

## Drugs in Gaza – addicted to a conflict?<sup>i</sup>

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Many phenomena in the Gaza Strip are surrounded by rumours. Realities about these rumours are never revealed, especially when related to issues that have a moral and political dimension, such as prostitution, drugs and employment in Israel. This is attributed to several reasons, among them is the conservative nature of the society in Gaza, which is still dominated by close familial and tribal relations, thus, acknowledging these issues becomes a societal stigma. But Gaza is not just one traditional Arab society amongst others, but a society under constant siege of Israel and - since 2013 – of Egypt. It is mainly this blockade, which leads to unemployment, poverty and desperation in the Gaza Strip. The situation even deteriorated sharply in the summer of 2014, when Israel fought a 50-day-war against the densely populated small strip on the shores of the Mediterranean. United Nations figures were talking about 2,100 killed Palestinians and 11,000 injured.<sup>ii</sup> The loss of lives was linked to the loss of homes and hopes. Psychological and psychosomatic diseases are widespread, suicide rates have increased.<sup>iii</sup> Against this political, moral and psychological background observing the role of drugs in the Gaza Strip is a political and in various respects sensitive effort.

In addition, political polarization between Hamas and Fatah makes facts published about such issues subject to doubts. Since the Islamic Resistance Movement (Hamas) took over power in Gaza in 2007, it has been trying to underplay the spread of drugs in the Strip. The

justification was given, that the Gaza society is a resistance society and it is important to maintain this image. Therefore Hamas did not declare the real numbers of drug related cases it is dealing with<sup>iv</sup>, whereas in contrast Hamas claims, that some of its political opponents have their media sites<sup>v</sup> that are exaggerating this phenomenon and are publishing figures that are not based on sound scientific bases.

This confusion in spreading information is similar to the chaos of the multiple names used for the “chemical Tramadol” drug, which will occupy a big part of this paper because of its wide spread usage in the Strip during recent years. These names are amongst others: Tramal, Amadol, Tramax, Contramal, Tradol, Tramondin, and Toto. However, the scientific name is “Tramadol” which is similar to the locally used name “Tramdol”. Throughout this paper, we are going to use the term “Tramadol”. Tramadol is an opioid pain medication originally used to treat moderate to moderately severe pain. It was launched and first marketed by the west-German pharmaceutical company Grünenthal in 1977 and is widely produced and used all over the world due to various licenses with various brand names. Like other opioids, particularly a long term use and high doses may lead to physical dependence.<sup>vi</sup>

### Tunnels, weapons and drugs

The spread of drugs in the Gaza Strip is associated with the emergence of weapons

and the state of security chaos witnessed by the Strip during the rule of the Palestinian Authority (PA). Drugs have become widely spread among members of the military wings of some factions.<sup>vii</sup>

Accordingly Dr. Fadel Ashour, a specialized psychiatrist, who treats addicts in his private clinic, explained that “with signs of internal fighting [between Hamas and Fatah related groups, Ed.] that have started to emerge in 2004, and with the presence of many armed groups on the scene, the Tramadol tablets have started to spread among them under the justification that these tablets increase their energy, help overcome fear and the feelings of fatigue.”<sup>viii</sup> Dr. Ashour said that “since then, the Tramadol had started to become widely spread and big quantities of it had entered the Gaza Strip coming from Egypt;” and added that “it was sold for a very low price and it had become accessible to all people.”<sup>ix</sup> However, the main question to be asked is: How did all these quantities enter the Gaza Strip at that time? The digging of tunnels between the Palestinian and Egyptian borders, south of the Gaza Strip, that had started in the 1950’s<sup>x</sup> began to expand in the 1990’s during the period of the PA rule and continued until the beginning of the second Intifada in 2000. This phenomenon had been highlighted again after 2007 with the number of tunnels reaching more than three thousand. Smuggling through these tunnels before 2000 was limited to drugs and gold, that is to say banned items which generate huge profits.<sup>xi</sup> However with the beginning of the second Intifada the use of these tunnels was changing: They have started to become a source of smuggled weapons for the resistance factions. With the beginning of the Israeli blockade on the Gaza Strip, after Hamas seized full control of it by force of arms in 2007, these tunnels became a major source for smuggling commercial goods, including drugs. The main reason for the availability of drugs in the Gaza Strip is the increase in the number of tunnels, especially with the absence of tight control on them.<sup>xii</sup> This is because these tunnels were treated as means for breaking the siege and for resistance purposes, thus, they were considered as serving patriotic aims. The Rafah Province, with its borders with Egypt, had the biggest share of the number of drug crimes

related to the planting of seeds, trading in, and use of drugs in 2008. The number of recorded offenses had reached 82 drug cases and the percentage was 23.4% of the total provinces’ crimes during the same year.<sup>xiii</sup>

Col. Sameh al-Sultan, the director of the General Administration for Drug Control in Gaza, said that the smuggling of drugs into the Gaza Strip has been decreasing over the years, especially after the destruction of the tunnels by the Egyptian authorities in 2013. However, he confirmed that drugs are still coming into the Strip because of the presence of another old kind of thin push force tunnels.<sup>xiv</sup> He added that “these tunnels have been present since the 1960’s and ever since the occupation of the Strip by Israel.” Describing them he said that they are very thin and they are similar to water pipes. “Drugs are put in these pipes and are brought into Gaza by the drag force and it is not easy to discover them because the borders with the Sinai desert are very long and wide,” he explained.<sup>xv</sup> He also spoke about the history of Sinai in the making and planting of drugs. On this he said that “the warm weather is excellent for this industry, especially for the growing of marijuana (known as Bango) and hash.” However, “the Tramadol is manufactured in India and China and it reaches Sinai to be smuggled from there to the Strip through some individuals,” he said.<sup>xvi</sup>

## **Drugs as a means of negative adaptation to the tense situation in the Gaza Strip**

There are many studies on the topic of drugs in the Gaza Strip; among them is the one issued by the United Nations Office on Drugs and Crime (UNODC) entitled “Situation Assessment of Drug Use and HIV among Drug Users in the West Bank and Gaza Strip, 2011.” In this study, sociological factors for the spread of drugs, such as unemployment, ignorance, poverty, overpopulation, and family disintegration were stated. In this context, Dr. Fadel Ashour said that “in the past, we used to say that drugs are widely spread among the poor or the less

educated class of the society. However, today it is spreading among all classes, especially among the educated people and students, although many of them are religious persons and have good moral conduct." He stressed that "the majority of patients who come for addiction treatment are from the middle income people who hold scientific degrees." He added that "this means that this danger is threatening all people and not only the poor class of the society."<sup>xvii</sup> According to Dr. Ashour, there are some main reasons behind the spread of drugs related to psychological pressure resulting from the repeated shocks, the successive wars on the Strip, the strict siege and the many lost dreams of young people as well as of families. He continued saying that "there are many people in the society who try to adapt with these shocks and pressures by using drugs as a mean of negative adaptation." And he explained that "this is having its destructive consequences, which would threaten the stability of the society in the long run."<sup>xviii</sup>

The various studies and reports on this topic indicate that the most popular drug was hash followed by marijuana and other narcotics. These studies confirm that during the last decade the use of other drugs has also become widely spread, though, with the Tramadol tablets topping the list of these drugs, and thus becoming the most widely used drug. The study of Maysa al-Abadleh from the Islamic University in Gaza shows that the use of the Tramadol has become dramatically and alarmingly spread and that Tramadol has become a common phenomenon among all social groups such as male and female university, high and middle school students, the working class, the addicts, the unemployed, and those who are searching for sexual aphrodisiacs. In the same context Col. Sameh Sultan explained that the wide spread of these drugs is related to their low prices and to the fact that there are no rituals needed for using them. "A person can use these drugs if he is alone and it is easy to hide them," he added.<sup>xix</sup>

## Addicts – A glimpse on some personal stories

During a visit to the Kamel and Tammam Sanatorium opened by the Palestinian Society for the Treatment of Addiction Victims in northern Gaza Strip - which was recently closed due to the lack of adequate funding -, I met Shakir<sup>xx</sup>, a young man who had been treated there. Shakir told his story with addiction and said his father was at the point of death in the hospital, but he left him to quickly take a Tramadol tablet. "I put the whole strip of tablets in the pocket of my jacket and went back to my father's room to find that he had passed away while I was out," he said. "He used to love me and he knew that I was an addict, but he didn't want to admit it," he said and added that "he had opened a cloths shop for me, although I was young, in order to invest his money and in this business I met a new kind of people."<sup>xxi</sup> This business world, which was opened for Shakir while he was only 16 years old, made him try things he had never tried before. He started to drink spirits, smoke hash and marijuana and finally he tried Tramadol in 2007. Since that day, he did not stop using this drug and everyday he takes more than 5 tablets. In the Kamel and Tammam Sanatorium, there were more than 20 beds. It used to provide psychological, spiritual, athletic, and entertainment treatment and it used to completely end any relation between the addicts and drugs or sedatives in what is called the 'dry-out treatment' method. Shakir is now 22 years old, but with his pale face and some missing teeth, he looks much older. He said that he had decided to go to the sanatorium because he had problems with the people around him which had made him end up in prisons more than one time. He also went to the hospital for treatment from multiple fractures because of the convulsions caused by Tramadol which he had taken while driving a motorcycle. This had led to an accident that had injured his limbs and made him undergo implant operations.<sup>xxii</sup>

Ahmad<sup>xxiii</sup> is another addict. His face shows an expression of apathy as well as shame. He said that he knows that the Tramadol has full control over him, but he added that he cannot quit it because it is easy for him to get it and at

a low price. "The economic conditions and the pressure of problems I have with my wife have made me use the Tramadol again although I was able to quit it before for one month after five years of addiction," he explained.<sup>xxiv</sup> Before the destruction of the tunnels in July 2013, the cost of one tablet strip was 30 Shekels, which was equivalent to US \$ 8. Now, one tablet is selling for US \$10 - trading in Tramadol is a profitable business. Ahmad added that he used to leave the sanatorium, and to go to young people's wedding parties. "They distribute Tramadol tablets together with the juice. I used to take the tablet and put it in my pocket and refuse to take it, but on the second day, I take half of it and on the second day I take the other half," he said. "In this way, I started to take 3 to 4 tablets a day," he added and confirmed that he smokes the hash but when he stops it he does not feel the same urge he feels when he stops taking the Tramadol.<sup>xxv</sup>

Reference to female drug users, addicts or traffickers, in most of the sources which this paper relies on, is almost non-existent. The study of UNODC dealing with drug use in the Gaza Strip pointed out that it is difficult to communicate with female users. From among 352 drug users covered by the study, only three women were interviewed and none of them was from Gaza despite the fact that 41.8 % of those covered by the study were from the Gaza Strip.<sup>xxvi</sup> The study mentioned that this may reflect the low percentage of drug users amongst women, but it is also a sign of difficulty in reaching out to female drug users. Given the traditional society in Gaza Strip, women prefer to maintain more personal secrecy and are afraid of saying publicly that they have drug addiction problems because they feel threatened by their society when it becomes known that they have drug addiction problems.<sup>xxvii</sup> However, during a meeting held in his office, Ala al-Batsh, the Deputy Director of the General Directorate for Drug Control in Gaza, said that "the number of women involved in drug cases is very low and is almost negligible in the Strip." He added that "in every society there are cases from both sexes, but given the conservative nature of our society, the number of women involved in drug issues is much less than the number of men."<sup>xxviii</sup> He continued further that "most of the women

undergo trials in drug cases because they try to cover up the involvement of their husbands or children. A mother or a wife might hide the drugs in her body during a home inspection, or when she visits her husband in prison and it is in this way that she becomes involved and prosecuted."<sup>xxix</sup>

## Contradicting Figures

It is difficult to get safe data and clear figures on drug-abuse in Gaza. Official representatives of the security apparatus like Colonel Sultan, the director of the Drug Control Administration, do not see a particular drug problem in the Gaza Strip: "all countries of the world, whether rich or poor, suffer from the drug phenomenon,"<sup>xxx</sup>— as he pointed out and was then adding, that "the spread of drugs in the Strip is similar to any other crime in any society and we cannot say that it has become a phenomenon or that it is threatening the society."<sup>xxxi</sup> Even more, he gives the impression, that the drug problem in Gaza is smaller than in other societies: "We are a Muslim society, where everyone feels he is observed by God. Hence it is difficult for people to commit this religiously forbidden crime."<sup>xxxii</sup>

But if one asks medical doctors like the psychiatrist Dr. Fadel Ashour, who treats addiction cases at his clinic, it does not seem to be very difficult for people, to "commit this religiously forbidden crime": In his point of view, the spread of drugs during the current year has become a deadly infectious disease among members of the society.<sup>xxxiii</sup> The same line of argument is shared by Sameh Hamdan, the Director of the Aftercare Association for Criminal Prisoners. He supported his statement by giving figures on crime rates saying that 30% of the committed crimes in 2015 are directly or indirectly related to drugs.<sup>xxxiv</sup>

These antagonistic points of view are reflected in the figures referred to: While Colonel Sultan states that the drug crime community (i.e. dealers, distributors and addicts) does not exceed 3% of the population of the Gaza Strip,<sup>xxxv</sup> Dr. Ashour referred to a three year old sample study mentioning around 300.000 addicts (which would mean a share of 16,7 % of

the population!).<sup>xxxvi</sup> Since the Public Relations Department of the Interior Ministry, led by Hamas in the Gaza Strip, is the only source of official figures, many observers are sceptical about their authenticity: e.g. Dr. Ashour means that “there is a clear cover up regarding numbers, because talking about them can clearly show the failure of their societal model, which they have tried to introduce as an ideal Islamic resistance society.”<sup>xxxvii</sup> But since the figures of Dr. Ashour are based on a three-year old sample which might not be representative, we cannot take these figures as valid ones as well. In quantitative terms the issue of drugs in Gaza keeps being an open question.

## Criminalizing drug addicts

Like with regards to the spread of drugs in the Gaza Strip, the evaluation of how to cope with this problem is quite different by representatives of the security forces on the one hand side and of people from the medical field on the other: In the point of view of Colonel Sultan the low-threshold use of violence by the security forces is contributing to the reduction in the spread of drugs and the enforcement of security.<sup>xxxviii</sup>

On the other side, the psychiatrist Dr. Ashour stressed that “drug addicts are sick but not criminal persons. He explained that “the security solution and dealing with addicts like criminals is a big mistake and will not reduce the spread of drugs.”<sup>xxxix</sup> In his perspective, there are three illusions with regard to dealing with the drug issue in the Gaza Strip: The first is judging the addict as a person with no morals and a person who is distant from religion despite the fact that many addicts are very religious persons and have good conduct. The second illusion relates to the belief that the spread of drugs is caused by a conspiracy from outside the society and the last illusion is the dealing with the drug issue as a problem that should be resolved in a police manner.<sup>xl</sup> To argue for an alternative strategy based on medical help, Dr. Ashour describes the following scenario: “When a Tramadol addict all at once stops taking the tablets, he becomes addicted to sedatives,” he said and added that “sedatives cannot be resisted, because people

need to be addicted as a result of anxiety and lack of expertise on how to naturally adapt to their situation.”<sup>xli</sup> This shows that the medical approach to the drug problem needs to be very comprehensive to be successful.

Sameh Hamdan, the Director of the Aftercare Association for Criminal Prisoners, who shares the criticism towards a “security solution”, suggests three main stages of an embracing social strategy to tackle drugs: awareness, prevention, and finally treatment.<sup>xlii</sup> He stressed that “most of the addicts who go to prisons and who are suddenly forced to stop the use of drugs become more vulnerable to addiction.” For this reason, he confirmed that “the solution lies in creating a society that agrees on treating the addicts’ psychological, physical and family problems.”<sup>xliii</sup>

Given a) the quite different analysis of the situation, b) as well the antagonistic strategies of dealing with it and c) further on the character of the drug issue as social taboo, an agreement of the society as envisaged by Sameh Hamdan seems to be very far away – even if his arguments are convincing.

## Sanatoriums – No places for the sick

During the rule of the PA no public or private therapeutic sanatorium had been established. All addicts and drug users are sent to rehabilitation centres and prisons without receiving any real treatment. The only exception is the Kamel and Tammam Sanatorium that has been closed due to a lack of funding. Ghassan Awad, the director of the Palestinian Society for the Treatment of Addiction Victims, that had established the sanatorium, said that the sanatorium was receiving around 20 patients on a monthly basis and these patients used to receive treatment over a period of 15 to 30 days. He added that the society continued to receive addicted patients for three years and a half and it had treated 750 addicts.<sup>xliv</sup>

Against this background considered that the closure of the sanatorium had deprived hundreds the opportunity of getting treatment

and he added that “to keep the Sanatorium open, we need to ensure that there are salaries, rent and the expenses of patients.” According to Awad, “the sanatorium needs around US \$ 15.000 per month, which is an amount it was hoping to be able to provide.” However, “during the past three years and a half, we had only spent more than US \$ 2.000 per month because of severe austerity,” he explained. To keep it open, he had knocked the doors of international, private and civil society organizations working in the health field in order to get funding and attention for the sanatorium, but none of them did extend a helping hand.<sup>xlv</sup>

Attempts of the UNODC to engage with the problem of drugs in the Gaza Strip were short lived as well, though more widespread: On the attention of international and UN agencies, Khaldoun Owais, from the United Nations Office for Drugs and Crime (UNODC), said “some years ago, we had Dr. Muhammad al-Afifi, our representative in the Gaza Strip and then we had supported the SARC-AMAN Foundation in 2010 through supporting programs concerned with the treatment of health effects caused by drugs.”<sup>xlvi</sup> He added that the UNODC had also paid attention to this phenomenon in 2012 by supporting the program on easing the dangers of drugs, implemented by the Gaza Program for Mental Health over a period of 6 months. He explained that now, the UNODC is training the Ministry of Health cadres as well as other concerned institutions on how to deal with drug users, through the organization of training sessions at the Palestinian Red Crescent headquarters related to passing awareness messages and reducing the harmful effects of drug use.<sup>xlvii</sup> He confirmed UNODC’s intentions to support institutions working in the drug field by the beginning of 2016, or when the necessary funding is made available – which again seems to be the weak point in these efforts. Owais pointed out that the UNODC has started the setting up of a sanatorium in the West Bank, which is expected to be completed in 2017 and it will then be ready to receive cases referred to it from the Gaza strip.<sup>xlviii</sup> If this sanatorium really will start functioning and if it will be able to substitute the needed capacities in the Gaza Strip itself, remains to be seen. Given the ongoing siege on the Gaza Strip, it

can be doubted, that the transfer of patients on a large scale from Gaza to the West Bank will be successful. But irrespective of the prospects of UNODC’s efforts, these plans itself show, that the problem of drugs in Gaza is a severe one which gets slowly more attention.

## Inevitable Endings

Shakir and Ahmad, the two young men, need a caring environment to protect them and restore their confidence in order not to have a new setback after months of weaning off drugs. When one listens to them, a question comes to one’s mind about their fate. Some young people in Gaza have the will power to dig an underground city of tunnels, but they do not have the same will to throw the Tramadol tablet! The solution to get rid of the drugs or to mitigation is to detect the real numbers of the drugs addicts in the Gaza Strip, and to be transparent and clear in dealing with this situation. Furthermore it is essential to have a specialized centre in the middle of the city, and to announce it publicly in order to make it less stigmatised to go there and ask for treatment. By doing this the families will be able to better deal with addicted family members and make them heal. This is also, because the nature of the social life in Gaza is flexible and not-rigid as a result of the dramatic political changes over the years, so it is possible to deal with the addiction crisis with great openness instead of security violence and arrogance towards the addicted. This needs a step forward by the government, civil society organizations, families and the political parties. In addition, it needs a media campaign to send a message to the addicted that to get rid of addiction is most important for your reputation because the society forgives and forgets.

On the proposed solutions, the lawyer Salah Abdel Ati said that “programs and policies should be designed to strengthen the protection aspects and reduce the danger levels. They should become the incubator of children and youth who have been subjected to social, economic and political problems. Moreover, awareness should be spread to enable them to face all kinds of drugs, or rituals of their use

individually or collectively.”<sup>xlix</sup> He added that “it is also important to rehabilitate and support the police agencies responsible for dealing with young people in drug cases and it is equally important to have modern equipment and sophisticated devices for the detection of drugs instead of relying on the harshness and violence of the human cadre.”<sup>i</sup> Abdul Ati pointed out that “in order to ensure the success of the treatment and awareness programs, the drug reinforcement officers should abide by the anti-drug law by abstaining from torturing and beating drug users and by dealing with them as victims.”<sup>ii</sup> However, Hamdan from the Aftercare Association believes that the solution lies in financing a sanatorium capable of providing a suitable environment for the treatment of hundreds of addicts. The funding should also be used for the rehabilitation of an integrated team composed of psychologists and nurses in order to set up the first therapeutic society, which relies on treating addicts through their families and inside their homes, in addition to clinical treatment for dangerous addiction cases.<sup>iii</sup> In order to establish such a sanatorium, there should be a real care for those young men who are being criminalized instead of being cared for. There should be joint efforts by the government, the society and the Palestinian factions (i.e. mainly Hamas and Fatah) for the provision of the financial means needed for establishing it, instead of standing in the way of such projects on the pretext that the society is an ideal one and it is a religious society that does not need clinics for the treatment of addicts, but it rather needs laws to incriminate and stigmatize them.

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## Interviews:

- An interview with two young drug addicts: Ahmad and Shakir at the Kamel and Tamam Sanatorium on 28/06/2015, north of the Gaza Strip.
- An interview with Fadel Ashour, a psychiatrist who treats addiction cases, at his clinic, dated 28/07/2015.
- An interview over the phone with Salah Abdel Ati, a lawyer who had prepared many legal studies in the field of drug laws, dated 26/07/2015.
- Two interviews with Ghassan Awad, the director of the Palestinian Society for the Treatment of Addiction. The first interview was held at the Sanatorium headquarters, north of the Gaza Strip on 28/06/2015, and the second one was over the phone and it was conducted on 24/07/2015.
- An interview with Ala al-Batsh, the deputy director of the Drug Control Administration in his office in the Drug Control Administration on 27/07/2015.
- An interview with Sameh Hamdan, Director of the Aftercare Association for Criminal Prisoners over the phone, on 25/07/2015.
- An interview with Khaldoun Owais, the United Nations Office for Drugs and Crime (UNODC) over the phone on 16/8/2015.
- An interview with Col. Sameh Sultan, the Director of the Drug Control Administration, at his office in the Drug Control Administration, on 27/07/2015.

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- <sup>i</sup> This paper is based on the Arabic text of the author "The Myths of Drugs in the Gaza Strip" (RLS PalPaper 2015). For the English version it has been shortened and edited by Florian Hoellen, RLS.
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- <sup>iii</sup> Katja Hermann, February 2015, Gaza after the War: Why is a Political Solution Necessary and Why it should not be Only about Reconstructing the "Prison" (Pal Papers, ed. by RLS Regional Office Palestine), p. 3.
- <sup>iv</sup> <http://www.naba.ps/arabic/?Action=Details&ID=91850>.
- <sup>v</sup> E.g.: <http://www.fateh-voice.ps/arabic/?Action=Details&ID=36739>.
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- <sup>viii</sup> Interview with Dr. Fadel Ashour, 28/07/2015.
- <sup>ix</sup> Interview with Dr. Fadel Ashour, 28/07/2015.
- <sup>x</sup> Ghassan Abu Hatab and Sameer Abu Mdallaleh, 2014, The Phenomenon of Tunnels in The Gaza Strip: Shattered Economy, the Catholic Marriage and a Bitter Harvest," University of Bir Zeit, Center for Development Studies, Palestine, p. 2.
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- <sup>xiii</sup> Maysa al-Abadleh, 2010, The Impact of Drugs on the Palestinian Reality in terms of Crime Incidents, the Islamic University, Gaza, Palestine, p. 48.
- <sup>xiv</sup> Interview with Col. Sameh Sultan, 27/07/2015.
- <sup>xv</sup> Interview with Col. Sameh Sultan, 27/07/2015.
- <sup>xvi</sup> Interview with Col. Sameh Sultan, 27/07/2015.
- <sup>xvii</sup> Interview with Dr. Fadel Ashour, 28/07/2015.
- <sup>xviii</sup> Interview with Dr. Fadel Ashour, 28/07/2015.
- <sup>xix</sup> Interview with Col. Sameh Sultan, 27/07/2015.
- <sup>xx</sup> Name changed in order to preserve anonymity.
- <sup>xxi</sup> Interview with Shakir, 28/06/2015.
- <sup>xxii</sup> Interview with Shakir, 28/06/2015.
- <sup>xxiii</sup> Name changed in order to preserve anonymity.
- <sup>xxiv</sup> Interview with Ahmad, 28/06/2015.
- <sup>xxv</sup> Interview with Ahmad, 28/06/2015.
- <sup>xxvi</sup> UNODC, 2011, Situation Assessment of Drug Use and HIV among Drug Users in the West Bank and Gaza Strip, a report in cooperation between Awrad Center and the Palestinian Ministry of Health, p. 3.
- <sup>xxvii</sup> UNODC, 2011, Situation Assessment of Drug Use and HIV among Drug Users in the West Bank and Gaza Strip, a report in cooperation between Awrad Center and the Palestinian Ministry of Health, p. 5.
- <sup>xxviii</sup> Interview with Ala al-Batsh, deputy director of the Drug Control Administration, 27/07/2015.
- <sup>xxix</sup> Interview with Ala al-Batsh, deputy director of the Drug Control Administration, 27/07/2015.
- <sup>xxx</sup> Interview with Col. Sameh Sultan, 27/07/2015.
- <sup>xxxi</sup> Interview with Col. Sameh Sultan, 27/07/2015.

- xxxii Interview with Col. Sameh Sultan, 27/07/2015.
- xxxiii Interview with Dr. Fadel Ashour, 28/07/2015.
- xxxiv Interview with Sameh Hamdan, Director of the Aftercare Association for Criminal Prisoners, 25/07/2015.
- xxxv Interview with Col. Sameh Sultan, 27/07/2015.
- xxxvi Maysa al-Abadleh, 2010, The Impact of Drugs on the Palestinian Reality in terms of Crime Incidents, the Islamic University, Gaza, Palestine.
- xxxvii Interview with Dr. Fadel Ashour, 28/07/2015.
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- xlix Interview with Salah Abdel Ati, lawyer, 26/07/2015.
- i Interview with Salah Abdel Ati, lawyer, 26/07/2015.
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- iii Interview with Sameh Hamdan, Director of the Aftercare Association for Criminal Prisoners, 25/07/2015.

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