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Drug abuse in Syria: pattern of use, causes and perception as perceived by Syrian addicts

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Abstract

Objectives We aimed to evaluate the current pattern, causes and attitude towards drug use amongst Syrian prisoners who were incarcerated due to their using drugs.

Methods This is a descriptive cross-sectional survey-based study that was conducted over a period of six months. Prisoners were recruited from two main civil prisons in Syria. The data collected in this study were through the use of a self-administered survey. The prisoners were met in a separate room away from their dormitories and they were asked to fill out the survey after obtaining their verbal consent.

Keyfindings A total of 50 participants were recruited (response rate = 66.7%). Most of the prisoners ($n = 29$, 58.0%) started to use drugs at a friend's home, and the most commonly used drug was Hashish (weed and cannabis) ($n = 22$, 44.0%). Two-thirds of the participants ($n = 34$, 68.0%) said that they returned to drugs after quitting. The most common reason was using drugs for euphoria ($n = 12$, 24.0%). Regarding prisoners' beliefs about different causes of drug use, curiosity was found to be the most common cause of drug use ($n = 19$, 38.0%). Surprisingly, prisoners incorrectly believed that they can take drugs and they can stop them whenever they want ($n = 34$, 68.0%) and that drug use does not lead to addiction ($n = 30$, 60.0%).

Conclusions The findings of this study indicate the need to devote more attention to family and peer influences on an individual's behaviour by policymakers, in developing preventive strategies. As well as, the need to raise the awareness of individuals in the society about drug use, subsequently, changes their incorrect perceptions towards drugs through several strategies including educational programmes as well as workshops whether in school, universities or social media.

Keywords causes; drug abuse; perception; prisoners; Syria

Introduction

Drug use is generally defined as 'A state which is produced by the continued and exceeding use of a certain substance (natural or synthetic), which causes periodic and chronic intoxication detrimental to the individual and to society'.^[1] Such a substance has a range of psychological effects such as alterations in the person's mood, thought, perception and behaviour by influencing their central nervous system.^[2]

Generally speaking, drug use either illegal or prescription does not normally lead to a state of addiction. There is a fine line between regular drug use and addiction. A few drug users can still be able to recognize when they have crossed that line.

Drug use is a widespread problem in different countries that affects almost every community and family in different manners.^[1] According to the World Health Organization (WHO) (2016), over 275 million people worldwide had used drugs at least once in 2015,^[3] which is approximately equal to 5.6% of the global population aged 15–64 years.^[3] The number of people who use drugs increased by 20 million between 2015 and 2016.^[3] In most countries, cannabis constituted the vast majority of usage amongst both young and general population.^[3]

Over the past century, many theories have been proposed to describe the aetiology of drug use.^[4] It has been shown that a disrupted family life appears to be a major risk factor for drug use amongst some young people.^[5] Furthermore, the influence of peer

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groups, which is usually strong during formative years of youth, may be stronger than that of parents in some cases.^[6]

In Syria, in the last decade and during the Syrian conflict, there was a huge group of young men who had been consuming opioids.^[7] According to WHO report in 2014, consumption of alcohol in Syria was traditionally low.^[8] However, use of alcohol may have increased in recent years, where a study amongst Syrian who fled to Iraq found that about half of the respondents had more than five alcoholic drinks per week.^[9] Fenethylline, a synthetic stimulant, has become a major concern in the Syrian conflict as its use has proliferated particularly amongst those fighting in the conflict due to perceptions it will increase stamina.^[10] Until now, the exact figure on the use of illegal drugs is not available, but may have increased due to the greater production and trade of illegal drugs as a result of the crisis.^[11] Officials from Syrian of Interior Ministry (2017) reported that there were about 2000 people with drug use disorders in Syria, mostly young people.^[12] However, there is no academic study or reliable statistics confirming these numbers.^[12] Notably, in Syria drug use is considered as an illegal work that worth a prison.^[13]

In this study, we will be shedding some light on the drug use in Syria, and we are going to highlight the current pattern, causes and attitude towards drug use amongst people in prisons in particular who were incarcerated due to their drug usage.

Methods

Study design, setting and subjects

This is a descriptive cross-sectional survey-based study that was conducted to evaluate the current pattern, causes and attitude towards drug use amongst Syrian prisoners who were imprisoned for taking drugs. Prisoners were recruited from a two main civil prisons in Syria: Damascus central prison for males, located in Adra city, in northeastern Damascus, and the central prison of Garz located in Daraa city in southwestern Syria. The study was conducted over a period of six months. The two prisons were selected after the consultation with the Syrian ministry of interior affairs for the availability of civil prisoners incarcerated for their drug use. From the two prisons, all prisoners who were imprisoned for taking drugs (75 prisoners) were considered to be eligible for inclusion in this study.

Questionnaire development and data collection

Following an extensive literature review on studies covering the prevalence, cause and perceptions about drug use amongst individuals including the prisoners, a draft questionnaire was designed in order to cover the areas of our interest in this study.^[14–16] The questionnaire was modified and some questions were suggested by the researchers of the study. The final version of the questionnaire was further tested for content validity by experts in the field who gave their constructive suggestions, positive feedback and approval for the process. Then, the questionnaire was

translated to Arabic. The translation process followed the standard 'forward-backward' procedure.

The questionnaire included questions about the end-to-end process of drug use including socio-demographic characteristics, history, current practice and functional use of drugs, source of drugs, causes and perception towards drug use.

The data collected in this study were through the use of self-administered survey which was distributed to the prisoners after obtaining their consent to participate in this study. The participants did not receive any benefit or payment for filling out the questionnaire. Researchers took multiple trips to each of these institutions to approach the inmates who were found eligible to participate in this study. Any prisoner who was incarcerated for their using drugs was approached with the aim to reach the largest possible sample within the project period. The prisoners were met in a separate room away from their dormitories with an average of 30 min duration for each one.

Ethical consideration

The study was performed following the ethical protocol outlined in the World Medical Association Declaration of Helsinki guideline.^[17] The study approval was granted from the Syrian ministry of interior (Approval Number 6668). Verbal consents were obtained for each prisoner before distributing the survey. The data were obtained under strict rules concerning participants' IDs and confidentiality act. Anonymity will be kept confidential and that their participation in the study is voluntary.

Statistical analysis

Data were analysed using statistical package for social science (SPSS) version 22 (SPSS Inc., Chicago, IL, USA). The descriptive analysis was performed using mean/standard deviation (SD) for quantitative variables and frequency/percentage for qualitative variables.

Results

During the study period, amongst the 75 approached prisoners by the prisons' administrators, 50 prisoners agreed to participate in this study with a response rate of 66.7%. The mean age of recruited participants was 30.8 years (SD = 8.3), and 92.0% of them were males. The vast majority of them ($n = 43$, 86%) obtained average school education. Most of the participants were from Syrian nationality ($n = 41$, 82.0%), who were living in Syria ($n = 50$, 100%). The participants had on average of 1.7 arrest per life (Table 1).

Prisoners started their drug addiction habits at the age of 21.4 (SD = 5.3) years. A high proportion of participants ($n = 36$, 72.0%) were shown to be unemployed at the start of their drug use. Most of them ($n = 29$, 58.0%) started to use drugs at a friend's home, and the most commonly used drugs was Hashish (weed and cannabis) ($n = 22$, 44.0%). More than half of the prisoners ($n = 26$, 52.0%) revealed

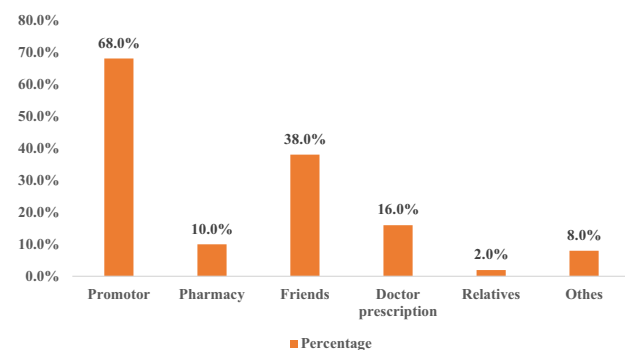
Table 1 Socio-demographic characteristics of the study participants (*n* = 50)

Parameters	<i>n</i> (%)	Mean (SD)
Gender		
Males	46 (92.0)	
Females	4 (8.0)	
Age (years)		30.8 (±8.3)
Nationality		
Syrian	41 (82.0)	
Others	9 (18.0)	
Place of residency		
Syria	50 (100.0)	
Others	0 (0.0)	
Number of times arrested		1.7 (±1.4)
Educational level		
Uneducated	4 (8.0)	
Can read and write	2 (4.0)	
School education (Compulsory education)	43 (86.0)	
University education	1 (2.0)	

that they preferred to take drugs with their friends, and about two-thirds of them (*n* = 31, 62.0%) confessed to having access to drugs easily. When asked whether they returned to drugs after quitting, two-thirds of the participants (*n* = 34, 68.0%) said that they returned to drugs (Figure 1, Table 2). As shown in Figure 1, drug promoters were found to be the most important source of drugs for most of the prisoners (*n* = 34, 68.0%) followed by friends (*n* = 19, 38.0%).

The common practice used by the questionnaire participants seemed to be smoking cigarettes whilst using their drugs (*n* = 41, 82.0%) (Figure 2). On the other hand, about 58% (*n* = 29) used to drink alcohol before using drugs. Around two-thirds of the prisoners (*n* = 34, 68.0%) revealed that they try to increase the dose of the drugs they use to reach the feeling they seek.

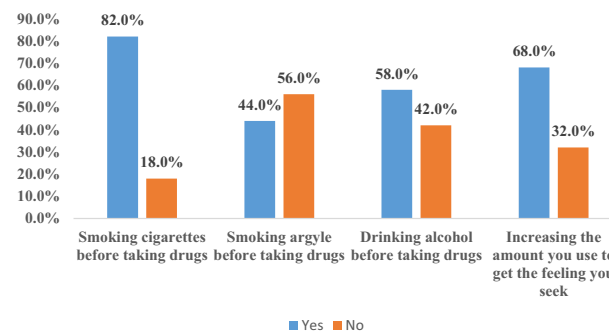
In regard to functional use of the used drugs as perceived by the study participants, there were nine functions behind the drug use (Figure 3). The most common reason was using drugs for euphoria (*n* = 12, 24.0%), followed by happiness and comfortability at around 16% (*n* = 8). Only 10 per cent of investigated people said they take drugs

**Figure 1** Sources of obtaining drugs for the study participants (*n* = 50). (■) Percentage.**Table 2** Assessment of abuse history for the study participants (*n* = 50)

Parameters	<i>n</i> (%)	Mean (SD)
Age at the beginning of drug abuse		21.4 (±5.3)
Status before drug abuse		
Student	6 (12.0)	
Employed	8 (16.0)	
Unemployed	36 (72.0)	
Place where you took drugs for the first time		
At school	1 (2.0)	
At home	5 (4.0)	
At friend's home	29 (58.0)	
Others	15 (30.0)	
Types of drugs abused		
Hashish	22 (44.0)	
Heroin	2 (4.0)	
Diazepam	4 (8.0)	
Captagon	5 (10.0)	
Others	11 (22.0)	
More than one type	5 (10.0)	
People you prefer to take drugs with them		
Friends	26 (52.0)	
Relatives	2 (4.0)	
Family member	3 (6.0)	
Others	19 (38.0)	
Did you stop drugs talking and then return to them?		
Yes	34 (68.0)	
No	16 (32.0)	
You get drugs		
Easily	31 (62.0)	
With some difficulty	11 (22.0)	
With great difficulty	8 (16.0)	

when experiencing bad feelings (stressed and unhappy) (*n* = 5, 10.0%).

Regarding prisoners' beliefs about different causes of drug addiction, the causes were divided into two main components: social/psychological-related and religious-related causes (Table 3 and Figure 4 respectively). For social- and psychological-related causes, curiosity was found to be the most common cause for drug use (*n* = 19, 38.0%) followed by the influence of friend and feeling emptiness and boredom (*n* = 18, 36.0% for both).

**Figure 2** Common practices used whilst abusing drugs by the study participants (*n* = 50). (■), Yes; (■), No.

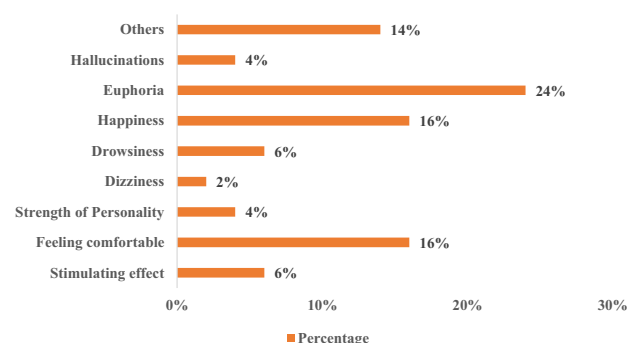


Figure 3 Functional use of the abused drugs as perceived by the study participants ($n = 50$). (■) Percentage.

Table 3 Social- and psychological-related causes of drug abuse as perceived by the study participants ($n = 50$)

Statements	<i>n</i> (%)
Failure in study	3 (6.0)
Failure in an emotional relationship	13 (26.0)
Financial loss	6 (12.0)
Family problems	16 (32.0)
Feeling of emptiness and boredom	18 (36.0)
Curiosity	19 (38.0)
Frequent money	8 (16.0)
To renew the activity	9 (18.0)
The influence of friends	18 (36.0)
To prove masculinity	9 (18.0)
Neglect and disintegration of the family	6 (12.0)
To overcome a crisis or a problem	14 (18.0)
For treatment	6 (12.0)
Someone put it in food or drink without my knowledge	6 (12.0)
Others	2 (4.0)

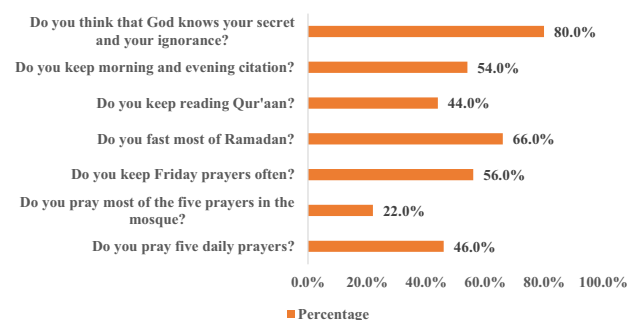


Figure 4 Participants level of religious commitments ($n = 50$). (■) Percentage.

Study participants showed low level of religious commitment, where less than half of them ($n = 23$, 46.0%) pray five daily prayers, and only 66.0% ($n = 33$) fast most of Ramadan. Also, only 44.0% of them ($n = 22$) keep reading Qur'aan (Figure 4).

Finally, prisoners' perception about drug use was assessed (Table 4). Results of the present study revealed

Table 4 Participants perception towards drug abuse ($n = 50$)

Statements	Number of subjects agreed <i>n</i> (%)
Drug abuse helps the person to forget the worries	34 (68.0)
Drugs activate and increase sexual capacity	28 (56.0)
Drugs make a person strong and courageous	19 (38.0)
Drugs make the person a nice person	28 (56.0)
Drugs help the person to work long periods without fatigue	31 (62.0)
Drugs help the person to be creative and to achieve targets	26 (52.0)
Drug abuse is like smoking in terms of legality	18 (36.0)
Drug abuse is more common amongst males than females	31 (62.0)
Drug abuse does not lead to addiction	30 (60.0)
Drugs can lead to death	43 (86.0)
Drug abuse increases the student's ability to attain academic achievement	11 (22.0)
The treatment of addiction is a waste of money, effort and time	22 (44.0)
Drug abuse should be associated with a substantial penalties	28 (56.0)
Drugs give pleasure to life	23 (46.0)
Drugs harmful effects are overestimated	19 (38.0)
The punishment should be only on those who promote drugs	30 (60.0)
I can take drugs and I can discontinue them whenever I want	34 (68.0)

that most of the prisoners believe that using drugs can lead to death ($n = 43$, 86.0%). Some of them believe that drug use helps the person to overcome the worries ($n = 34$, 68.0%) and help them to work long periods without fatigue ($n = 32$, 64.0%). Surprisingly, prisoners incorrectly believed that they can take drugs and they can stop them whenever they want ($n = 34$, 68.0%) and that drug use does not lead to addiction ($n = 30$, 60.0%) (Table 4).

Discussion

Our results shed some light on drug use between prisoners in Syria of whom vast majority happened to be males in their mid-thirties. Conversely, the findings of World Drug Report in 2018 revealed that peak levels of drug use are seen amongst those aged 18–25.^[18] The study showed that with an average school education, there were many reasons that encouraged the user to take the first step towards drug use. This might mean a close relationship between addiction and low level of education.^[19] On top of these stands unemployment which constitutes along with poverty a common background in other parts of the world.^[20–22] Access to drugs was shown to be relatively easy with most of the cases took place in a friend's house with easy restrictions from society and family. Although this was supported by easy access to most available drug as Hashish, this was unexpected with consideration that people generally come from conservative background which naturally opposes and forbids such practices. This was usually supported by

practices taking place in social events where drinks and smoking behaviours generally occur in restaurants, coffee shops, friend meetings and parties. This practice forms a basis for future plans to raise the awareness in society against drug use and links to the social environment. Notably, this pattern is different from Western countries, where marijuana is the major substance abused. Cultural differences may also be important.^[22] Another important finding is that drug user generally quitted and came back again to the same wrong practice, that is an indicator that these efforts are mostly individual and not based on well-organized rehabilitation programmes and also show that the motivation for drug use is always present.^[23]

Our study showed that euphoria was on top of reasons behind addiction, followed by feelings of happiness and comfortability. These factors accommodate a common reason for addiction in most studies performed where motivation was similar to a large extent in different background and levels in society.^[18] Although many participants showed a good commitment to religious practices, this was not clearly noticeable in drug usage where the religious beliefs showed little effect on the drug usage. Religious beliefs usually change a variety of people's attitudes regarding eating and drinking habits which is not correlated or relevant in our example. Conversely, these social events formed a good occasions where drugs were used on large scale. Here, we found that curiosity also constituted additional factor for people to try drugs when encouraged by friends under no restrictions or previous awareness of dangers of such practice. General incorrect perceptions about drug use were another interest of the present study. This might due to the poor knowledge regarding the risk of drug use,^[2] which reflects the necessity of awareness of complications of drug usage between youth people in school and universities in particular. Young people were shown more vulnerable to drugs especially when accompanied by feelings of boredom and emptiness.

Finally, we need to highlight that this study may have some methodological limitations. Firstly, the study relied on a self-administered questionnaire which may affect the reliability of the data collected. Secondly, the prisoners filled out the questionnaire during an interview with the researchers which may affect their ability to reveal all the ability of the prisoners to freely report their responses. Finally, the study was conducted on prisoners for only two prisons in Syria located in two cities, which may affect the generalizability of the results.

Conclusion

The findings of this study indicate the need to devote more attention to family and peer influences on individual's behaviour by policy makers, in developing preventive strategies. As well as, the need to raise the awareness of individuals in the society about drug use, subsequently, changes their incorrect perceptions towards drugs through several strategies including educational programmes as well as workshops whether in school, universities or the social media.

Declarations

Conflict of interest

The Authors declare that they have no conflicts of interest to disclose.

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Authors' contributions

HA: designed study, collected data, data entry and writing manuscript. SA: designed study, collected data, and writing manuscript. RAF: designed study, data entry, analysed data and writing manuscript. EEA: designed study, data entry, and writing manuscript.

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