost of daily use.

*"The Mastalone pack costs 40 NIS a day if you are a new starter, but then you will need more and it can add up to 200 NIS a day."* INT\_Jerusalem \_32M\_ExD

*"I start taking drugs for free, then it cost me 50, then 100, then 200 NIS. I started taking Crystal and all my income is spent on drugs."* INT\_Jerusalem \_35M\_ExD

### *Sources of drugs*

Most sources of drugs were reported as drug dealers, pharmacies, friends, and relatives. Many females reported that their husband was their main source of drugs and a few reported getting drugs from their brothers. Very few females said that they traded sex for drugs.

*"I manage, no problem. Any of the guys who wants to have sex with me brings me drugs." INT\_Jerusalem\_21F\_D*

### *Settings for drug use*

The settings for drug use included parties, small social gatherings, *awqar* (places where PWUD take drugs together), and deserted locations like mountain tops, beaches, and cemeteries.

### *Problems faced by PWUD*

Problems faced by current and former PWUD and their families included unemployment, finding employment, work problems, economic hardship, the need to secure drugs as a priority over other living necessities, family problems and the breakdown of family relationships, social stigma and being an outcast from society, the inability to marry, poor health, dropping out of school, aggression, and problems with police.

*"Until now I cannot get married. Nobody wants to marry an ex-drug user as people see me as a criminal." INT\_Jerusalem\_35M\_ExD*

### *Family reactions to finding out a family member uses drugs*

Most families said that they found out about a family members's drug use within a year of that person initiating drug use. A few said that they discovered a family member's drug use three years after they had started using drugs. The most reported reasons for a family member detecting that another family member was using drugs were changes in behavior, increased spending, changes in sleeping habits, failing school, the individual becoming aggressive, staying out late, and socializing with known drug users. Changes in appearance, weight loss, neglected hygiene and finding drugs were other reasons cited by family members who discoved that another family member was using drugs. Most family members expressed feelings of shock, trauma, and fear of abusive behavior in response. Almost all families said that they felt confused and were not sure how to react. Only one of the participants started to think about a solution and sought help to stop the family member using drugs. Some wives decided to end their marriages to protect their children and to avoid abuse from their drug-dependent partners. A few mothers blamed themselves for their drug-dependent children's behavior and questioned what they had done so wrong that their children would use drugs.

*"I was angry and confused, not knowing what to do. I felt this is the end of the marriage and the family. He promised me he would stop drugs if I do not tell my parents. I didn't tell anyone for the first three months, but it continued and then I asked my family for help. I left home when I was pregnant with my first child and asked for a divorce." INT\_Jerusalem\_Wife\_D*

*"My father did not know what to do with this catastrophe. He hit him very hard and restrained him in the house. The next day he forced him to go with him to work. But this did not last for long and he went back to drugs." INT\_Jerusalem\_Brother\_ExD*

### *Living with a PWUD: Family perspective*

Participants who live with someone who uses drugs reported breakdowns in family relationships, being fearful (reported by a mother and sisters of PWUD), fearing that a PWUD family member would become aggressive if denied money, being stigmatized by society, and not being able to find marriage partners (reported by sisters and daughters of PWUD). Family members of PWUD complained that they did not know where to seek help, were unable to afford treatment, were falling into debt, and that PWUD family members refused to be treated for their dependence.

*“He used to scream and curse me, and did not want to admit that he is a drug addict. He beat me several times very hard and I felt that I would die. I wish he was dead.” INT\_ Jerusalem \_Wife\_D*

### *Attempts to quit using drugs*

Most interviewees intended to quit using drugs but did not actually take any steps to stop. Some had no intention of stopping and claimed that they were happy the way they were. Most of those who had no intention of stopping were 18 years and younger. A few PWUD had attempted to quit using drugs but failed.

*“I received treatment once. The social welfare sent me to a rehabilitation center after I gave birth. At the center, they sexually harassed me. I left after four months and went back to using drugs.” INT\_ Jerusalem \_20F\_D*

*“I want to quit. I asked for help from many places but my husband continues to abuse me. He does not give me money to keep me with him and keep using drugs.” INT\_ Jerusalem \_55F\_D*

*“Of course I do not want to quit, I am happy this way.” INT\_ Jerusalem \_18M\_D*

### *Barriers and enablers for quitting the use of drugs*

The most common barriers for quitting the use of drugs included the fact that drugs are widespread and easily available, bad peer influence, the fear of withdrawal symptoms, the stigma of drug use, and poor living conditions. Some PWUD never tried to stop using drugs because they were dependent on them and enjoyed their effects. Others reported fears of being exposed (e.g., if they quit, people would discover about their drug use because of the withdrawal symptoms). Some participants reported trying to quit using drugs and then returning to drugs because they received no support during and after treatment.

*“I am addicted to it, I cannot quit. I feel like an outcast. I am not respected by society nor by my family. My life is destroyed. People have no mercy and will not forgive me for using drugs so I may as well keep taking them.” INT\_ Jerusalem \_21F\_D*

*“Drugs become the solution for everything you want to forget about. It helps you to get away from all the disgusting things around you: the occupation, family problems, unemployment.” FGD\_ Jerusalem\_male older than 21\_D*

*“I tried to quit many times, but it is not working. I need to leave my drug addict husband to be able to quit drugs. But there is no place to go. I cannot go back to my family as they don't know I take drugs. I cannot afford to rent a house. So, I have to stay with my husband.” INT\_ Jerusalem \_55F\_D*

Some family members blamed the high cost and poor quality of treatment as barriers to quitting the use of drugs.

*"Treatment is expensive. It cost 3000 NIS every month and the services are bad. If there is no money, the patient will be kicked out of the treatment center."* INT\_Jerusalem \_Wife\_D

Enablers for quitting the use of drugs included having a strong will to quit, family and friends' support, increased access to services, faith in God, community support, abandoning peers who take drugs, witnessing the death of other PWUD, receiving treatment rather than being imprisoned, concern about parents' health and wellbeing, wanting to restore health, fear of losing children, and better law enforcement against drug dealers.

*"There should be adequate help in terms of education, work, accommodation and a decent life. We should not be left to face the world on our own."* INT\_Jerusalem \_21F\_D

*"Of course people will quit if there are quality rehabilitation centers with an adequate numbers of doctors, social workers and professionals to support the drug addict and help him to quit drugs."* INT\_Jerusalem \_32M\_ExD

### ***Available services***

Most participants agreed that the Israeli government was not interested in preventing or treating drug use among Palestinians and that Palestinians are treated as "second class citizens". Many participants stated that some awareness interventions exist, but these are not sufficient to prevent drug use, especially among school children. There was consensus among current and former PWUD and families that treatment centers in Palestine were of poorer quality than those in Israel. One barrier to Palestinian PWUD receiving treatment in Israel was the need to speak Hebrew to communicate with health care providers.

*"There is an Israeli rehabilitation center in Wadi Joz, but there are lots of addicts there and you need to wait 100 years to be admitted."* INT\_Jerusalem \_20M\_ExD

*"There are rehabilitation centers but the good ones are in Israel. We sent our brother to a rehabilitation center here twice but once he gets out of there he uses drugs again. There are no actual services. It is only a place to sleep and eat. May God help the people who go there, it is like a prison, not a rehabilitation center."* INT\_Jerusalem \_brother\_ExD

Comments about the treatment available in Palestine included that it is expensive and of poor quality, and that PWUD are humiliated, beaten and locked in rooms during treatment. Some PWUD who underwent treatment reported running away from the centers and others reported returning to using drugs immediately following discharge from treatment. Many participants complained of lack of services for families of PWUD.

*"The Palestinian rehabilitation centers beat addicts and lock them in rooms. They also let their dogs attack them."* INT\_Jerusalem \_32M\_ExD

### *Study recommendations by participants*

Most participants asked for professional treatment centers with affordable or free services and qualified professionals. Many participants demanded that existing Palestinian treatment services be closely monitored and evaluated by the Palestinian Authority. They also expressed that treatment centers need to provide comprehensive psychosocial and legal support and free health services to PWUD and their families. They mentioned the importance of raising the awareness of families of how to detect and respond to a family member who uses drugs, and increasing community awareness about the negative impact of stigmatizing PWUD. For prevention against drug use, many participants stressed the need to raise awareness about the impact of drugs, especially among school children, provide recreational activities to engage youth (i.e., clubs and sports), and create job opportunities.

## **Gaza Results**

### *Age at initiation of drug use*

PWUD reported that the age of initiation of drug use was between 12 and 30 years with females initiating later than males. Although the majority of current and former PWUD reported initiating drug use between the ages of 17 and 18, some reported initiating drug use at a younger age.

*"I started [taking drugs] at the age of 13. Once I saw the police following a guy from our neighborhood. I took the bag he threw and found 2 boxes of Tramal and hashish. I took a pill and sold the rest to kids in my neighborhood that I know who use drugs."* INT\_North Gaza Strip (NGS)\_15M\_D.

*"At the age of 13 years, in 8th grade, I was going on a school trip. My friend gave me ½ pill and told me it would make me happy. I took it and slept all day and missed the school trip. Since then I increased the dose until I now take 11 pills of 225 mg."* INT\_NGS\_17M\_D

*"Three months after taking the pill, I became a drug addict. I was 17."* INT\_Middle Gaza Strip (MGS)\_24F\_D

### *Reasons for first use of drugs*

The reasons for first drug use included being curious, pressure from peers, to withstand hard work or sexual harassment at home, and being deceived into drug use by being told it would provide more energy. Others reported that they first used drugs as a result of feeling stressed about exams or empty, and because of broken relationships, family neglect, poor living conditions, headaches, and unemployment.

*"To forget about my life and the sexual harassment from my family."* INT\_NGS\_30F\_D.

*"I had a severe headache and my husband gave me a pill that he said was Acamol. It really helped my migraine and the pills helped for a while then stopped. He gave me a red pill and told me it was ibuprofen. Since then I take it every time I have a headache."* INT\_South Gaza Strip (SGS)\_23F\_D

*"We live a hard life. My husband was injured in the war and did not get any compensation. We do not have money and live in one room."* INT\_SGS\_Wife\_ExD

Some reported first using drugs for pleasure, fun and sexual enhancement.

*"I heard drugs made you feel good, so I tried it. I was in school then"* INT\_NGS\_17M\_D

### *First drug used*

Most PWUD reported that the first drug they used was Tramadol or hashish. Two PWUD reported starting with cocaine and two reported starting with Asival.

### *Reasons for continued use of drugs*

PWUD reported continuing to use drugs because they are dependent; some were initially prescribed drugs for injuries sustained during the war and have pain when they stop taking it. Many also reported that they continued to use drugs to feel good, keep calm, have better sex, be more sociable, be able to sleep, to forget about poor living conditions/situations, to work long hours or because of unemployment, family problems, broken families, and miserable marriages.

*"I was forced to marry my husband. He is a Salafist. I take Tramal to forget that I am married to him."* INT\_NGS\_25F\_D

*"We have been through three wars. Our generation is lost and we have no future."* FG\_SGS\_16M\_D

### *Those most likely to use drugs*

The profile of those most likely to use drugs is those who have strenuous work with long hours such as drivers, construction workers, waiters, fishermen, etc. Others at higher risk of drug use include university and high school students, the unemployed and people with economic difficulties, and wives of husbands who use drugs.

*"Most women who take drugs are married to drug addicts who made them addicted to help them [the husband] to obtain drugs and avoid family problems because of the husband's addiction."* INT\_NGS\_22M\_ExD

### *Hidden PWUD*

When asked about hidden PWUD, participants responded that wealthy professionals (i.e., doctors, engineers, and lawyers), university students, and those who have drugs delivered to their doors are less likely to communicate with other PWUD.

*"There are hidden drug users. My relative died and his wife rented a flat. Now she is selling drugs to young men and women and nobody knows about her."* INT\_SGS\_20M\_D

*"University students, housewives, and young men living with their parents may take drugs for a long time without being noticed."* INT\_NGS\_28F\_D

## **Common drugs**

The drugs that are common in Gaza depend on two major factors: accessibility (border control and costs) and the legal climate. The most common drugs used in Gaza are prescription drugs. Based on interviews and focus groups, participants reported mostly using Tramadol and hashish. However, the criminalization of Tramadol use without a prescription has led to an increase in the use of Lyrica. Other drugs referred to but used less frequently are Ecstasy (called happiness drug by the participants) and sedatives such as Aritan, Asival, and Valium. The prevalence of injecting drug use is low in Gaza according to all study participants, including stakeholders.

*“The most common [drugs] are hashish and Atramal, and now there is an explosion in the use of Lyrica.” INT\_MGS\_26M\_D*

*“Hashish and Atramal are common, in addition to cough syrup which we take with Atramal. Atramal is the most common because it is cheap and easy to get from anywhere. Drugs are like water; we cannot live without [them], they are a source of pleasure and fun.” INT\_NGS\_53M\_D*

*“Pills are the most common and hashish. Guys used to smoke hashish with a water pipe.” INT\_MGS\_24F\_D*

## **Cost of daily dose of drugs**

The cost of a daily dose of drugs differed depending on the amount and type, but most participants reported spending up to 100 NIS a day on drugs. A few reported using more than 100 NIS worth of drugs in a day. A few reported providing services in exchange for drugs. Many reported increased costs due to the need for other things such as cigarettes or something sweet to boost the effects of drugs. Some reported that the cost of Tramal increased from 2 NIS to 10 NIS per pill after the tunnels between Egypt and Gaza were closed.

*“It costs me 20 NIS for hashish, plus the cost of cigarettes and something sweet to boost the effect of hashish.” INT\_MGS\_25M\_D*

*“I need from 50 to 100 NIS every day to buy Tramal or Lyrica and hashish.” INT\_MGS\_36M\_D*

*“For the first month, she used to give one pill free every day. Once I was addicted, she started asking me to pay for the drugs. I told her I do not have money, so she asked me to do things in return for drugs.” INT\_SGS\_20 F\_D*

*“It depends. A drug user spends 10 to 15 NIS while a drug addict needs 100 NIS.” FG\_NGS\_19M\_D*

*“It depends on the dose. I need 250 NIS every day to feel high; I need an Ecstasy pill and two strips of Tramal.” INT\_NGS\_28 M\_D*

## **Sources of drugs**

Most participants reported obtaining drugs from friends, neighbors, drug dealers, relatives, hairdressers, and at parties, schools, and universities. Fewer participants reported obtaining drugs from a husband, the families of drug users, pharmacists, psychiatrists, taxi drivers, Israeli collaborators, or at a cafeteria, supermarket, cigarette booth, or mosque.

*“Some drug users ask their wives and children to deliver drugs as nobody will notice them and catch them.” FG\_MGS\_21 M\_D*

### ***Settings for drug use***

Settings for drug use include parties, beaches, at the sea, coffee shops, apartments, beauty salons, streets, and university.

### ***Problems faced by people addicted to drugs***

Participants reported that PWUD face problems related to unemployment and economic hardship, family problems and the breakdown of family relationships, social stigma and being an outcast in society, the inability to find a job, ill-health, the inability to quit, dropping out of school, aggression, and long hours spent sleeping. Drug addiction makes some users steal money and items that can be sold or exchanged for drugs. One participant said that PWUD are willing to exchange their wives or sisters in return for drugs.

*“Quitting drugs and being integrated in society are the greatest of my brother’s concerns.” INT\_SGS\_Brother\_D*

*“Economic hardship is the greatest challenge for my son to quit drugs, I live in Khan Younis without water or electricity. There is not even a candle to light.” INT\_SGS\_Mother\_D*

*“The biggest problem is the bad reputation affecting both him and his family. Add to this that he has mental issues, mood swings, is a trouble maker, and is edgy. We took him to Jabalia for treatment but he left early due to lack of space. There were many drug users in one room.” INT\_SGS\_Father\_D*

A wife who described her drug addict husband said: “He stays up all night, looks scary, has lots of family problems. The kids and I are afraid of him. I can’t sleep at night. He doesn’t work.” INT\_MGS\_Wife\_D

*“Drugs make you steal, have sex outside marriage, and willing to sacrifice anything, even your honor in return for drugs. I know a drug addict who ran out of hashish and Tramal. Some young men offered to give him drugs for free in return for having sex with his sister and he agreed.” INT\_MGS\_22M\_D*

Although some people who are addicted to drugs would like to receive treatment, many stated that they cannot afford treatment and that there is a lack of quality treatment centers.

*“There are no adequate services for drug users, whether treatment centers or rehabilitation center for ex-drug users once they quit drug use.” INT\_NGS\_Father\_D*

### ***Number of drug addicts in the same family***

Most PWUD reported that only one person uses drugs in their household, but a few reported that there two to three drug users in their household.

### ***Family reactions to someone who has problems with drugs***

Most families noted that they found out about a relative who was using drugs one year after that person initiated drug use. However, there were cases in which a family member discovered another family member using drugs up to three years after that person had initiated drug use. Reasons for detecting drug use in a family member were that they were aggressive, failed school,

spent more money, changed their sleeping habits, lost weight, stayed out late, and socialized with known drug users. Most family members expressed feelings of shock and trauma after discovering that another family member was using drugs. Most participants noted that family members immediately started to think about a solution and tried to seek help to get the family member using drugs to quit. Other families did not want to live with the person using drugs and threw them out of the house, or if the person using drugs was a spouse, left them and went to live with their parents.

*“I was shocked; I collapsed and left to my parents’ house.” INT\_NGS\_Wife\_D*

*“I was shocked. I could not stand on my feet. It felt like I was hit by lightning, but then I was thinking of how to treat the boy and where to send him for treatment.” INT\_MGS\_Father\_D*

### *Living with a PWUD: Family perspective*

Participants living with PWUD reported a breakdown in family relationships, fear of the family member who was using drugs (especially the mothers and sisters of PWUD), feeling insecure, losing trust in others, being robbed, having the entire family endure stigma from neighbors, and the loss of marriage prospects for females. Family members complained of the inability to treat or find treatment for their family member who was using drugs. Some family members expressed fear for their lives when their relative who used drugs demanded money and did not receive it. Some wished their son or husband who was using drugs would die.

### *Attempts to quit using drugs*

Current and former PWUD reported trying to quit drugs between one and 30 times but few succeeded in abstaining from drugs after their first attempt at quitting. Many PWUD never tried to quit using drugs.

*“I never tried to quit drugs. It is in my blood and I am addicted to it, so I never tried. However, I always feel bad while taking drugs because I know it is wrong.” INT\_MGS\_28F\_D*

*“I never tried to quit drugs because of the situation, and addiction is like a disease. I cannot quit.” INT\_MGS\_44M\_D*

*“I will never quit. I would have withdrawal symptoms and people would know that I was on drugs. A million things bother me and I need to forget, to forget what I went through.” INT\_NGS\_28F\_D*

Most PWUD tried to quit for the following reasons: to change their life, because it is forbidden by their religion, lack of money, and not wanting to steal.

### *Duration of quitting the use of drugs*

For those who attempted to quit using drugs, most reported that they could only abstain from drugs for fewer than six months before resuming. If someone abstained from drugs for up to three years, they were more likely to continue their abstinence.

### **Barriers and enablers to quitting drug use**

Many participants reported never trying to quit the use of drugs because they fear that people will know they had used drugs from their withdrawal symptoms and because they cannot afford treatment. One participant was able to quit and started going to the mosque but people treated him like an outcast and did not accept him, so he returned to drugs. Barriers to quitting the use of drugs include being threatened and sexually harassed (especially for women), being stigmatized by society and family members, having to return to the same situation and peer groups that got them involved in taking drugs in the first place, poor mental health, easy access to drugs, not wanting to endure the withdrawal symptoms, and having to endure long working hours and hard work.

*“I cannot afford treatment. Add to that the withdrawal symptoms: severe joint pain, inability to sleep, unable to move and depression. Also, there is a stigma about going to a rehabilitation center; the community is so critical. We are victims.” INT\_MGS\_21M\_D*

*“My son tried to quit several times. He used to go to a rehabilitation center in Jabalia. He stayed there for a while until he quit. But when he came back to his friends he went back to drugs. Drugs are everywhere. Add to that being unemployed, which affects his mood, and he lacks a strong will to quit Tramal.” INT\_SGS\_Fath\_D*

*“The challenges to treatment for illicit drug use for my son include the treatment fees and the long travelling distance. I deprive my family to save money to afford treatment.” INT\_SGS\_Fath\_D*

*“I was threatened. They told me they had a videotape and had recorded my voice when they used to give me pills. I was scared and went back to using drugs.” INT\_NGS\_24F\_D*

*“I used to work in construction and the work was really hard; my body demanded the drugs.” INT\_MGS\_30M\_D*

*“Problems at home and poor mental health made me go back to drugs. My wife did not accept me and I tried to avoid her and forget about her by taking drugs. The disgust in people’s eyes makes me return to drugs to forget.” INT\_SGS\_28M\_D*

*“The increase in sexual harassment from my father-in-law made me go back to drugs. I cannot live any more.” INT\_MGS\_30F\_D*

*“My headache used to kill me and when I take drugs I feel better. Drugs were available at home as my husband is a drug dealer.” INT\_SGS\_23F\_D*

*“I cannot quit because if I do, I will be unable to eat, drink or sleep. I quit cocaine but I cannot quit other drugs.” INT\_NGS\_50M\_D*

Participants reported the following factors that would enable PWUD to stop using drugs: community, family and peer support, job opportunities, recreational activities such as sports, better health, filling free time, increased access to services, staying away from peers who take drugs, enhanced law enforcement that would prosecute drug dealers and pharmacists who sell

prescription drugs, police action to refer PWUD to rehabilitation centers, fear of ending up in prison, wanting to preserve their own and family's reputation, learning that drugs do not change reality, wanting a better life, wanting to regain respect, deteriorating health, to save money, to get married, to not hurt their parents, and faith in God.

*"To be able to quit, you need support, work. The wife and family occupy the free time because four months after quitting, the addiction stops."* INT\_MGS\_30 M\_ExD

*"We need to prosecute drug dealers and have greater control over pharmacists. I know a pharmacist who will give you whatever you want if you pay him. We need to help youth find work to occupy their free time and keep them away from drugs. Close monitoring with a specialist is crucial to support users who want to quit."* INT\_SGS\_28 M\_ExD

*"We need to consider drug addicts as patients and not as criminals."* FG\_MGS\_21 M\_ExD

### ***Available services***

Most participants agreed that there is a shortage of effective counseling and rehabilitation services. Some, especially females, said that they do not know of any treatment centers and some claimed that the services available are good but need to be improved. A few PWUD reported going to spiritual leaders as a form of treatment.

*"My father took me to Gaza mental health services against my will. The doctor gave me counseling sessions and sedatives, and urged me to pray and get closer to God. I finished treatment after two weeks, but I did not quit as my father forced me to go."* INT\_SGS\_20M\_D

*"There are no services for drug users."* INT\_SGS\_19M\_D

*"There are no services. They all claim to provide services but the ones available gave us drugs worse than the drug we were taking so there is no point going to these centers. They have nothing to offer."* INT\_MGS\_26M\_D

*"There are only centers that raise awareness about drugs, their impact, and how to quit."* INT\_SGS\_24F\_D

*"The services are bad. I used to go to a psychiatrist and he gave me medicine similar to drugs but it tasted better and I became addicted to this medicine."* INT\_MGS\_24M\_D

*"The services are inadequate for the large number of addicts. We have few centers and they are not supported by the government."* INT\_MGS\_25M\_D

*"We have good services but they are insufficient and need to be expanded. The rehabilitation center helps those who want to quit, but people can't be forced to quit."* INT\_NGS\_20M\_D

### *Study recommendations by participants*

Most participants asked for professional treatment centers with affordable or free services to help former PWUD to reintegrate into society and find jobs. Participants stressed the need to change perceptions and the stigma against drug users, and also to encourage law enforcement services to offer protection and treatment for PWUD and to convict drug dealers. Some participants suggested strengthening the role of the government in treating and protecting PWUD. Other suggestions included building awareness of the negative effects of drug use in schools and universities and educating families on how to support family members who use drugs.

*“Save us from what we have fallen into.” INT\_MGS\_24F\_D*

*“They need rehabilitation centers equipped with recreational facilities and not prisons like those that already exist in isolation from police stations. They should include big, clean rooms with a gym because sports are important for recovery.”*  
INT\_MGS\_24M\_ExD

Female PWUD reported needing effective treatment services that cater to their needs.

*“We do not have work, we are not respected in our house and community, and there are no recreation centers. If I had found work and could afford a house for me and my family, I would have never taken Tramal. We need a rehabilitation center that treats us decently so we can return there every time we feel weak and have the urge to go back to using drugs.”* INT\_SGS\_28F\_ExD

## Mapping of services

In Palestine there are many NGO that provide mental health services or counseling (25). These include the Gaza Community Mental Health Programme (GCMHP), Sadiq al-Tayeb Association, Caritas' Old City Counseling Center, al-Maqdese for Society Development, Huda Association for the Treatment of Addicts, and the Kamel and Tamam Center for Community Rehabilitation. The GCMHP (which provides comprehensive mental health services) in Gaza, caters to men, women and children and addresses issues related to illicit drug use, including generic laboratory services for the diagnosis of addiction and community based programming approaches to address drug use. These programs understand the important role played by families of PWUD and ensure the integration of family members in the treatment plan. The GCMHP also coordinates with many primary health care centers as these are often points of entry for most PWUD seeking mental health services in Palestine (26). The Sadiq al-Tayeb Association was established with the objective of combating alcohol and drug dependence. The association provides treatment and rehabilitation services for PWUD using a community based approach without any medical intervention. It manages a prevention program through which it issues reports, newsletters, and books on drug dependence. It also organizes awareness sessions for Palestinian communities and an academic training program for university students (27).

The Caritas Old City Counseling Center was established in 1999 to serve vulnerable populations in East Jerusalem by focusing on issues related to drug abuse. The center organizes awareness sessions about drug dependency at schools in East Jerusalem and the West Bank. It also conducts training workshops for psychologists, social workers, and students on prevention and intervention against drug abuse (28). The Maqdese for Society Development was established in Jerusalem in 2007. The organization's social department programs include projects on illicit drug use and it conducts awareness-raising activities on topics related to illicit drug use targeting schools, NGO, universities, and youth in Jerusalem. It has also implemented special camps that train youth in Shufat refugee camp on leadership skills, decision making, communication skills, and drug-related awareness. It has established the "Rehabilitation and Guidance Center" that offers psychological support, treatment and awareness services for drug users. Many campaigns combating illicit drug use have been implemented through the organization, which publishes publications and studies addressing the problem of illicit drug use in Palestine (29).

The Huda Association for the Treatment of Addicts was established to treat alcohol and drug addicts at its centers: al-Noor in Shufat refugee camp and al-Tahara Jericho. The association manages a comprehensive treatment program for addicts (30). The Kamel and Tamam Center for Community Rehabilitation was established in the north of Gaza to provide treatment for addiction and awareness activities (31).

# Stakeholder analysis

We conducted 35 interviews with stakeholders: 21 in Gaza and 14 in WB including East Jerusalem (Annex II). We asked stakeholders about the perceived reasons for drug addiction, general characteristics of PWUD, types of illicit drugs, risky behaviors by drug addicts, available services and treatment plans, access to services, and coordination among stakeholders and challenges. There was consensus by interviewed and former PWUDs and stakeholders on the prevalence of drug use, reasons for drug use, and the availability and quality of services. Below are the main findings from the stakeholder interviews.

## Reasons for drug addiction

According to interviews with stakeholders in Gaza, the main reasons for initiating drug use are the following in descending order: peer pressure, poverty, unemployment, chronic and acute exposure to political violence, to increase productivity in an environment of hard work and long working hours, the availability and easy access to drugs, myths about the effect of Tramadol on improving sexual performance, or being a wife or a child of someone addicted to drugs. Weak management and control of Tramadol sold in private pharmacies is another factor in the rapid spread of the product as documented by Military Medical Services (MMS), emergency doctors, and the Ministry of Social Affairs (MOSA). To improve control of Tramadol, the MoH in Gaza included Tramadol on the list of dangerous drugs that require a prescription. Individuals injured during the wars on Gaza started to misuse Tramadol as they did not have sufficient information about the consequences of overuse.

*"The term mtarmel [on tramal] is very common, even among young children."*  
Emergency doctor in GS

In the WB, including EJ, uncontrolled borders are the main reason for drug addiction and drug dealing thrives in Area C and near settlements, as explained by the Ministry of Interior and the head of the National Committee against Drugs. Most stakeholders interviewed agreed that the prevalence of drug use is higher in EJ than in other areas in WB due to Israeli policies that facilitate the spread of drugs among young Palestinians and children by protecting drug dealers who sell drugs to Palestinians. Other reasons reported by stakeholders in WB were: poverty, unemployment, the availability of cheap drugs, especially synthetic marijuana that even school children find affordable, and the tactics used to market drugs to different target groups (children, women and men). Drugs are attractive to females as a way to lose weight and to men as a means to enhance sexual performance. For children, drugs are presented in attractive packaging that includes cartoon characters. Additional factors specific to females are: being a wife of someone who is addicted to drugs, sexual assault, and family problems.

*"Some of the drugs are very cheap and even school children can start using them."*  
National program manager UNODC

## Characteristics of PWUD

Based on interviews with stakeholders in both WB and Gaza, people of all ages and from different backgrounds, educational levels, employment and socio-economic status use drugs. Many reported that the age of PWUD is decreasing, with some starting to use drugs as young as 15 and 16, or even as young as 12, especially in EJ area.

*"It is not specific to anyone, rich or poor, but they all end in catastrophe eventually."*  
Caritas-WB

Most stakeholders in Gaza and WB agreed that children exposed to caregivers or work colleagues who use drugs were more likely to start using drugs themselves. Some drug dealers involve children in transporting drugs (they are less likely to be noticed by the police), thereby increasing exposure by these children to potential use of drugs. Females who use drugs are often those who were or continue to be married to a PWUD.

## Types and sources of illicit drugs

In Gaza, all the stakeholders agreed that Tramadol is the most common drug, followed by Pregabalin (Lyrica®). Other commonly used drugs are hashish, other painkillers and psychotropic drugs. Trip and Ecstasy (an hallucagenic) are very rarely used.

The situation is different in the WB and EJ where a variety of illicit drugs, including synthetic marijuana (commonly known as hydro), cocaine, and heroin are available. The most commonly used drugs are hashish, synthetic marijuana, especially in EJ, LSD, and Ecstasy. Heroin and cocaine addiction exist in small groups as they are very expensive. Tramadol enters Gaza through tunnels and illegal smuggling.

*"The supplies that reach Gaza are products of India and the main market is Egypt and Libya; small amounts reach Gaza through tunnels."* MOI Gaza

*"There is a deliberate policy by the Israelis to deliver different types of drugs to young Palestinians and they take the chance that the Palestinian police cannot reach Area C land to perform their work."* MOI WB

## Services available for PWUD

### West Bank

- Governmental
  - **MoH Methadone Treatment Center:** This is an outpatient center located in Ramallah that mainly provides substitution drug therapies (methadone).
  - **MoH mental health services:** These services are provided to cases referred from methadone centers and other places, including prison.
  - **MoH Mental Health Hospital-Bethlehem:** They provide in-patient and out-patient treatment.
  - **Ministry of Interior (MOI):** They provide rehabilitation services in prison or through the Methadone Treatment Center. They conduct awareness sessions in schools in collaboration

with the Ministry of Education (MOE).

- **Ministry of Social Affairs (MOSA):** They provide a small allowance to lower-income families of PWUD every three months.
- **Ministry of Education (MOE) - Counseling unit:** They screen for risk-taking behaviors, including drug use in school children. They also provide drug use awareness sessions.
- Non-governmental organizations and the private sector
  - **Caritas:** They provide outpatient counseling, treatment, and follow-up. They provide referral services if someone requires inpatient services and supervision once someone is discharged from an inpatient facility.
  - **Sadiq Al Tayeb:** They have 35 beds and offer a 3-month treatment plan which costs 3000 ILS (811 USD) per month. They provide psychosocial treatment as an essential element of their programme as they believe that drug addiction is both a physical problem and also a social and psychological problem.
  - **Maqdesa:** They provide psychosocial counselling for PWUD and their families, and awareness programs in schools. They also provide harm reduction.
  - **Private:** These services are often used by more the hidden members of the PWUD population (i.e., females and wealthy individuals).
- Others
  - **Rehabilitation centers in Israel:** There are several rehabilitation centers in Israel available to those who hold a Jerusalemite ID. Most females who use drugs prefer to seek help from these centers because they offer greater confidentiality than those in Palestine.
  - **Rehabilitation centers in Jordan:** Some stakeholders in WB stated that they refer PWUD to rehabilitation centers in Jordan for treatment.

### *Gaza Strip*

- Governmental
  - **MoH- 6 Primary Health Care Centers:** They provide substitution drug therapy and counseling.
  - **MoH Mental Health Hospital:** This hospital only receives severe cases. They have shortages in essential drugs required for drug case management and follow-up, which affects the services provided.
  - **MOI:** They have 10 beds and are used as a facility for people to voluntarily wean themselves off of drugs. There are neither medical doctors nor medication. Many patients are "treated" through the personal initiative of workers in the department. They also conduct drug use awareness sessions in collaboration with the MOE in schools.
  - **MMS:** They provide regular mental and physical medical supervision while someone is in prison. They also provide antidepressants, analgesics, hypnotics, and sedatives.
  - **MOH hospital emergency departments:** They respond only to current drug-related symptoms. Once stabilized, patients are released with no referral. Cases are not registered as drug addiction but as drug poisoning or attempted suicide.
- Non-Governmental

- **Gaza mental health programme:** They provide home-based medical supervision for up to two weeks. They cannot cover the cost of all the medication needed so families must also provide medication, including anti-epileptic drugs, anti-depressants, and sedatives. Once a patient is stabilized, this program will provide follow-up for an additional six months through home and center visits.
- **Private:** There are few private doctors who provide inpatient treatment for drug addiction. Private facilities are used by PWUD to maintain confidentiality and avoid government facilities.

## Access to services

Stakeholders interviewed in Gaza reported that most PWUD tend to hide their problem and do not seek medical care until their situation spirals out of control. Some PWUD voluntarily approach the MOI, MOH, NGO or private doctors for treatment for drug addiction. Females in Gaza and WB are less likely than males to be allowed by their families to seek medical services for drug addiction.

*“People tend to hide the problem of their daughters and never let anyone get involved in their treatment.”* -MOI-Gaza

*“It is more difficult to support girls with drug addiction than boys.”* Sadiq Al Tayeb. -WB

## Risky behavior in drug addicts

In Gaza, there was a general agreement among the stakeholders interviewed that drug addiction is associated with various risky behaviors, including committing crimes and felonies, and being a threat to families and the community.

*“People are scared to deal with someone who has a drug addiction problem. They hide their belongings and daughters for fear of bad behavior and sexual assault.”*  
Head of Women’s Health Center, Jabalia

In WB including EJ, stakeholders reported that drug addiction was associated with committing crimes and other risk-taking behavior such as heavy drinking, sharing needles, and trading sex for drugs, especially females. Females who used drugs were more susceptible to sexual harassment and abuse.

## Stakeholder coordination

In Gaza, stakeholders reported that there is no direct coordination between the various stakeholders. Any collaboration is based on personal initiatives and informal agreements. A National Committee for the Prevention of Drugs and Psychotropic Substances comprises all responsible governmental bodies including MoH, MoE, Mol, MoSA, Ministry of Agriculture, and the Ministry of Women’s Affairs. This committee is responsible for deciding national policies and activities regarding drug use in Gaza.

In WB, there is also a National Committee for the Prevention of Drugs and Psychotropic Substance with similar functions to that in Gaza. There is also a coordination group called the Jerusalem

Committee for Fighting Drug Addiction which includes most service providers that treat and manage drug addiction problems (Sadiq al Tayeb, Maqdisi, Huda Wal Nour, Caritas, Young Men's Christian Association [YMCA], MoSA, MoH, the police, MoE, and the Jerusalem Municipality). The committee coordinates activities with its members to enhance their activities, raise funds, and to avoid the duplication of services.

## Challenges in controlling drug use – stakeholder perspective

### *Lack of donor interest*

Stakeholders in both Gaza and WB agreed that there are severe shortages in the funds allocated for the control and treatment of drug use. The MOI in Gaza stated, "There is no support from donor agencies and no one considers this area a priority". In WB UNODC stated that, "The problem is that drug addiction is a priority for neither the MOH nor for the donor community".

### *Lack of resources: infrastructure, human resources, drugs*

It was evident from the stakeholder interviews in WB and Gaza that there are no comprehensive drug treatment and rehabilitation services, and no services for females.

*"There are staff shortages and there are no advanced lab services for accurate detection and follow-up of cases."* -UNODC

The treatment and rehabilitation services available are fragmented, not up to standard, and most of them are unaffordable. There was consensus in Gaza and WB on the need for qualified human resources who are well trained on evidence-based treatment and rehabilitation methods. Chronic shortages of the essential drugs needed for mental health services in general, including drugs used for treating drug addiction, are lacking. All stakeholders emphasized the need for national protocols and clear referral systems for the treatment and rehabilitation of PWUD. They also stressed the need to monitor and evaluate the services available to PWUD, and to have follow-up plans for discharged cases.

### *Social stigma*

Most stakeholders interviewed believed that the stigma faced by PWUD hindered them from seeking immediate support.

### *Weak border and legal controls*

Stakeholders reported weak border control in WB and Gaza (with Egypt), resulting in an increase in the accessibility of drugs. MOI officials in WB said that most drug supplies are smuggled into the Palestinian areas, especially through Area C where the Palestinian police has no authorities.

### *Persistence of underlying root causes*

Most interviewees emphasized the importance of addressing poverty and unemployment as the root causes of drug use.

# References

- World Health Organization. Substance abuse 2016 [cited 2016 July 9 ]. Available from: [http://www.who.int/topics/substance\\_abuse/en/](http://www.who.int/topics/substance_abuse/en/).
- United Nations Offcie on Drugs and Crime (UNODC): World Drug Report 2017. UNODC; 2017.
- ميساء كمال العبدلة. اثر المخدرات على الواقع الفلسطيني في حدوث الجريمة (دراسة في جغرافية الجريمة). ٢٠١٠.
- World Health Organization. Session fifty second of the Regional Committee for the Eastern Mediterranean. Technical paper: substance use and dependence. World Health Organization 2005.
- Sweileh W, Sa'ed H, Al-Jabi S, Sawalha A. Substance use disorders in Arab countries: research activity and bibliometric analysis. Substance abuse treatment, prevention, and policy. 2014;9(1):1.
- Salamoun M, Karam A, Okasha A, Attasai L, Mneimneh Z, Karam E. Epidemiologic assessment of substance use in the Arab world. Arab J Psychiatry. 2008;19(2):100-25.
- Robins P. Middle East, the prospects of a kinder drug policy remain distant 2016.
- [<https://www.opendemocracy.net/drugpolicy/philip-robins/in-middle-east-prospects-of-kinder-drug-policy-remain-distant#comments>]
- Fawzi M. Some medicolegal aspects concerning tramadol abuse: The new Middle East youth plague 2010. An Egyptian overview. Egyptian journal of forensic sciences. 2011;1(2):99-102.
- Kanan W. Assessment of controlled substances and dependence and its management by the pharmacist 2011. Gaza Strip Al-Azhar University; 2011.
- Bassiony M. Substance use disorders in Saudi Arabia: review article. Journal of substance use. 2013;18(6):450-66.
- Thabet A., Dajani, K. Substance abuse among Palestinians in the West Bank and Gaza Strip: review. Arabpsynet Journal. 2013;36.
- Said A, Okasha A, Okasha T, Haroon A, Fikry M. Quality of Life and Personality Dimensions in Egyptian Substance Dependence Patients. Addictive disorders & their treatment. 2012;11(1):36-42.
- Whiteford H, Degenhardt L, Rehm J, Baxter A, Ferrari A, Erskine H, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. The Lancet. 2013;382(9904):1575-86.
- 14. World Health Organization. Atlas on substance use (2010): resources for the prevention and treatment of substance use disorders. 2010.
- United Nations Office on Drugs and Crime. تقييم الوضع الراهن عن تعاطي المخدرات . و فيروس نقص الناعة البشرية بين متعاطي المخدرات في الضفة الغربية وقطاع غزة . ٢٠١١
- Jalal R. Unemployment Drives Gaza's Graduates to Drugs ALMONITOR: The Pulse of the Middle East 2013 [Available from:
- <http://www.al-monitor.com/pulse/en/originals/2013/06/gaza-students-drugs-tramadol.html>

- Progler Y. Drug addiction in Gaza and the illicit trafficking of tramadol. Journal of research in medical sciences. 2010;15(3):185-8.
- Thabet A, Vostanis P. Impact of political violence and trauma in Gaza on childrens mental health and types of interventions: A review of research evidence in a historical context. International journal of peace and development studies. 2011;2(8):214-8.
- Jabr S, Morse M, El Sarraj W, Awidi B. Mental health in Palestine: country report. Arab journal of psychiatry. 2013;24(2):174-8.
- Palestinian Police. Anti – Narcotics department
- [Available from: <http://www.palpolice.ps/ar/content/specialized-departments/anti-narcotics-department>]
- Peltzer K, Pengpid S. Cannabis use and its social correlates among in-school adolescents in Algeria, Morocco, Palestine, Peru, and Tonga. Mediterranean Journal of social sciences. 2014;5(9):558.
- Massad S, Karam R, Brown R, Glick P, Shaheen M, Linnemayr S, et al. Perceptions of drug use and sexual behaviours of adolescents in the West Bank, occupied Palestinian territory: a qualitative study. *The Lancet*. 2013;382:S24.
- قرار بقانون رقم ١٨ لسنة ٢٠١٥ بشأن مكافحة المخدرات والمؤثرات العقلية (٢٠١٥)

# Annex 1: Palestinian resolution on combating drug and psychoactive substances

- According to article 3, requirements for the provision of permission for exporting and possessing drugs or psychoactive substances by certain entities should be defined.
- According to article 7 and 8 (1), the requirements for the permission of export, importing, production and manufacturing of drug precursors should be defined monitored and monitored to prevent its misuse.
- According to article 42, the state of Palestine should deduct budget for the general administration of the Palestinian police in order to cover the expenses of the rewards provided for each person, who facilitates or helps or takes part on the process of combating drug related crimes.
- According to article 12 (1), the minister of agriculture should issue official announcement on the name of the personnel from the ministry of agriculture, who will be in judicial control.
- According to article 12 (2), the minister of health should issue official announcement on the name of the personnel from the ministry of health who will be in judicial control.
- The public prosecution should be responsible for the following acts according to the resolution;
- In reference to article 19 (1), the public prosecution is responsible for issuing legal notice for releasing the addict from the medical treatment center by the court based on the medical committee's recommendations.
- In reference to article 19 (2), the public prosecution is responsible for issuing legal notice for the court to end the prohibition period of the addict at medical treatment center in certain circumstances including; failure of reaching the objectives deemed from placing the addict at the medical treatment center, end of the maximum period allowed for the addict to stay at the medical treatment center before healing, the addict doesn't fulfill the obligations required from him/her during the treatment, and in case when the addict commit any of the crimes entitled in the resolution. In turn, the court should issue sentence for the addict by taking into consideration the deduction of the period spent at the medical treatment center.
- According to article 36 (1), the public prosecution has the right of confiscating drugs, psychoactive substances, any plants and seeds that can grow into drugs or psychoactive substances, tools, machines, containers or means of transportation that are used for illicit drug use related crimes.
- According to article 36 (2), the public prosecution has the right of issuing legal notice to the court in order to confiscate the money that have been generated by the crimes entitled in the resolution.
- The court has the right to damage all the items that has been confiscated based on article 36 (1) by order from the public prosecution. But a sample should be preserved from each item till the closing of the case based on article 37 (1).
- According to article 37 (2), the public prosecutor is the only one who has the right to submit legal notice for the court to cancel the decision of damaging the confiscated items. Instead

the public prosecutor orders legal notice for the court to give those items to legal entity that has the permission of owning such items with justification for being used for scientific and medical purposes.

- According to article 43, the public prosecutor in coordination with the Palestinian minister of interior ministry and the Palestinian police, has the right to issue a written permission for passage of truck of drug and psychoactive substance from Palestine to another country if this can facilitate the process of withholding criminals accountable for the crimes entitled in the resolution.
- According to article 40, the public prosecutor has the right to issue legal notice for medical investigation any person who is suspected for transferring, drugs and psychoactive substances hidden in his body or swallowed or consumed given the condition of the presence of good evidence.
- Also the role of the Anti – Narcotics department has been defined by resolution 18 on combating drug and psychoactive substances to include the following responsibilities:
- According to article 11, the anti – narcotics department should play the role of the judicial police with taking into consideration the role and the areas of specialty of the court and the public prosecution.
- According to article 13, the judicial police in coordination with the anti-narcotics department should take the necessary measures against any person who has drugs or psychoactive substances, or enters any land or country that has drugs, psychoactive substances, or plants and seeds.
- It should design strategies which can facilitate the prevention of drugs trafficking, its manufacturing, its planting and all other drug related crimes.
- It should exchange information at the regional and international level to monitor drug traffickers and provide the suggestion to stop them.
- It should collect information on drug users, dealers, manufacturers, and producers of drugs and monitor them in order to bring them to court.
- It should develop records with the names of suspicious people, drug traffickers and drug users in a way that guarantee monitoring and withholding them.
- According to article 10, the boarder officer should provide information on any suspect who his/her name is listed under drug dealers in order for him/her to be monitored during the tenure of his/her stay in the country.

# Annex II: Interview guide with stakeholders

Below are topics and questions for the interviews with stakeholders.

## Survey population characteristics

- How do you define problem drug users?
- How literate are they? What is their age distribution?
- Which are the areas they frequent? What hours?
- Which commercial venues do they frequent? What hours?
- What is their access to public health services?
- What do you know about their sexual behaviors?
- What do you know about drug use among them?
- How well do they know each other? By name? By sight? Are there subgroups within these populations that are separated from each other? How are they separated?
- How are they organized among themselves?
- What are the types of words used to describe drug users, drugs, etc. Do they use specific types of paraphernalia? What types? What do they call these?

## Service provision

- How many organizations provide services for them? Can you give us their contact details?
- What services is your organization providing to them?
- When and where do you provide them?
- Where should we refer them for further care and treatment?
- Are you interested in working with us, e.g. can we refer them to you if they need further help?

# Annex III: Interview guide for focus group discussions and in-depth interviews

## Current Drug users

### Questions about drug use

- Age of initiation,
- Sources of drugs,
- Slang and other terminology appropriate and understandable to the population
- Affordability,
- Reasons behind drug use,
- Sources of drugs,
- Intention to quit,
- Household factors
- Examine if high risk drug users are also socially linked to injection drug users
- Examine drug users' perceptions of treatment and resources; perceived quality and effectiveness of available health services to identify needs and resources with regard to drug dependence treatment and care services

### Questions about social networks

- Do you know or spend time with other survey population members?
- How many people who use drugs (all drugs except marijuana) (describe here what this is) do you know who also know you (you know them by face, name or nickname), currently take drugs, and are ≥15? How many of these drug users have you seen in the past month? How many of them are females?
- Please describe the different types or groups of drug users. Do they have separate names/titles?
- Please tell me about how your (drug users) friends and acquaintances interact with each other. What activities do they do together?
- Do drug users socialize together? What types of things do they do when they socialize?
- Do you know survey population members who work in/are from other parts of the West Bank/Gaza?
- Do you know drug users who are of a type different from you: older/young, females/males, using other types of drugs?
- Do people who use opiates spend time with people who use other types of drugs? People who inject drugs? Please explain.

Describe the survey by showing a recruitment diagram and explain that people will use a coupon to recruit peers and that no personal identifying information is collected.

## Questions about survey acceptability

- Would you (or your peers) be willing to participate in this survey? Why or why not?
- What seems most/least interesting about this survey?
- We will give you up to three coupons to give out to peers who are like you. For each peer who shows up with a coupon from you, you will get a small amount of money or a gift. Your recruit will also be interviewed, and get coupons to give out to his/her peers. Your peers who join will be asked to do the same thing as you do.
- Would you be willing to pass a coupon to your peer and ask him or her to enroll in this survey?
- How many coupons out of three could you give to your peers that they would actually redeem?
- What might prevent your peers from participating in the survey?
- How would you encourage a friend to join the survey? Especially one who is reluctant?

## Questions about recruitment

- How likely is it do you think that people would enroll in a survey like this?
- What do you think would prevent your peers from coming to see us? How can we overcome such reasons?
- Interview will take 1 hour. Do you think that is acceptable?
- Do you know different types of survey population members (who are diverse in age, income, sex, where they live in the city, employment, different frequency and type of drug use, risk, etc.)?
- Would you be willing to pass a coupon to a peer and ask him/her to join the project? Do you think your peers would be willing to do the same?
- If you wanted to, is it easy for you to contact them? Do you have their phone numbers? How often do you see them?
- Can you think of any survey population members who would make good seeds (describe seeds)?
- Can you think of any of your peers who would make good seeds (who know a lot of other, speak well, are well liked by their peers, and help us recruit their peers/friends?)
- Could you tell me about how your peers interact? (What kinds of activities do they do together?)
- Do people who use drugs know each other?
- Are there groups of people who also use drugs you do not have any contact with? Who are they? Why?
- How likely do you think it is that you could recruit your peers?
- How many coupons out of three do you think you can give to your peers and they would actually show up?
- How many days would it take until your peers would come to us to join the survey?

## **Logistics**

This survey will also include an incentive for completing the questionnaire, and then for recruiting peers. We are thinking of having (50 NIS) as the incentive for participating in the survey and (30 NS) for recruiting up to three peers.

- Do you think this is appropriate?
- What would be a convenient location for the survey site? Why is that? What areas should we avoid?
- We may also ask other groups to participate (other types of drug users)– would it disturb you to wait in the same room as them?
- What hours of the day and days of the week would be most convenient for you and your peers to come to the survey site?
- Are there any groups or persons we should talk with during the planning stages of this survey? Are there groups or persons who may hinder this survey? Are there groups or persons who may be especially helpful in planning this survey?

## **Coupon design**

- Can you read? Can most of your peers read? Can people easily read a map? Do you think a map on the coupon is helpful for finding the survey site?
- What colors are appropriate for the coupon? Coupons are about the size of two business cards. Do you think they should be smaller or larger? What kinds of information should be included on the coupons?

## **Families of drug users and ex-drug users**

- Number of family members using drugs
- Age of initiation,
- Sources of drugs,
- Reasons behind drug use,
- Sources of drugs,
- Previous attempts to quit
- Intention to quit,
- Household factors
- Awareness of available services for drug users
- Access to treatment services/barriers to access to services
- Perceived needs of services for drug users and families of drug users

## **Ex-drug users**

- Age of initiation,
- Sources of drugs,
- Slang and other terminology appropriate and understandable to the population

- Affordability,
- Sources of drugs,
- Reasons behind quitting drugs,
- How they quit/how do people quit (can they name any detox centers they used, where they got help, if they went cold-turkey, etc.)
- Examine if high risk drug users are also socially linked to injection drug users

### **Questions about available health services (drug users and ex drug users)**

- Are you aware of organizations that provide services and treatment for you?
- Name them and list services provided.
- Examine drug users' perceptions of treatment and resources; perceived quality and effectiveness of available health services to identify needs and resources with regard to drug dependence treatment and care services
- Is it easy to go there, in terms of transportation or ease of access and costs? Please explain.
- Have you ever received services for drug use?
- Are there unmet needs for special services related to drug use?
- If yes:
- Were you satisfied with the services provided? Please explain.
- Would you refer your friends /acquaintance to receive services?
- Were you referred for further care and treatment?
- If No (Only for drug users)
- Why did not you go to receive services?

# Annex IV: Key informant participant information sheet

## Title of survey: Prevalence of problem drug use in Palestine

### A. Purpose

UNODC is planning for a survey in the future on problem drug use. The survey will test participants for risky behaviors. You are being asked to be in the survey today because you have ideas and opinions that can help us to plan this future survey. Your participation is important to help us to learn about the best way to plan our future survey.

### B. Procedures

- If you agree to be in this survey as a "key informant" you will meet with a trained interviewer and have an informal discussion for 30-60 minutes.
- During the discussion, we will inform you about the future survey we are planning and will ask you for your opinion about:
  - The social connections of people who use drugs
  - Ways to encourage people who use drugs to take part in a survey
  - The best payment for doing the survey.
- The interview is anonymous. We will not record your name or anything else about you that could identify you.
- We will take notes on paper and also tape-record the interview so we can listen to it later.
- At the end of the interview we will give you (add amount here) as a token of thanks.

### C. Discomforts and risks

Because the interview is about drug users, some of the questions might make you feel uncomfortable. To protect you from this, your name will not be asked for or written down at any point in this survey.

### D. Benefits

The information you give us may help us to plan a better survey for Palestinians who may be at high risk for HIV infection because they use drugs. This could benefit Palestine society through improved health and social programs.

### E. Incentive

You will be given (20 NIS) for your participation in the interview.

### F. Persons to contact

The people in charge of this research is Issam. You can call him with any questions or concerns about the survey. You can contact (-----).

#### *G. Confidentiality statement*

What you tell us is confidential. No one except the survey staff will have access to the interview notes or tape recordings.

#### *H. Right to refuse or withdraw*

Participating in this interview is voluntary. You have the right to refuse to discuss any questions. You can leave the interview at any time.

#### *I. Agreement*

Do you have any questions? Moderator: Answer the participant's questions about the interview before proceeding to the next question.

You have read and/or had read to you the explanation of this survey, I am going to ask for your consent to do this interview. By saying yes, you agree to do the interview. By saying no, you decline to do the interview. Do you agree to take part in the interview?

Date/initials of moderator: \_\_\_\_\_ to confirm affirmative verbal consent

I have explained to the participant the survey purpose and procedures and we have discussed all the risks that are involved. I have answered questions that the participant had to the best of my ability.

Date: \_\_\_\_\_ Signature of moderator: \_\_\_\_\_

# Annex V: Focus group participant information sheet

## Title of survey: Prevalence of problem drug use in Palestine

### A. Purpose

UNODC is planning for a survey in the future on problem drug use. The survey will test participants for risky behaviors. You are being asked to be in the survey today because you have ideas and opinions that can help us to plan this future survey. Your participation is important to help us to learn about the best way to plan our future survey. Today, we are asking people to be in a special discussion group called a "focus group". This will help us to learn about the best way to plan our future survey.

### B. Procedures

- If you agree to take part in this survey you will come to a group discussion with 6–8 other people from your community. The discussion will take about 90 minutes and will be led by a trained facilitator. In the discussion everyone will be asked to talk about the following issues:
  - Information about the social connections of people who use drugs
  - Ways to encourage people who use drugs to take a survey
  - Reasons people who use drugs might not want to take a test for HIV and ways to encourage them to take the test
  - The best payment for doing the survey.
- You do not need to talk about anything that is asked or discussed during the focus group if you do not want to. If a question makes you feel uncomfortable or you do not want to say anything in the group, you can remain silent. You can also leave the focus group at any time without any penalty to you.
- The focus group is anonymous. We will not record your name or any characteristics that might identify you at any time during the group. The group leader will tell all participants not to use their name or anyone else's name during the discussion.
- During the discussion, we will take notes on paper and the facilitator will tape-record the discussion so that our team can listen to it later. We will not ask for your name or any other information that might identify you or connect you to what you said during the focus group.
- We will provide you with refreshment during the focus group.
- At the end of the focus group we will give you (20 NIS) as a token of thanks.

### C. Benefits

The information you give us may help us to plan a better survey for drug. This could benefit Palestinian society through improved health and social programs.

**D. Incentive**

You will be given (20 NIS) for your participation in the interview.

**E. Persons to contact**

The person in charge of this research is Issam. You can call them with any questions or concerns about the survey. You can contact them at (-----).

**F. Confidentiality statement**

What you tell us is confidential. No one except the survey staff will have access to the interview notes or tape recordings.

**G. Right to refuse or withdraw**

Participating in this interview is voluntary. You have the right to refuse to discuss any questions. You can leave the interview at any time.

**H. Agreement**

Do you have any questions? Moderator: Answer the participant's questions about the interview before proceeding to the next question. You have read and/or had read to you the explanation of this survey, I am going to ask for your consent to do this interview. By saying yes, you agree to do the interview. By saying no, you decline to do the focus group. Do you agree to take part in the interview?

Date/initials of moderator: \_\_\_\_\_ to confirm affirmative verbal consent.

I have explained to the participant the survey purpose and procedures and we have discussed all the risks that are involved. I have answered questions that the participant had to the best of my ability.

Date: \_\_\_\_\_ Signature of moderator: \_\_\_\_\_



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