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Drug Addiction in North Palestine

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Dedication

**To My Beloved Family
With Love**

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List of Abbreviations

A.D A	Anti Drug Administration (Palestinian)
ADHS	Attention Deficit Hyperactivity Disorder
A I D S	Acquired Immune Deficiency Syndrome
AOD	Alcohol and Other Drugs
CASA	Canadian Association of Substance Abuse
CBT	Cognitive Behavioral Therapy
CNS	Central Nervous System
D M T	Dim ethyl Tryptamine
E M C D D A	European Monitoring Centre for Drug and drug Addiction
G A B A	Gamma Amino butyric Acid
H I V	Human Immunodeficiency Virus
J A M A	Journal of the American Medical Association
L A A M	Levo Alpha Acetyl Methadol
L S D	Lysergic acid Diethylamid
M A O	Monoamine Oxidase
N A D A	National Association of Drug Abuse
N G O	Non Governmental Organization
N I D A	National Institute on Drug Abuse
U N	United Nations
O D C C P	Office for Drug Control And Crime Prevention
P A A	Palestine Autonomous Areas
P C P	Phencyclidine
P P F	Palestine Police Forces

Abstract

This research concerns the problem of drugs and drug addiction in northern Palestine. Although this problem has accrued in the last three decades and it currently represents a serious threat to our society, there are very few studies on the issue and programs related to drug awareness and rehabilitation are scant. This study aims at defining the drug problem in northern Palestine: types of drugs used and their availability, networks of distribution, definition of users and trends of addiction, it also examines the level of awareness of the dangers of drug use among Palestinians and their understanding of its socio-economic impacts on the one hand, and their attitudes towards addicts, on the other hand. Finally it aims to study and define risk factors and their possible effects.

In Palestine, there are no centers for treatment of addiction or for development of research in the field of addiction; this study proposes a few answers or solutions on how to address the problem. There is discrepancy between our findings about the number of drug users (the percent the study found is more than 4%) and those officially declared (less than 0.5%). This makes it urgent to draw the attention of those who are directly and indirectly concerned with the issue among official bodies and the community and stress the need for a widespread awareness campaign particularly among the youth who are a most vulnerable target group.

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Chapter One

Review of Literature

1 Introduction

1.1 Drug Addiction in Palestine

The situation, with regard to drug abuse, is difficult to assess due to the lack of reliable data and statistics. Drug abusers in Palestine are faced with socially imposed inhibition to admit their dependence and seek treatment (see moral model of addiction). Any how it is believed that there are 25-30 thousands abusers in Palestine, among them there are 3-5 thousands addicts (PPF, AL-Quds, 16/6/200).

The Palestinian Police Forces (PPF), reported small-scale cultivation of both cannabis and opium in the Palestine Autonomous Areas (PAA), the PPF efforts resulted in the destruction of 3415 cannabis plants in 1996, and some 1060 plants of opium poppy have been destroyed in 1995; there are no reports of illicit drug manufacture or diversion of precursors. Trafficking of drugs is confined mostly to male workers commuting in and out of the areas under Palestine authority, the most trafficked drug is cannabis products. Seized drugs include Banjo, heroin, Opium, cocaine, and sedatives (ODCCP- Egypt office).

Heroin is seized mainly in the West Bank, where possession and illicit trafficking of amphetamines, flunitrazepam (Rohypnol) and fenetyline (Captagon) are also more widespread. Cocaine appears to be more prominent in Gaza. The latter phenomena may reflect the purchase power

of some parts of the Gaza society, whereas the former patterns may be due to both the influence of the Israeli illicit market and the vicinity of the west bank to the trafficking route in neighboring Jordan (UNODCCP, Egypt Regional Office).

The legal system with regard to drug control is not yet harmonized in the areas of PNA; For the time being, in the Gaza strip, the old Egyptian law on narcotic drugs is applied, in the west bank, the old Jordanian law is in force, both dating from the time before 1967.

By the year 2000, there were 800 drug-related cases which need to be discussed in the Palestinian courts (Al-Quds, 16.6.2000).

The international classification of diseases (ICD 10) codes refer to dependence syndrome as: a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than other activities and obligation, increased tolerance and sometimes a physical withdrawal state (Swinson, R. P; Derek, E., 1978)

1.1.2. Characteristics of North Palestine -Tulkarem

Tulkarem has been an agricultural town till the year 1967 enjoying simple social relations; till that time, the problem related to drug

consumption, production and trafficking was minimal and not apparent, but the moment it was occupied, its image has completely changed as the occupation authorities practiced a severe policy that demolished the structure of the economic base, the majority of people went to work at the Israeli workshops. This was the main element that opened the door for the entire change of the individual, family and society status. In the past three decades of occupation, those factors concerning socio-economic life led to the emergence of a new society, in which drug addiction related problems is noticeable. Leaving to work, people used to pass through mainly different culture and civilization. The interrelation changed accordingly as women began to play multi-folded roles, leaving their families and kids for many hours. In this context, not only parents were forced to leave, but also teen-agers abandoned their schools and were involved in that operation, in both local and Israeli workshops, suffering absence of care and supervision where they became economically independent the matter that changed their position in the family. This situation conveyed new practices and changed morals, which affected the roll of the father, the family and social ritual as a whole.

Geographical framework of Tulkarem has completely changed as it formed with the neighboring villages and camps one unified block, surrounded by the green line from the west with the Arab villages and

Jewish settlements, and the city of Natanya (18 km to the west). In addition to the above mentioned factors, we have to mention the role of the Israeli in promoting drug trafficking and consumption, especially in the areas known as B and C areas.

In the year 1997 the Palestinian statistic department issued statistics that showed the bulk of the problem, Tulkarem suffered 22 percent out of the total drug problem in the West Bank. Other statistics issued by the Palestinian Anti-drug Department showed that among 548 drug related cases, 48 were in Tulkarem and this is the highest rate for a single city.

1.2 Addiction, habituation, and dependency

There is frequently confusion about the way these terms are used; drug addiction is defined as a state of periodic or chronic intoxication produced by the repeated consumption of a drug. Its characteristics include the following:

1. An overpowering desire or need to continue taking the drug and to obtain by any means.
2. A tendency to increase the dose, though some patients may stay definitely on a stationary dose.
3. A psychological and physical dependence on the effects of the drug.

4. The appearance of characteristic abstinence syndrome in a subject from whom the drug is withdrawn.

5. An effect detrimental to the individual and to society.

Drug habituation is a condition resulting from the continued consumption of a drug and its characteristics include the following:

1. A desire to continue taking the drug for the sense of improved well being which it engenders.
2. Little or no tendency to increase the dose.
3. Some degree of psychological dependence on the effect of the effect of the drug. But absence of physical dependence and hence of abstinence syndrome.
4. Detrimental effects, if any, primarily on the individual himself.

The W.H.O. experts committee considered the often confusing ways in which the term addiction has been used, and in 1969 decided to introduce the term dependency, Dependence on drugs is “A state, psychic and sometimes physical, resulting from the interaction between a living organism and a drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience it’s psychic effect and some times to avoid the discomfort of it’s absence.

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1.3 History of drug abuse/ prohibition

The history of drug goes back to 5000 B.C when the summaries used opium, suggested by the fact that they have an ideogram for it which has been translated as Hull, meaning “joy” or “rejoicing”, the earliest production of alcohol began 3500 B.C in Egypt.

In Greece, the Aphrastus (371-287 B.C) a Greek naturalist and philosopher, recorded what has remained as the earliest undisputed reference to the use of poppy juice, the use of tea in china began five thousands years ago, but only in year 350 A.D., they mentioned it in a Chinese dictionary.

History of tobacco smoking began in the year 1493, it was introduced into Europe by Columbus and his crew returning from America, two hundred years after, in Russia, CZAR Michael executed any one on whom tobacco is found; Czar Alexei rules that any one caught with tobacco should be tortured until he gave up the name of the supplier; the use of

tobacco was prohibited also in Bavaria, Saxony and in Zurich, and Sultan Murad (IV) of the ottoman Empire decrease the death penalty for smoking tobacco, he punished the smokers by beheading, hanging or crushing their hands and feed.

History of drugs anyway is not separated from policy, in 1717 liquor licenses in Middlesex (England) was granted only to those who “would take oaths of allegiance and of belief in the king’s supremacy over the church”.

Early, more than two hundred years ago the physicians began to study the adverse effect of drugs on both the somatic and psychological wellbeing of man.

Benjamin Rush published his “Inquiry into the effects of ardent spirits on the human body and mind” .in it calls the intemperate use of distilled spirits a ”DISEASE” and estimates the annual rate of death due to alcoholism in the U.S. as not less than 4000people in a population then less than 6million. Five years after his publication ,Rush persuades his associates at the Philadelphia college of physicians to send an appeal to congress to impose such heavy duties upon all distilled spirits as shall be effective to restrain their intemperate use in the country.

Three hundred years after Columbus introduced tobacco into Europe, Napoleon’s army, returning from Egypt in 1800, and writers in Paris develop their own cannabis ritual, leading in 1844 to the establishment of

“Le club de Haschischins” (William A. Emboden).

As we mentioned, the opium was widely used in China and the far east nearly one thousand years ago, Poverty obliged the people to use opium in order to increase their ability to endure fatigue and starvation, but in the end of the eighteen century, the first prohibitory laws against opium in China are promulgated and the punishment for keepers of opium shapes was strangulation. But that laws were not enough, China interred two wars to keep opium away from her boundaries and to end the control of Great Britain upon opium.

Medical personal, who is exposed to drugs, is at high risk to use and abuse these drugs, The John Hopkins Hospital in Maryland was opened in 1889, one of it's world-famous founders, Dr. William Halsted, is a morphine addict.

In the beginning of the last century in 1903 the composition of Coca-Cola was changed, coffin replaced cocaine, it contained until this time (Gold, M.S., 1992).

The father of U.S. anti-narcotics laws, give cocaine to their Negro employees to get more work out of them. By the 1951, according to United Nations estimates, there are approximately 200 million marijuana users in the world, the major placed being Indian, Egypt, North Africa, Mexico and the United States.

In his speech in the white house, the American president announced

that “More than 280metric tons of cocaine and 13 metric tons of heroine enter our country each year. There are 3.9milllion drug users in America, who need, but who didn’t receive help, illegal drugs cost our health care system almost\$ 15 billion a year (\$3.8billion for treatment). 70% of the world’s opium trade comes from Afghanistan, resulting in the significant income to the Taliban (Bush J. W., 2002).

1.4 Classification of the more abused psychoactive on the C.N.S

1. Generalized effects on the brain

A. Central nervous system depressants

These include: Ethanol (Alcohol), Barbiturates, Phenobarbital (Nembutal) and Secobarbital (Seconal)

Nonbarbitorate sedatives-hypnotics

These include: Glutethimide (Doriden), Methaqualone (Quaalude), Ethchlorvynol (Placidyl), Hydroxyzine (Vistaril), Meprobamate (Equanil) and Diphenylhydantoin (Dilantin).

Benzodiazepines:

These include: Chlordiazepoxide (Librium), Diazepam (Valium), Flurazepam (Dalmane), Alprazolam (Xanax), Anesthetics, Nitrous oxide (Laughing gas) and Halothane (Fluothane)

Volatile solvents:

These include: Toluene, Benzene, Cannabinoids (low dose) and Marijuana.

B. Central nervous system stimulants

These include: Amphetamines (speed), Amphetamine (Benzedrine), D-amphetamine (Dexedrine), Methamphetamine (Methedrine), Cocaine, Caffeine and Nicotine.

2. Localized effects on the brain**A. Affective (limbic) center depressants**

These include: Antipsychotic, Phenothiazine, Prochlorperazine, Antidepressants, Tricyclics, Amitriptyline, Nortriptyline, Imipramine, and Doxepin.

B. Psychedelics or hallucinogens

These include: Lysergic acid diethylamide (L.S.D.), Dimethyltryptamine (D.M.T), Mescaline, Psilocybin (magic mushrooms), Dimethoxyamphetamine (S.T.P), Phencyclidine and Cannabinoids (large dose).

1.5 Causes of drug addiction

There are many theories and beliefs about the causes of substance abuse and substance addiction. Studies and research have proved some of

those theories to be false. For example, the moral model attributes the cause of substance abuse to moral weaknesses in the character of people.

Proponents of this theory believe change is possible only through personal motivation and efforts. This model has no enough support within the drug addiction specialists (Singer, 1992), but unfortunately, still a widely held belief among significant segments of the general population, especially in our society.

Substance abuse, like other physical or mental disorders, is multifaceted and complex. Many viewpoints have been developed that appear to have validity in advancing an understanding of alcohol and other drug addictions. Most researchers and practitioners agree that a single comprehensive understanding of addiction that applies to all persons and circumstances has not yet evolved. Researches have shown that certain factors correlate strongly with the early initiation of drug use (Hawkins, Lishner, Jenson, and Catalano, 1987) and found that among youth with histories of drug and alcohol involvement and delinquent behavior, these factors are proportionately more prevalent. A given youth may experience several of these problems and not become involved in delinquency or substance abuse. However, a combination of several of these factors is a stronger indicator of the possibility of such behavior (Hawkins *et al.*, 1987).

The Conceptual model which is proposed to explore health behaviors, considers three groups of factors that include all the force, motivations, attitudes, variables, and different influences in the drug abuse and addiction.

1.5.1 Predisposing factors in the abuse of drugs

1.5.1.1 Adolescence

It is apparent that the period of greatest risk for beginning the use of cigarettes is in the age 12-13 years, and the age of 15 years is the time of greatest risk for initiating alcohol use and for beginning marijuana smoking (Dupont, Robert 1989), Current data also indicate that for many youth, alcohol and other drug use actually begins before the age of 18 (Abu-Arab, M, 1987). The teen and preteen years are times of exploring new ideas, times of fast learning and for risk-taking (Razavi and Rebbeca, 1989). People exhibit an excessive drive in their pursuit of new and novel sensations and stimulation. Preteenager in this age is ready to experiment many new behaviors as part of the natural process of separating from parents and developing a sense of independence and self identity. At the same time, adolescence tend to develop an increased sense of concern with there own appearance and abilities—described as adolescent "Egocentrism", these two conditions make teenagers especially vulnerable to the influences of peer groups.

Adolescents often accept dares to discover and try the unknown including smoking, alcohol and other drugs. Teenagers have no experience and their decision making ability is limited and they have no control over their impulses. It is known that the time of the first use of alcohol or other drug is very important for the future possibility to continue alcohol and drug abuse, the younger the age when teenager first use alcohol or other drug, the more likely he will have alcohol and drug problems.

Signs that appear to be linked with teenagers' abuse and drug-related problems include school failure, low interest in school and adult achievement, rebelliousness and alienation, early antisocial behavior, easy and frequent lying, lack of empathy for others' feelings, insensitivity to punishment and early use of alcohol and other drugs.

1.5.1.2 Personality

Tobacco and alcohol (and other psycho-active drugs) are often used as a coping method in dealing with problems of self-identity, self-esteem, boredom, family discord, academic pressure and chronic depression.

In some instances drug abuse is related to asserting independence or more simply a self-indulgent desire for well-being. One of the dangers associated with any drug taken for coping purposes is that its prolonged use tends to undermine self-esteem and personal power. Temporary feelings of enhanced power, confidence, security and even creativity are attributed to the drug rather than to the self.

As the drug is credited for its beneficial effects, drug takers tend to confirm their own personal deficiencies and thereby prolong their dependence on chemicals (Dube, *et al.*, 1980). Long-term survey of drug use in normal populations suggest that personality factors indicative of maladjustment, usually precede the use of marijuana and other illegal drugs, delinquent and deviant activities, as well as attitudes and values favorable to defiance, also occur before involvement with illicit drug use.

Despite extensive studies to link certain personality traits to a predisposition for drug use as well as for addiction, no general "addictive personality" seems to exist (Berkely, W., 1990).

Escape to the inner self is one response of people who feel estranged from society and close friends. Surrounded by ugliness, confusion and people who can't be trusted or believed, the person undertakes a search for inner world with beauty, meanings and truth. Without a meaningful past and unwilling to plan for an unknown and uncontrollable future, the modern person tends to focus on the here- and-now; now experience is the hallmark of the now generation; Hedonism had ascended its throne.

1.5.1.3 Drug fads and myth about drugs

People are often caught up in one fad or another, new clothes fads, hairdos, or music fads; whatever new is often considered better. The drug culture is no exception. The much-publicized gurus and entertainment

stars, aided by sensational accounts of drug happenings in the news media and the lyrics of "acid" and "heavy metal" rock, have raised the hopes and aspirations of many with the psychedelic gospel of salvation (Charles, R., 1993). Unscrupulous chemists and pushers, seeking a wider sales market, develop new fads in illegal drugs. However, the drug user seeking new sensations with "fad" drugs may risk serious physical and mental impairment, many face death.

Designer drugs, unlike "designer clothing" are dangerous and potentially lethal. These fad drugs are created by changing the molecular structure of one element of a legal drug. Synthetic heroin, named Fantanyl, which is commonly called "China White" or "Persian White". This drug is 100-200 times more potent than heroin, and is so powerful that a very small amount may be fatal. In some cases, heroine look-alike has caused Parkinson's disease-like symptoms of jerking motion, shaking, rigidity irreversible brain damage and death.

Clove cigarettes, another fad, have caused great concern in the U.S., these cigarettes contain 40% ground clove leaves mixed with 60% tobacco. Eugenol, a toxic substance in the clove leaves, is an anesthetic, when burned, this substance may cause serious damage to the lungs, and deaths have been reported from extreme lung irritation, which results in blister-like formation blocking normal breathing.

Other fads seen recently include licking frogs, smoking banana peels,

mainlining or injecting various drug combinations. Users continue to invent new ways to get high, without thinking of the seriousness of their action and taking unknown risks with potentially lethal combination. Unfortunately, in the Palestinian society, there is an acceleration of the number of peoples who use -in fact abuse- the water pipe with Molasses tobacco, especially young age group with relatively high female participation.

1.5.1.4 Changes and conflicts in society

This group of factors has its' significant effect on drug use first of all because it affects a big numbers through all the classes of any society. Among the factors which can increase the drug abuse behavior is the adverse economic conditions, both in case of affluence and poverty.

Female roll and behavior in society had been changed worldwide in the last few decades; the civilization and women's movement had and still have notable effect on the female-status, with deep consequences both inside and outside the family structure; As a result of those two factors, economic confusion and family destruction, on can expect the manifestation of permissiveness, normlessness and individualism as the philosophy of Freedom, the freedom to do one's own thing.

Dominancy of superficial relationship, loss of the value of feelings and emotions; all life aspects are measured with material terms, and for

many (especially the youth) the lack of opportunity for a achieving success by legitimate means. Absence of the social control requiring conformity leads to drug abuse. Those more attached to conventional society are less likely to engage in behavior that violates societal values and norms. Socially detached persons will not feel the constraint of these norms and values (Goode, 1972).

1.5.1.5 Genetic causes

Research into the biological causes of addiction has resulted in convincing evidence that there is a hereditary vulnerability to alcoholism. Alcohol-related disorders have been found in multiple generations of families and have been studied over time. It is believed that many people with a genetic predisposition to alcoholism will progress to dependency if they begin using alcohol. Although a similar assumption is often made about other drugs of abuse, research evidence is much more difficult to obtain. Mood-altering drugs produce various pharmacological effects. The use of drugs over time is often influenced by fads and availability. Thus, different generations of families may be exposed to different types of drugs, whereas use of alcohol has been consistent over several generations. This makes the multigenerational study of drug abuse more difficult than similar studies of alcoholism (Anthenelli and Schuckit, 1992).

1.5.2 Enabling factors

1.5.2.1 Drug market, availability and accessibility

As a matter of fact, there is no addiction without drugs, the presence of different drugs in deferent sittings is an important factor which may lead to use and abuse of drugs, the tragically example for that is the number of addicts among the medical and paramedical personnel.

Other factors which, may act as enabling process is parent and sibling drug abuse. Parental and relative's alcoholism and drug abuse increases the risk of alcoholism and drug abuse in offspring. Attitudes and early drinking behaviors appear to be shaped more by parents and relatives than by peers (Knott, 1986). The absence of the control of official organs in our country makes it easy to buy and obtain any drug, especially in the last two years.

1.5.2.2 Social learning

In group settings, individuals are exposed to persons who model certain behaviors, and they receive rewards or punishments for their own behaviors from group members. When one associates with groups that define drug use as desirable and whose members model drug-related behavior, drug use by the individual is learned and rewarded (Goode, 1972).

1.5.2.3 Self medication and inadequate medical care

Some individuals who have psychiatric conditions, such as anxiety or depression, use psychoactive substances to alleviate the symptoms they experience. Without careful management of such patients, physicians often enable chronic dependence in their own patients.

1.5.3 Reinforcing factors

These factors encourage the continuation of drug use once it has begun, although they may act as predisposing factors.

1.5.3.1 Reinforcers

Certain areas of the brain, when stimulated, produce pleasurable feelings. Psychoactive substances are capable of acting on these brain mechanisms to produce these sensations. These pleasurable feelings become reinforcers that drive the continued use of the substances (Gardner, 1992). People tend to seek rewards and minimize negative consequences through their behaviors. If past behaviors have brought a response that is perceived as reinforcing, persons tend to repeat those behaviors to obtain similar rewards. Drug use may be rewarded in several ways, as described in the following list:

1. Positive reinforcement: Persons abusing drugs and alcohol have found their use rewarded and, therefore, continue use (Goode, 1972, Jaffe, 1992).

Without a positive reward, substance abuse would not likely continue, according to this perspective. There are many types of positive rewards that may accrue to someone using psychoactive substances, including their pharmacological effects (e.g., euphoria), social rewards, peer acceptance and esteem (Jaffe, 1992; Shaffer, 1992).

2. Avoidance of pain: Behaviors also may be motivated by a need to seek relief or avoid pain. If using alcohol or other drugs helps someone who is suffering (physically or emotionally), he or she is likely to use the substance again when experiencing the same distress, and a strategy for coping with pain or stress develops that is dependent on the use of alcohol and other drugs. Some drugs produce painful withdrawal symptoms when use of them is discontinued. Persons dependent upon a drug may find that taking a dose will diminish their pain (Goode, 1972; Jaffe, 1992). Substance abuse also may be motivated by a desire for relief from pain, anger, anxiety or depression, and alleviation of boredom (Jaffe, 1992; Shaffer, 1992).

3. Drug cues. Another aspect of reinforcement pertains to the anticipation of rewards. Certain stimuli can be associated with a drug and its rewards. These stimuli may act as triggers for drug seeking and use. Physiological responses, sometimes called cravings, may result from the introduction of a cue or stimulus. Cues vary from one individual to another, but may include being with specific people, engaging in particular

activities, or going to certain places (Childress, Ehrman, Rohsenow, Robbins and O'Brien, 1992; Jaffe, 1992).

1.5.3.2 Peer factors

Drug behavior and drug-related attitudes of peers are among the most important factors which act both as enabling and reinforcing factors. Adolescents tend to increase use of drugs due to the influence of friends, and they also tend to choose friends who reinforce their own drug norms and behaviors. Adolescents who are problem drinkers usually do not feel their peer group and their parents are compatible, are more easily influenced by peers than by parents, and feel more pressure from peers for drinking and drug use (Knott, 1986).

1.6 Addiction consequences

Drug addiction is too serious to ignore as a public health issue, with health, social and other serious consequences. Estimation of the effects of this problem is difficult because of two factors. The first is the clandestine nature of the activities it comprises; production, trafficking and consumption of illicit drugs take place in environments which rarely lend themselves to public scrutiny. The second is the fact that it is difficult to put a price on humane suffering, to calculate the price of wasted years by young people in addiction or prisons, or the suffering of relatives and

friends of victims lost or affected by drug-related crime or drug-related accidents.

1.6.1 Health effect

The negative impact of drug abuse on health is scientifically well-established and documented. The health costs of a drug addict appear to be much higher than those of an average individual in the same age group. Drug related health consequences and costs include emergency admission to hospital due to drug psychosis, drug dependence and non-dependent use (Swinson, R. and Derek, E 1978); Substances commonly associated with drug-related deaths are cocaine, heroin and other opiates, barbiturates and amphetamines. Substances such as benzodiazepines, hallucinogens and cannabis can have a negative impact on health but are not usually associated with over-dose death.

The link between injecting drug use (IDU) and the spread of HIV/AIDS is also well recognized; today, at the global level, some 22% of the world's HIV/AIDS population injects drugs. The worldwide HIV-prevalence rate for injecting drug users is between 40-50%; Hepatitis C, caused by injecting drug use is another cause of mortality and morbidity due to its chronic course and development of cirrhosis, prevalence of hepatitis C infection among drug injectors varies between 50 and 90%, even in countries with low rates of HIV infection (E.M.C.D.D.A., 2000).

Mother and child care is another area which is very sensitive for drug addiction effects, birth defects and infant mortality is higher among babies of addicted mothers, those babies can be drug dependent themselves at birth or have another problems, prenatal drug exposure can affect the fetus with developmental abnormalities, many babies continue to face risks from further drug taking by there mothers. Mothers who are addicted may not be able to care for their children as well as they would normally, and multiple separations are common (E.M.C.D.D.A., 2000).

1.6.2 Social consequences

Among the social consequences of drug abuse and illicit drug trafficking, the most prominent include the effects on family, and crime. The fragmentation of many families for example, is due to the wedge represented by substance abuse; many studies have found that family disintegration correlates more strongly with drug abuse than with poverty. Of course, the relationship is two-way; increasing use of drugs is due in part to the breakdown of traditional family structures and values. In any case, there is a negative link between drugs and the family.

1.6.3 Crime and criminality

Drugs and crime are also related in several ways. Drug-related crime occurs primarily in the form of trafficking-related criminal activity,

including violence between groups in competition for increased market share at the wholesale and retail levels, the spread of gun culture, crimes in pubs and clubs and sex offences and domestic violence. Another group of crime is drug-driving accidents, with its mortality and morbidity. Costs of these crimes includes direct crime costs, lost wages of victims, costs of criminal justice system and prisons, losses to the economy of those engaged in crime rather than legal employment, costs of private security which pay companies and individuals.

The correlation between drug use and prostitution, while too often portrayed as due to an underlying moral deficiency, is more likely due to a decision to finance the former activity by way of the latter. All these crimes do not reflect only an inherent criminal deviancy which brings together the realms of drugs and crime, but also the ability of drugs to act as a lucrative wholesale and retail commodity for which legitimate entrepreneurs will not compete (Ellinwood, E., 1971).

1.7 Drug neuropharmacology

1.7.1 The neuron

The human brain is thought to consist of 100 billion individual neurons, typical neuron consists of the soma, a central cell body that directs all activities of the neuron; dendrites, short fibers that receive messages from other neurons and relay them to the cell body; and an axon,

a long single fiber that transmits messages from the cell body to the dendrites of other neurons or to body tissues, such as muscles.

Although most neurons contain all of the three parts, there is a wide range of diversity in the shapes and sizes of neurons as well as their axons and dendrites.

The transfer of a message from the axon of one nerve cell to the dendrites of another is known as neurotransmission. Although axons and dendrites are located extremely close to each other, the transmission of a message from an axon to a dendrite does not occur through direct contact. Instead, communication between nerve cells occurs mainly through the release of chemical substances into the space between the axon and dendrites. This space is known as the synapse. When neurons communicate a message, traveling as an electrical impulse moves down an axon and toward the synapse. There it triggers the release of molecules called neurotransmitters from the axon into the synapse. The neurotransmitters then diffuse across the synapse and bind to special molecules, called receptors that are located within the cell membranes of the dendrites of the adjacent nerve cell. This, in turn, stimulates or inhibits an electrical response in the receiving neuron's dendrites. Thus, the neurotransmitters act as chemical messengers, carrying information from one neuron to another.

There are many different types of neurotransmitters, each of which has a precise role to play in the functioning of the brain. Generally, each neurotransmitter can only bind to a very specific matching receptor. This coupling then starts a whole cascade of events at both the surface of the dendrite of the receiving nerve cell and inside the cell. In this manner, the message carried by the neurotransmitter is received and processed by the receiving nerve cell. Once this has occurred, the neurotransmitter is inactivated in one of two ways. It is either broken down by an enzyme or reabsorbed back into the nerve cell that released it. The re-absorption (also known as re-uptake) is accomplished by what are known as transporter molecules. Transporter molecules reside in the cell membranes of the axons that release the neurotransmitters. They pick up specific neurotransmitters from the synapse and carry them back across the cell membrane and into the axon. The neurotransmitters are then available for reuse at a later time.

As noted above, messages that are received by dendrites are relayed to the cell body and then to the axon. The axons then transmit the messages, which are in the form of electrical impulses, to other neurons or body tissues. The axons of many neurons are covered in a fatty substance known as myelin. Myelin has several functions. One of its most important is to increase the rate at which nerve impulses travel along the axon. The

rate of conduction of a nerve impulse along a heavily myelinated axon can be as fast as 120 meters/second. In contrast, a nerve impulse can travel no faster than about 2 meters/second along an axon without myelin. The thickness of the myelin covering on an axon is closely linked to the function of that axon. For example, axons that travel a long distance, such as those that extend from the spinal cord to the foot, generally contain a thick myelin covering to facilitate faster transmission of the nerve impulse (Note: The axons that transmit messages from the brain or spinal cord to muscles and other body tissues are what make up the nerves of the human body. Most of these axons contain a thick covering of myelin, which accounts for the whitish appearance of nerves).

1.7.2 Drug effects on the brain

Pleasure, which scientists call reward, is a very powerful biological force for our survival. If you do something pleasurable, the brain is wired in such a way that you tend to do it again. Life-sustaining activities, such as eating, activate a circuit of specialized nerve cells devoted to producing and regulating pleasure. One important set of these nerve cells, which uses dopamine, sits at the very top of the brain stem in the ventral segmental area (VTA). These dopamine-containing neurons relay messages about pleasure through their nerve fibers to nerve cells in a limbic system structure called the nucleus accumbens. Still other fibers reach to a related

part of the frontal region of the cerebral cortex. So, the pleasure circuit, which is known as the mesolimbic dopamine system, spans the survival-oriented brainstem, the emotional limbic system, and the frontal cerebral cortex.

All drugs that are addicting can activate the brain's pleasure circuit. Drug addiction is a biological, pathological process that alters the way in which the pleasure center, as well as other parts of the brain, functions. To understand this process, it is necessary to examine the effects of drugs on neurotransmission. Almost all drugs that change the way the brain works do so by affecting chemical neurotransmission. Some drugs, like heroin and LSD, mimic the effects of a natural neurotransmitter. Others, like PCP, block receptors and thereby prevent neuronal messages from getting through. Still others, like cocaine, interfere with the molecules that are responsible for transporting neurotransmitters back into the neurons that released them. Finally, some drugs, such as methamphetamine, act by causing neurotransmitters to be released in greater amounts than normal.

When cocaine enters the brain, it blocks the dopamine transporter from pumping dopamine back into the transmitting neuron, flooding the synapse with dopamine. This intensifies and prolongs the stimulation of receiving neurons in the brain's pleasure circuits, causing cocaine "high".

Prolonged drug use changes the brain in fundamental and long-lasting ways. These long-lasting changes are a major component of the addiction itself. It is as though there is a figurative "switch" in the brain that "flips" at some point during an individual's drug use. The point at which this "flip" occurs varies from individual to individual, but the effect of this change is the transformation of a drug abuser to a drug addict.

1.8 Drug and non-drug factors

There are many factors that determine the effect and outcome of a drug, the most obvious ones being the nature of drug, dosage, route of administration and preparation of the drug and equipment. Cannabis will have a different effect to amphetamine, as will heroin to cocaine, and so on, but overall effects are generally agreed on, e.g., cannabis is relaxing, amphetamine is stimulating, but there are other factors to consider.

Dosage is an important consideration; in low doses cannabis has a relaxing, mildly disinhibiting effect, while at higher doses can produce feelings of paranoia, anxiety or distress. Heroin, in small, controlled doses would be unlikely to produce a fatal overdose, while a slightly larger dose just might.

Further is the route of administration of the drug. There are four main routes of drug use, involving the digestive, respiratory, membranous and circulatory systems of the body. A suitable example of potential

effects and outcomes of different routes of administration is the differences between smoking and injecting heroin. When smoked, it is virtually impossible to overdose (the user is likely to nod off before a fatal dose can be ingested), whereas even small doses of an unfamiliar strain of heroin can produce a fatal overdose. The effects of injecting and smoking also vary in terms of sensations, with smoking there is no instant "rush" and the effect is milder. Smoking also reduces some of the health hazards associated with injecting such as the risk of disease through shared equipment, injury (including collapsing of veins), through poor injecting technique and various other associated problems. However, some of these health hazards can be avoided or at least minimized by, e.g., careful preparation of the drug as appropriate and not sharing "works".

A most important variable encountered when evaluating the effects and outcomes of a drug is the interaction of the drug with the non-drug factors, set and setting. Set refers to the drug user's biological make up including personality, past drug experiences, expectations of the drug effect and mood at the time of the drug experience. Setting refers to the external surroundings and social context in which the individual takes the drug. Set and setting exert their largest effect on psychoactive drugs with subtle, subjective mental effects and minimal physiological effect. Set and setting exert a variable but often marked influence on potential drug effects.

A good example of set and its effects is the apparent "amphetamine paradox". Amphetamine is an effective treatment of hyperactivity in children, yet increases behavior in "normals"), this phenomena is explained in terms of Rate Dependency Hypothesis, which states that the baseline rate of behavior, part of "set", will largely determine the effects of a drug.

The effect of past drug use is evidenced by the phenomena of "reverse tolerance". the novice cannabis user reports feeling no high or needs considerably more drug to get high on his first few trials than after he obtains more experience of the drug.; similarly, more frequent and term users of cannabis tend to require fewer joints to get high. It is suggested that the enzymes necessary to convert THC to a more active compound requires prior use of cannabis.

Personality factors and mood when taking the drug are other important role players in the effect and outcome of a drug, e.g., the chances of a neurotic person or someone who is feeling depressed having a bad trip on LSD are higher than for someone who is "balanced" and in a great mood.

The classic example of the role of setting in drug effect and outcome is the Vietnam Soldier study. Whilst in Vietnam a large percentage of U.S soldiers became addicted to opium, but on return to the USA the majority of them ceased to use with many experiencing little, if any side effects. This is related to the factors surrounding the drug use setting but, in further

support of the effect of setting, this phenomenon can also be explained in terms of feed-forward mechanisms (the body "predicts", from environmental cues, e.g., the sight of a "works", that drug use is going to occur and prepares for change prior to ingestion of the drug, e.g., reduces endogenous opiate activity). Since the soldiers were in completely different environments on return to the USA, the usual environmental provokers may not have been present and, therefore, the probability of withdrawal is decreased. Such mechanisms also go some way in explaining how the same dose of a drug can kill a user when taken in unusual surroundings, giving further support to the influence of setting.

Other situational factors influencing effect and, particularly, outcome include the safety of the place where the drug is, the people you are with (smoking pot with strangers, e.g., may induce paranoia), and unforeseen events (such as your mother turning up or having to drive while on acid) amongst other things. Further variables of setting which influence drug effect and outcome are "social sanctions" (values and rules of conduct), and "social rituals" (patterns of behaviors), which together form social controls.

Social sanctions may be informal, such as don't drink and drive, or they can be formal, such as the laws around drug use. Such social sanctions serve to reduce the risk of potential crises, traffic accidents, for example.

Social rituals are "stylized, prescribed patterns of behavior" such as

always buying from the same, "reputable" dealer (reducing risks associated with adulterated "gear"), always using a fresh works and disposing of it safely (minimizing the risk of disease), never drinking alcohol after a "hit" (reduces the risk of overdose), etc.

All of the various sanctions and rituals imposed on the drug user by him/her self, society or law enforcement agencies, alongside the other discussed variables of drug, set and setting, will obviously have their effect on the outcome of using drugs and the effects of those drugs. To attempt to study the effects and outcomes of a drug without giving due consideration to all three variables, drug, set and setting, is to court accusations of totally inadequate examination and carelessness. Attempting to ascertain which of the three variables is the more important is verging on the impossible because they are each so heavily connected.

1.9 Demand reduction

Much of the research has so far been conducted for understanding the problem of drug abuse and for implementing prevention and treatment programs in the industrialized countries, notably northern America, western Europe and Australia, those countries have a greater share of drug addiction and drug related diseases and problems, in the same time they have more resources and well to devote to dirty research.

For example, in the U.S, spending on demand reduction (research,

prevention and treatment) increased at the federal level from us \$0.9 billion in 1985, to US\$5.6 billion in 1999, equivalent to US\$ 20 per inhabitant. (in France ,demand reduction related expenditure in 1995 accounted to US\$ 160 million or US\$ 2.8 per inhabitant).

Parallel to increased spending, drug abuse fell by some 40% and cocaine abuse fell by as much as 70% over the 1985 -1999 period, though change in human behavior are usually the result of multitude of factors, the above example indicates that massive increase in demand reduction efforts, based on in-depth research of the problem, seems to play an important role in curbing drug abuse.

As the drug abuse problem defers from country to country, and often within countries, a simple replication of prevention and treatment programs does not work. This is even more true if programs from industrialized countries are implemented in developing countries. Programs even if successful in one country have to be carefully adapted to the specific social and cultural conditions in each individual country (U.S National Household Survey, 1999).

1.9.1 Epidemiology of addiction disease

Epidemiological research forms a key element for understanding the drug problems, developing responses, and measuring their appropriateness so that the interventions can be modified and adapted to changing

conditions. The requirements of epidemiological monitoring include the identification and measurement of three constellations of variables these are:

1. Patterns of drug abuse
2. The consequences of drug abuse
3. Factors which link drug abuse to contingent circumstances

The analysis of drug abuse patterns looks at the prevalence or magnitude of the problem with respect to the over all population, its incidence, the intensity with which the behavior occurs, the routes of administration, and the settings in which consumption takes place.

The consequences of drug abuse involve both acute and chronic health affects as well as possible social effects. Thus, in addition to measuring drug abuse, information is required on the socio-demographic correlates of drug abuse e.g. age, gender, income, education, occupation, community size, attitudes towards drugs, involvement, an activities or exposure to specific factors which are associated with or increased vulnerability to drug abuse problems.

The study of a largely hidden and stigmatized behavior presents serious methodological challenges; difficulties are amplified because of the diverse nature of drug consumption patterns and because of the complex interactions between drug abuse and other health and social problems. Because of the problems inherent in collecting information in this area,

multi-method and multi-source approaches are considered the most appropriate for developing a comprehensive understanding of patterns of drug abuse.

1.9.1.1 Measurement of prevalence and incidence

Understanding the extent and frequency of illicit drug consumption in any population is the starting point for policy discussions, general population prevalence and incidence estimates is a key task of a drug information system.

One common method used for measuring the prevalence and incidence of drug abuse is the general population survey, if systematically repeated are good instruments to identify abuse trends over time. Surveys can also provide basic information on the socio-demographic and other risk factors associated with drug consumption. The main pieces of information collected in household surveys are information on drug use per se, a measure of life-time prevalence- or 'ever use' of a particular drug, a measure of current prevalence levels, such as use in the past year (annual prevalence).

Additional information is collected in order to establish estimates of the incidence levels usually the number of people who have started use of particular drug over the past years. While short term (year on year) changes in household surveys have to be treated with a degree of caution,

as they can be the result of some differences in the selected samples, or are simply not statistically significant, the analysis of changes over longer periods of time provides in general a fair reflection of underlying trends in drug using behaviors, at least as long as the methodological approaches to arrive at the results are not frequently changed.

1.9.1.2 Morbidity and mortality information sources

In addition to surveys other sources are more commonly used to obtain basic data on adverse health and social consequences. Chronic and acute health consequences can some times be monitored through the national health care reporting systems; for example, diagnostic data on deaths and hospitalizations may be recorded and reported annually using the international classification of diseases. In some countries separate drug specific reporting systems have been developed, some countries have established specialist treatment register for those seeking help, with a drug problem, for those in treatment, or for those leaving treatment. Such registers reflect the demand for treatment as well as its availability and attractiveness.

As drug abusers typically consume drugs for some considerable time before seeking help, treatment attendance must be viewed as a delayed indicator of prevalence. Treatment data can also be used for the identification of underlying abuse trends, such as kind of drug of abuse,

mean age of people in treatment and drug incidence, injecting practices. HIV infection and drug related mortality.

1.9.1.3 Other sources of data

There is little doubt that drug abuse is related to crime, in many countries illicit drug use is a criminal offence, and it is contributory cause in some property crimes and crimes of violence. a fall in the levels of drug abuse is likely to contribute to an over all reduction in the levels of crime.

Law enforcement data on the number of drug crimes, property crimes and violent crimes are thus increasingly seem as important areas for developing monitoring capacity.

The analysis of drug supply and drug markets, which includes statistics on arrests for drug violations, the numbers of seizures made. Data on the relative ease with which respondents are able to obtain illicit drugs, data on the price of drug on the street level, laboratory analyses of the composition and potency of street drugs.

Another input to epidemiological study is the loss of worker productivity due to problems of acute or chronic drug abuse, sources of information on drug abuse in the work place stem mainly from specific studies which analyze the relationship between employee drug test results and accidents, absenteeism, and turnover.

1.9.2 Prevention

Drug addiction is a disease in which the relationship between host-agent-environment is very strong, prevention activities might occur appropriately in any or all of the three sectors of the model at different levels.

Primary prevention aims to prevent developing new addiction cases and mainly it is directed towards the youth. These interventions include information programs, education for responsible decision making, and knowledge of risk factors, legislation and law enforcement.

1.9.2.1 Family

In terms of family risk factors, there is a large body of research on the influence of family structure, parenting style, quality of parent-child relationship, parental monitoring, and the strength of the extended family network on the development of drug use (CASA, 2001).

Family disruption, weak family relationships, criminality, and drug abuse of parents and siblings, as well as inconsistent enforcement of rules and norms and ineffective supervision, have been identified as critical predisposing factors for later problems (Sloboda, Z., 1998).

Other risk factors include peer networks, early drop out from school or poor school performance, early onset of tobacco smoking and alcohol drinking.

Research in recent year started focusing more on the identification of "protective factors" a result of apparent, limitations in prevention programs, concentrating too much on the reduction of risk factors which was not always possible. The strengthening of protective factors is nowadays seen to be more important than the reduction of risk factors.

The concept of 'hands-on' Vs.'hand-off' parents is the most important protective factor against drug abuse, it is believed that parents are the effective factor to keeping kids drug free (CASA, 2001). When parents are "hands-on" meaning they supervise their teenagers, and impose rules or standards of behavior, parents monitor the TV viewing, internet usage, or CD purchase, of their kids, they also know where their teen is after school and on weekends, and they closely monitor their teen's academic performance, they also give their teen a clear message about smoking.

1.9.2.2 School

School is the second 'family' for the teens, the healthy school, which it's first of all drug –free and violence-free, use no physical punishment, and through it's curricula, teaches techniques and personal and social skills to deal effectively with demands and challenges of everyday life. These skills include decision making, problem solving, improving self-control, resistance to social pressure and stress and effective communication.

For a majority of drug users, substance use is initiated during the

school years, in a study carried out in east Jerusalem; more than half addicts begin their drug use between 13 and 17 years old (Abu- Arab, M., 1987). Consequently, substance use prevention education programs must be developed for use at all educational levels, such programs may be incorporated into a broader health or social skills module with participation of student, teachers, parents, school administrators, school counselors and nursing personnel, community officials and others.

School –based prevention strategies should:

1. Strengthen norms against drug use and possession both on and off school property.
2. Include interactive methods, such as peer discussion groups, and peer resistance programs relating to use of cigarettes, alcohol, marijuana and other drugs, these programs generally help students learn that the use of such drugs is not as "right" as they perceive.
3. Include skills to resist drugs when offered.
4. Offer school team training for teachers, administrators and other interested community people.

1.9.2.3 Out –of school youth programs

Summer programs and activities provide an important setting for peer experiences. They have a positive psycho-social effects teens and youth, and reduce a number of 'precursors' to drug use, such as depression,

aggression, lack of self-discipline lack of school and family attachment these programs May include helping the elderly preventing crime, learning job skills, restoring historic sites, building community parks and play grounds.

Common to all those programs is their offer of ‘something to do to fill leisure time and a sense of belonging to a group. Key elements in all these programs are: Establishing prevention as a high-priority issue, choosing the right leaders and providing them with support, creating a special group identity, and gaining the support of the local community.

1.9.2.4 Religious groups/communities

True faith, both in Islam and Christianity, forms a protection against drug abuse. Firstly the use of alcohol and any other drug is prohibited especially among Muslims. Social faith is effective in addressing some of the risk factors associated with substance abuse, such as feeling of hopeless and isolation and lack of attachment. Muslim life style and family are another guarantee for drug free community.

1.9.2.5 Harm reduction

In its nature, harm reduction is a set of policy beliefs, essentially stating that people always have and always will perform activities, such as the abuse of drugs that cause harm. Harm reduction policy can be used in different fields to make drug abuse safer for those who became addicts,

and to minimize the spread of and damage caused by addiction.

One of the common programs used for harm reduction is the syringe and needle exchange program which aims to make the syringe and the needles more easily available and more easily to exchange dirty ones for clean, this will minimize the danger of H.I.V. infection, and other problems of contamination (other programs for H. R. are included in treatment).

1.9.3 Treatment

1.9.3.1 Treatment as a demand reduction strategy

According to the experts of the world health Organization, treatment is defined as the process that being when psycho-active substance users come into contact with a health provider or other community service, and many continue through a succession of specific interventions until the highest attainable level of health and well-being is reached (WHO, 1996).

Treatment should have three broad objectives:

1. The reduction of dependence on the psychoactive substances
2. The reduction of morbidity and mortality caused by, or associated with, the use of psychoactive substances.
3. Enabling users to maximize their physical, mental and social abilities and there access to services and opportunities and to achieve full social integration.

If treatment is readily available and a high percentage of drug abusers

receive it, it can have a measurable effect on the over all demand for illicit drugs, with fewer untreated abusers involved in the recruitment of new users, prevalence of drug abuse is likely to decline as well effective treatment which have an over all impact on drug demand must fulfilled two conditions: firstly treatment must be effective per se in order to reduce drug consumption; the second the treatment must be available to a large number of drug dependent person; these two conditions are required for a measurable impact on the over all reduction of drug abuse.

1.9.3.2 Principles of treatment

1. Treatment needs to be readily available
2. No single treatment is appropriate for all individuals
3. Matching treatment settings, intervention and services to each patient's problems and needs is critical.
4. Effective treatment attends to all needs of the individual not only his drug use.
5. During treatment the patients needs are changeable and new needs may appear.
6. For all the treatment programs, an adequate period of time is needed for effectiveness of treatment.
7. Integration of different programs together is an important strategy.
8. Attention must be paid for coexisting disorders.

9. Treatment does not need to be voluntary to be effective.
10. Control for drug use during treatment.
11. Addiction is a chronic disease, and frequently requires multiple episodes of treatment.

1.9.3.3 Treatment programs

There is a number of treatment programs which varies according to the activities and strategies used to reach different goals, and to deal with different groups.

In general, there is five main modalities of treatment, in practice, treatment for substance abuse must offer two or more modalities in addition to rehabilitation, relapse prevention and aftercare services.

1.9.3.3.1 Detoxification

This term means the withdrawal of the drug and toxic effects from the body of the drug dependent person. The body, which had adapted in some way to the regular administration of the abused substance, in case of abstinence, will produce a number of undesirable symptoms which the detoxification is usually regarded to manage.

Although detoxification is a distinct treatment modality, it can be also regarded as a 'precursor' for any other treatment. Detoxification is achieved either by the abrupt cessation of drug use or by a more gradual reduction. Support and monitoring need to be provided in accordance with

the risks related to withdrawal from different substances, since sudden withdrawal notably from alcohol, barbiturates and benzodiazepines, can have life-threatening consequences.

Alternatively, accelerated or rapid and ultra rapid detoxifications methods have been used to a limited extend in some countries (it is used in Palestine, Bethlehem center for drug treatment and investigations). They involve the use of general anesthesia, but there is no strong evidence that accelerated detoxification increases the chances of long term abstinence (Bearne, J., *et al.*, 1999).

1.9.3.3.2 Agonist (maintenance) treatment

These programs which called take-home methadone programs are used for opiate addicts, the use of methadone or L.A.A.M, which are a long acting synthetic opiates medication, is sufficient to prevent opiate withdrawal, block the effect of illicit opiate use, and decrease opiate craving. Addicts stabilized an adequate, sustained, orally administered dosages of methadone (or L.A.A.M) can function normally, they have normal social and legal life, and they can engage more readily in counseling and other behavioral interventions essential to recovery and rehabilitation. Effective opiate agonist maintenance programs include individual or group counseling, as well as provision of other needed medical, psychological and social services (Ball, J.C; Ross, A., 1991).

1.9.3.3.3 Antagonist

This treatment begins after medical detoxification in a residential setting; Naltrexone is given daily or three times a week for a sustained period of time. Naltrexone is a long-acting synthetic opiate antagonist which had few side effects.

1.9.3.3.4 Cognitive behavioral therapy

Cognitive-behavioral coping skills treatment is a short-term, focused approach to help cocaine dependent individuals become abstinent from cocaine and other substances. The underlying assumption is that learning processes play an important role in the development and continuation of cocaine abuse and dependence; these same learning processes can be used to help individuals reduce their drug use.

Cognitive behavioral therapy attempts to help addicts recognize the situation in which they are most likely to use cocaine, avoid these situation when appropriate, and cope more effectively with arrange of problems and problematic behaviors associated with substance abuse.

Components of C.B.T. program

1. Functional analysis

For each instance of cocaine use during treatment, the therapist and patient do a functional analysis, that is, they identify the patient's thoughts,

feelings, and circumstances before and after the drug use.

Early in treatment, the functional analysis plays a critical role in helping the patient and therapist assess the determinants or high-risk situations, that are likely to lead to cocaine use and provides insights into some of the reasons the individual may be using cocaine or other drugs, (e.g., to cope with interpersonal difficulties). Later in treatment, functional analysis of cocaine use may identify those situation or states in which the individual still has difficulty coping.

2. Skills training

C.B.T. can be thought as a training program that helps drug abusers to give up old habits associated with drug abuse and learn healthy skills and habits. When drug abuse is severe enough to warrant treatment, patients are likely to be using drug as their single means of coping with a wide range of interpersonal and intrapersonal problems. This can occur because the individual may have never learned effective strategies to cope with challenges or problems; or may he have acquired effective strategies at one time, but these skills may have decayed through repeated reliance on substances use as a primary means of coping.

These patients have essentially forgotten effective strategies because of chronic involvement in drug using life style in which the bulk of their time is spent in acquiring, using, and then recovering from the effects of

drugs. Skills training in C.B.T. contains in the first few sessions skills related to initial control of drug use, (e.g. identification of high -risk situations coping with thoughts about drug use); once these basic skills are mastered, training is broadened to include arrange of other problems with which the individual may have difficulty coping, (e.g. social isolation, unemployment).

Skill training also focuses on both intrapersonal (e.g. coping with craving), and interpersonal (say no) skills. These skills are effective both to control drug use and as a general strategy that can be applied to a variety of other problems, thus C.B.T. is not geared to helping every patient reduce and eliminate substance use while in treatment, but also to imparting skills that can benefit long after treatment.

1.9.3.3.5 Family therapy

Addict and his family, with all the members, must be treated as a unit, with special attention in dealing with "co-dependence", this is important because of the absence of normal relations and communication between family members as a result of addiction, although these disturbed relations may have contributed to the addictive behavior.

Family therapy is an important part of treatment, particularly in eastern communities where family structure and function is more sensitive to any negative phenomena.

1.9.3.4 Integrating behavioral therapies with medication

There are two reasons which make this integration necessary; first appropriate behavioral interventions can potentially interact effectively with medication, enhancing their effect.

From the earliest days of methadone maintenance, many studies stressed the importance of combining psychosocial services with methadone (Dole, V. P., Nyswander, M. E., 1965) and there has been ample literature since then to support this point of view, similarly, behavioral interventions alone are sometimes insufficient to treat many drug abusers effectively, and it's believed that medications, whether for concomitant mental or physical disorders or for drug abuse per se, have a potential for improving the effect of behavioral treatments.

1.10 The problem of relapse

Drug addiction is a chronic relapsing disorder, and relapse prevention one of the critical elements of effective treatment for alcohol and other drug (AOD) abuse. Studies have shown that 54 percent of all alcohol and other drug abuse patients can be expected to relapse, and that 61 percent of that number will have multiple periods of relapse. Unfortunately, high percent of addicts relapse within one month following treatment, and another percent relapse 12 months after treatment; 47 percent will relapse within the first year after treatment (Simpson, Joe and Lehman, 1986).

Although relapse is a symptom of addiction, it is preventable. A key factor in preventing relapse is improved social adjustment.

In the same time, relapse is not an automatic sentence to a lifetime of substance abuse for an individual. Researches in this field indicate that approximately one-third of patients achieve permanent abstinence through their first serious attempt at recovery. Another third have brief relapse episodes which eventually result in long-term abstinence. An additional one-third has chronic relapses which result in eventual recovery from chemical addiction (Gorski, Kelley and Havens, 1993).

Several situations may lead to relapse, such as social and peer pressure or anxiety and depression. Studies have indicated that the highest proportion of high-risk situations for alcoholics involve interpersonal negative emotional states, while the highest proportion of high-risk situations reported by heroin addicts involves social pressure (Marlatt and Gordon, 1985).

1.10.1 Contributing Factors

An understanding of some of the personal factors which may contribute to substance abuse relapse is useful in any discussion of relapse prevention. These may include (Peters, 1993):

1. Inadequate skills to deal with social pressure to use substances.
2. Frequent exposure to "high-risk situations" that have led to drug or alcohol use in the past.

3. Physical or psychological reminders of past drug or alcohol use (e.g., drug paraphernalia, drug-using friends, money).
4. Inadequate skills to deal with interpersonal conflict or negative emotions.
5. Desires to test personal control over drug or alcohol use, and recurrent thoughts or physical desires to use drugs or alcohol.

1.11 Supply Reduction

Reducing the supply and availability of illicit drugs is an essential component of the fight against drug abuse. According to the UNDCP supply reduction aim is to limit the cultivation, production, trafficking and distribution of drugs, through the following three steps.

1.11.1 Alternative development

Efforts to reduce the supply to drugs include encouraging those who cultivate illicit crops such as the opium poppy or coca plant, to switch to other profitable crops and alternative sources of income. This goal is achieved through alternative development projects, community development natural resource management and income generating projects the concept of alternative development, endorsed by the General Assembly at its alternative special session on international drug control in June 1998, characterizes alternative development as: A process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and

psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.

Alternative development could be achieved by strategies, which must include vital elements like:

1. Long- term political and financial commitment of both the governments of the affected countries and the international community to supporting integrated rural development involving local communities, effective enforcement of drug control measures and promotion of awareness among the local population of the negative consequences of drug abuse.
2. Financial technical assistance from the international community and the relevant U.N. organizations in particular the UNDCP. Such assistance should be provided within the context of the national control strategies of the recipient states, and it should be linked to national commitment and the strong political will of states with illicit cultivation to implement the provisions contained in the convention of the UNDCP.
3. The participation of the NGO, private sector relevant UN organizations and the international financial institutions with the regional

development banks.

4. Attempts to provide greater access to domestic and international markets, for alternative development products, with a view to overcoming problems relating to prices and marketing resulting from the substitution of crops cultivated for illicit purposes by production for licit commercial purposes.

The programs it self, must be adapted to the specific, legal, social, economic, ecological and cultural conditions, prevailing in given region, although it must contribute to the creation of sustainable social and economic opportunities through integrated rural development, including infra structure development, that will help to improve the living conditions of the communities and population groups affected by the existences of illicit cultivation; contribute to the promotion of democratic values to encourage community participation, and promote social responsibility to develop a civic culture that rejects the illicit cultivation of craps.

1.11.2 Illicit crops monitoring

In 1999, world-wide production of opium reached a record of 5,778 metric tons derived from 217,000 hectares of poppy, Global production of coca-leaf mounted to 290,000 tones from 183000 hectares of coca. It is estimated that more than 90% of illicit opium and coca originate from six

countries: for opium poppy, Afghanistan, Laos, Myanmar and for coca bush: Bolivia, Colombia and Peru. Global monitoring program provide information on how to stem the flow of drugs from region, to insure full transparency and credibility of the programs in different countries, allow governments to better target and assess the impact of projects that offer farmers and their communities alternative means of survival and allow quick detection of possible Abalone effects, i.e. when reduction of drug crops in one area triggers the start-up of cultivation in a previously less-affected region.

1.11.3 Law enforcement

Law enforcement is a significant component of any supply reduction activities. The law enforcement section helps formulate projects both locally and inter states, and for assessment and funding; it insures that project design is compatible with the relevant conventions and with other aspects of law enforcement.

Reviews and assessments of completed projects are also conducted to make sure that lessons learned can be applied to future activities. The law enforcement section initial needs assessment, takes into account factors such as local strategy, procedures, staffing, development equipment, training and approaches to regional and global cooperation.

Cooperation at the global level is essential to reduce supply of illicit

drugs, the law enforcement section assists countries in identifying recipient needs through the provision of a training and assistance database, in addition it acts as a liaison with international partners, such as Interpol and the world customs organization; Activities in this field includes also conferences, meetings, and specialized workshops.

1.11.3.1 Internet and law enforcement

With regard to the drug-related content of sites on the Internet, technology tools, law enforcement and education are necessary, especially as regards parental involvement and user empowerment.

Given the problems of identifying and investigating the innumerable drug advocacy web sites, filtering and blocking soft ware can be of significant value in countering the use of the internet for disseminating messages favoring drug abuse and may represent a move practical realistic option than recourse to criminal law.

It is essential that law enforcement agencies and national institutions responsible for fighting drug-related crime be given the technical and legislative means to develop an appropriate response capacity. The challenges to drug law enforcement can only be met through cooperative partnerships involving governments, the information technology industry and citizens.

Drug law enforcement agencies and judicial authorities should be

given appropriate resources and equipment to investigate, identify, apprehend and prosecute offenders who use new technologies in drug-related activities.

Funding should be made available to provide equipment and training at appropriate levels in forensic techniques and technological skills for policy makers and law enforcement and investigative personnel. Activities to raise public awareness, especially among parents and teachers of the fact that young people using the Internet may be exposed to messages favoring and that the technological means to block or filter such messages are available.

The establishment of web sites that provide attractively, unbiased information on illicit drug use, for example explaining the laws governing illicit drug possession, use and trafficking for a given country and giving a description of drugs and their effects. Internet service providers should extend the practice of setting up hot lines to which the general public can report offensive or illegal content of sites on the Internet, and should be aware that the drug-related content of some web sites may be in conflict with the international drug control treaties. Financial institutions should review their measures against money-laundering in the light of technological developments.

1. 12 Acupuncture in addiction treatment

Acupuncture is used for treatment and in relapse prevention (Toteva, S. and Milanov, I., 1996), especially in eastern European countries and in the middle and Far East; it is also increasingly used in some western European countries as a complimentary therapy with other interventions.

The primary effect of acupuncture is to stimulate relaxation, in addition to reducing withdrawal symptoms, acupuncture provides a strong calming effect on substance abusers and substantially reduces craving; clients describe the effects of acupuncture as allowing them to feel relaxed yet alert, that feeling of relaxation is the essential benefit of the acupuncture protocol.

Unlike methadone treatment, acupuncture affects the patient's state of mind during withdrawal, not the body's need for a drug. The primary value of acupuncture; however is that its immediate effect is often a cessation of withdrawal symptoms, encouraging patients to come again for treatment in the future (Smith, and Nc Kenna, 1992).

A seven-day in-patient drug treatment with program using acupuncture (with counseling and 12steps) reported a decline in rates of recidivism from 87% to 18% one year after the date of admission (see above).

In 1998, study published in the British journal "The lancet", by Milton

L. Bullock concluded that acupuncture was highly effective in treating alcoholism; eighty severe recidivist alcoholics were treated receiving either correct-point acupuncture or acupuncture at a non specific points on the ear, 21 of the 40 treatment group patients completed the two-month program, while only one of 40 in the control group did. The control group patients experienced twice as many relapses in six months-following the experiment, and the number of control group patients admitted to detoxification centers was well over twice that of treatment group patients (Milton, L. *et al.*, 1998).

Studies showed the effectiveness of acupuncture among pregnant women with a history of abusing crack-cocaine, those who receive acupuncture have higher birth weight babies than those who do not receive the treatment, mothers with more than 10 visits have babies with a normal average weight while those with less than 10 visits have babies weighting an average less than the other group.

1.13 Hair drug testing

Under certain circumstances, it may desirable to obtain a historical record of drug use. In-vitro urine and saliva drug test detection rates are limited to the metabolic half life of drugs while in the body's system. Sufficient abstinence prior to a drug test can therefore produce a negative test result when in fact the individual has a history of drug abuse.

In some cases it may be necessary to roll out or confirm the fact about drug abuse in the last period, up to three months, for example, institutions and employers may want this information particularly in critical or sensitive occupations. The test can be performed on any hair sample regardless of how obtained thus eliminating the need for confrontation with the test subject.

Principle of hair drug testing

The presence of drugs in hair is based on a simple principle. Drugs which are ingested into the body circulate in a person's bloodstream which nourishes developing hair follicles. As a result, trace amounts of the target drug or drug metabolite are deposited in the hair follicle and become entrapped in the core of the hair shaft as it grows out from the hair follicle.

Normal growth rates for human hair are approximately one-half inch per month. By testing for the presence of drugs at various levels in the hair shaft core on a given length of hair, a fairly accurate approximation can then be made as to how long a particular drug has been used historically.

Since target drug or drug metabolite residues are chemically and structurally stable for a period of time, they cannot be washed, bleached or flushed out of the hair structure. Consequently there is no possibility of sample contamination or manipulation.

Only a gas chromatography/mass spectrometry (GC/MS) laboratory

analysis of the hair fiber from an individual can achieve accurate test results and provide this historical use record. Generally it takes approximately 5 days for drugs to show up in a person's hair and will continue to be detectable in new hair growth for approximately 90 days.

1.14 Palestinian Studies

1.14.1 "Drug Abuse, Rapid Situation Assessment" (2000) Bethlehem Center (ATROD)

This study was conducted in cooperation between the United Nation Drug Control Program (UNDCP), the regional office in Cairo, and the Bethlehem Center for Advanced Treatment and Research of Opiate dependency.

The study covers all the provinces of the west bank; the sample consists of 400 current drug abusers which were randomly selected from these provinces. The main tool which was used for data collection is a questionnaire, which consisted of 45 questions, mainly closed ended and multiple choices. Variables which the study examined include the socio-demographic characteristics of the sample, leisure time activities, trends of substance abuse and finally factors and sources of substance.

The findings of the study indicate that the most important factors of starting substance abuse is the effect of friends then curiosity and to overcome personal crises. Respondents take drugs to obtain the following effects, escape of problems, and feeling of relaxation, not to think and to

get asleep. Sources of substances were through salesman, friend, and Israelis.

Only 15% of the respondents have other member of the family who use drugs, while two thirds do have a friend who use drugs. In respect to demand reduction, one fifth of the respondents stated that they consulted a special treatment center, similar percentage stated that so far did not approach any source for seeking assistance, nor made an effort in that direction, 10% of respondents stated they consulted only family members, and about 9% consulted a medical specialist and friends, very few respondents mentioned the ADD or prison authorities.

1.14.2 Heroin abuse: Relationship to other abused drugs

This study carried by the Gaza Community Mental Health Program (G.C.M.H.P.). Respondents of the study (120) are patients treated for cocaine abuse at G.C.M.H.P. The study aimed to determine type of drugs used by the respondents in addition to cocaine, root of administration, and any correlation between drug abuse and other psychosocial factors. Finding of the study shows no female participation in treatment program, this do not means that there is no female addicts, but due to cultural stigma of drug addiction in females, the family will not bring there drug addicts female to therapy.

Seventy percent of the respondents are poly-drug abusers (Adams,

1988), they abused more than one substance in the same time (2-4 types of drugs in the same time). Only one forth used the drug once daily, the other used the drug two, three and four times daily; it was observed that there were cases of Anticholinergic drug abusers - Artan (Trihexy phenidyl). Most of the heroin abusers were abused Hashish before starting the abuse of Heroine, which reflect known phenomena (Johnston, 1987). A clear correlation was found between abusing of pethidine and professionals due to availability of the drug. Roll of education is very clear in the practice of I.D.U., to be illiterate and taking drugs intravenously was significantly correlated and this due to unawareness of the hazard of I.V. intake of drugs.

Finally the study shows correlation between abusing Cocaine and being in the south area, which may be due to the availability of the drug in south area at border between the Gaza Strip and Egypt.

1.15 Aim of study

The prevalence of drug abuse in Palestine is estimated to be 0.3% as reported by the official organs of the ADA; this percent is very small and not approved by any survey or study. In fact there is a lack of information about all the aspects of the problems. To our knowledge, there are no studies on the problem of drug abuse in Palestine had been done, except the one which was done by the Bethlehem Center for Addiction.

I was encouraged to look at the problem aiming at:

- 1- Determining the prevalence of drug abuse, and substances abused, among the general population in Tulkarem district.
- 2- Searching for causes of the problem, and the roll of different factors.
- 3- Determining the knowledge of people in this field, and there attitude towards the addicts.

Chapter Two

Methodology

It is difficult to overestimate the importance of obtaining accurate information on the prevalence of illicit drug use. Such information is valuable in terms of understanding and monitoring three inputs of the policy making. first of all, the trends and extend of drug misuse, second it shows how well control departments and other related departments are providing services for their clients; and finally, how the needs of the unknown number of drug users can be met and managed, and how to build policies for the future. Our knowledge of the world of illicit drug use and our ability to estimate the number of people using illicit drugs within any locality is very limited; this is why the problem is universal.

2.1 The tools

The main tool which was used for data collection is a self-admitted questionnaire, which consisted of three parts, the first part contains fourteen questions about the respondents regarding socio-demographic status, the second part contains twelve questions about the common sense of the respondents and his knowledge and attitude concerning drugs and the problem of drug addiction, and finally the third part about the abuse of drugs and trends of addiction. All the questions are closed ended and multiple choices.

2.2 The sample

The sample consisted of 315 respondents which were selected

randomly from different places of the city, camps, and villages of Tulkarem. These places include the university, work places, homes, cafe shops, respondents were briefed about the objective of the study and the unanimity of the information given by them without their names mentioned.

2.3 Statistical methods

Data were analyzed using the SPSS (Statistical method for social sciences). Data analysis procedures included both descriptive and inferential statistics.

2.4 The prevalence of drug abuse in North Palestine

The prevalence of drug abuse was determined by dividing the number of reported cases by the total number of the screened subjects.

Chapter Three

Results

3.1 Socio-demographic characteristics

The study population comprised 315 persons, of these 76.8% were men; they fall in 8 age groups, one third of the population aged 21-25 years and one fourth of them younger than 21 year (see frequency tables 1,2 the age and sex). 62.2% of the population were single and 32.4% are married and 8 persons (2.5%) are divorced (see frequency table 3, marital status) 33% of the population are city inhabitants, and 39.7 from a camp, and 26.7 from village. Only 16 persons had only elementary education or less, while 47% have University level, and one third of all population had secondary education. Among the 205 who work, 68.3% have their own work in private sector, and 31.7% are in the public sector. One third work inside the green line, and two thirds inside Palestine (see frequency tables 8 and 9).

3.2 Knowledge of addiction and attitude towards addicts

Half of our respondents hear about drugs and addiction from TV or from brochure, while 14% have their knowledge from a friend, and 7% from the radio (see frequency tab. 10 and question B/1) 28.5% believe that addiction harm only health, and only 20.7% know the effect of drug addiction on the society, while 8.9% believe that it may affect society and health together (frequency table 11, and question B/2).

One percent believe that addiction is safe and cause no problems at all, while once more the largest percent (14.7%) believe that it cause serious

diseases, and the same percent believe it to cause murder; 7.2% believe it cause treason and 43.6% believe that it cause all the mentioned fields including murder, stealing, prostitution, treason, and serious diseases (see frequency table 13 and questions B/4 and B/5).

In frequency tables 15 and 16 we see that 71 respondents have had met addict boss, and 98 respondents said that the behavior of the boss was affected by drug (see also question B/6 and B/7). 84.1% believe that both police and ministry of health must deal with the problem of drug abuse, while 10.2% believe that this is only a police task (see frequency table 16* and question B/8).

Two thirds believe that they may be disturbed by an addict in there region, while 7% are neutral and 23.9% believe that no effect of an addict in there region may be caused (see frequency table 17 and question B/9).

Two thirds believe that the authority is not enough interested in the problem of drug abuse (frequency table 18 and question B/10); 83.1 % would like to have lessons about addiction, and finally 80.3% believe that we have no enough and effective laws to combat addiction (frequency tables 19 and 20).

3.3 Prevalence and trends of drug abuse

Among the 300 who answered the C1 question, we found 14 respondents who reported abuse of one or more of the illicit drugs mentioned. We can consider this figure to be the life-prevalence of abuse

which is 4.7%.

Our study shows the same trends of abuse which is more common worldwide, as we see in crosstable1, the “gate drugs” are the most common (tobacco smoking 40 percent, alcohol 2 percent, and marijuana 0.7 percent, stimulants 0.3 percent and finally halisogenic 0.3 percent).

3.4 The possible risk factors

From the cross table 1 we found that among the 14 respondents who reported abuse of illicit drug, only four are married while another 8 are single, the percent of abuse among both categories is the same which is 4 % and 4.3% respectively; the other 2 addicts are among the category of divorced and other ,and they form 14.3%.

52% of the married are smokers, while 34.8% from the single respondents are smokers, and 4 out of 8 divorced are smokers. Seven of the camps respondents reported drug abuse, which makes the percent 5.9%, this percent among the city population is 3.9%, and for village population 3.8% (cross table 2).

Population with university education had the lowest percent of smoking 28.4%,and the lowest percent of drug abuse 2.1%; the highest percent (63.6%) for smoking is among population with elementary education; and the highest percent (20%)for drug abuse is among the population without any schooling (cross table 3).

Among the workers inside Israel, percent of smoking is 55.2%, and drug abuse 10.4%; while it is 48.2% and 3.6% for smoking and drug abuse respectively for the workers in the Palestinian territories (cross table 4).

29 persons reported to have extramarital sex relation, among them 7 who reported drug abuse (24.1%), the percent of drug abuse (cross table 5). The respondents who originated from a normal family (two parents), reported 4.3% for drug abuse and 39.2% for smoking, the other who lived with single mother reported 17.6% for drug abuse and 64.7% for smoking, those who had single father reported 9.1% of drug abuse and 45.5% for smoking (cross table 6).

Nearly half of the population who have smoker father are smokers, and 68.9% of the smokers have smoker father, 31.1% of the smokers have non smoker father. Drug abuse among the population of smoker fathers is 4.8%, and among the population of non smoker fathers the percent is 3.3% (Cross table 7).

Cross table 8 shows the age of onset of smoking and drug abuse. There are 66 smokers and 6 drug abusers, the table shows that 6 began their smoking habit by the age of 12 years, and 24 by the age of 15 years, and 60 of the 66 began to smoke by the age of 19 years.

One of the six drug abusers began to abuse at the age of 13 years, while another three by the age of 17 years, and another one by the age of 19 years, the last one by the age of 30.

Chapter Four

Discussion and Recommendations

4.1 Discussion

Among the 2.5 million Palestinian residing in the west bank and Gaza strip, there are nearly ten thousand addicts and 25 thousand abusers, the highest percent of addicts are found in east Jerusalem (AL-Zouhiri, M., 2000). North Palestine also has a high percent of drug abuse and this is due to its geographical and demographic factors. The percent of life-prevalence of drug abuse, which shows the research, is not so high, although it is far more than the official announced figures.

Adolescence is a very clear risk factor for drug abuse (including smoking), almost all the cases of drug abuse are affected in there teen years (Dupont, R., 1989).

Education is the most important investment in health field, the high educated persons has the lowest percent of the problem. Family is an important protective factor for smoking and drug abuse, the individuals with no good parental control always have high percent of the problem, in our research, the highest percent of abusers and smokers are among the individuals who had single mother in the family.

Not only the absence of parental control is a risk factor, but also the case is worse when the parents are not a good picture for the siblings, smoker fathers have the half of there kids smokers, and high percent of all smokers have a smoker father.

The marital status as a family factor shows no difference between the married and single respondents, but the divorced have a high drug abuse and smoking percent.

Drug abuse is not an absolute phenomenon, it may indicate certain social behavior, and high percent of abusers have extramarital sex relations, a practice which not found among the non abusers.

Before the Intifada, it was a rare phenomena to find one who has no work, even students (university and secondary schools), used to work part-time or at night, mainly inside Israel; the high percent of unemployment which shows the study for sure has a negative effect on the youth. Another fact we see, that only one third of the working power works inside Israel, in the same time we found that the work inside Israel is associated with a high percent of drug abuse and smoking.

Finally, although our society has no detailed knowledge about this stigmatized practice, but it refuse this phenomena strongly.

4.2 Concluding remarks and recommendations

The problem of drug abuse is a real threat for our society, which is sensitive especially in these hard times to any negative phenomena. The ascending character of the phenomena and ability to spread makes it a first priority challenge for all who interested to combat it.

The main purpose of our research is to detect the prevalence of drug

abusers in north Palestine (Tulkarem). We found a high prevalence of 4.8%. The risk and protective factors which we detected are the known in any other society. Among the facts which we now know, that our people have no adequate information about the problem of drugs, in the same time they don't trust or believe that the work of the PNA enough to combat the problem. The lack of treatment and rehabilitation centers for is a big challenge for all who are interested in the issue.

We believe that the following two actions must be the first step towards any anti-drug program or policy:

1. The establishment of criminal justice system, which must develop and put in force the necessary laws to control all the issue. These laws must guarantee the effectiveness of the operational organs (See the report of the UNDCP, Egypt regional office, for drug trafficking in Gaza sector).
2. Prepare a qualified, well-trained staff for the implementation of the law in all its dimensions, with a strong coordination between all to whom it may concern in the country.

If the two mentioned steps could be implemented swiftly, and then be followed by actions this would correct the problem of the drug abuse in this country.

1. Encouragement of our policy makers to implement a healthy public policy, that means to have in consideration the seriousness of the problem,

and try to pay more attention when decide to take any decision; for example, the rational spending of the national income (including the aids), will enable building centers for treatment and rehabilitation, another example, more equity and economical reform will improve the economical parameters of people and create more work places inside the PNA territories, which will decrease the dependence on the Israeli work market (UNDCP, Egypt regional office).

2. Developing personal skills, by providing information and this means immediate participation of ministry of education.

There is a sure need for the beginning of drug education in schools, and this must as early as possible, once we noticed that world wide, and in our society the age of initiation in some cases is about 12 years.

The development of a suitable curriculum for the grades 7th till 12th will provide the teenagers with the necessary skills and knowledge to "say no to drugs".

3. Strengthening community action, and mobilization of broad sectors of community for the participation in a wide anti-drug campaign, the participation of different NGOs with cooperation with the different ministries will enable the combine to achieve it's aims; which may include health education programs, economic support for institutions which is active in the field of treatment and rehabilitation of addicts.

4. The roll of the health services is very important, in the field of treatment and prevention of what called "iatrogenic addictions" this needs control over all the prescriptions of psychoactive drugs "over the counter drugs".

Ministry of health must take the first step, must start a careful and accurate studies and surveys to determine the size of the problem and its different dimensions.

Cross tabs 1

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Personal age * have you take any of the following?	300	95.2%	15	4.8%	315	100.0%

Personal age * have you take any of the following? Cross tabulation

			Have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	halisogeni	non	all	More things		
Personal age	16 -20	Count	23	1		1		46		3	74	
		% within Personal age	31.1%	1.4%		1.4%		62.2%		4.1%	100%	
		% within have take any of the following?	19.0%	16.7%		10.0%		29.9%		21.4%	24.7%	
	21 - 25	Count	32	3	1			57	1	5	99	
		% within Personal age	32.3%	3.0%	1.0%			57.6%	1.0%	5.1%	100%	
		% within have take any of the following?	26.4%	50.0%	50.0%			37.0%	100%	35.7%	33.0%	
	26 - 30	Count	34					20		1	55	
		% within Personal age	61.8%					36.4%		1.8%	100.%	
		% within have take any of the following?	28.1%					13.0%		7.1%	18.3%	

	31 -35	Count	15	2			1	14		1	33	
		% within Personal age	45.5%	6.1%			3.0%	42.4%		3.0%	100.%	
		% within have you take any of the following?	12.4%	33.3%			100%	9.1%		7.1%	11.0%	
	36 -40	Count	8		1			12		1	22	
		% within Personal age	36.4%		4.5%			54.5%		4.5%	100%	
		% within have take any of the following?	6.6%		50.0%			7.8%		7.1%	7.3%	
	41 - 45	Count	6					3		1	10	
		% within Personal age	60.0%					30.0%		10.0%	100%	
		% within have take any of the following?	5.0%					1.9%		7.1%	3.3%	
	46 - 50	Count	3							2	5	
		% within Personal age	60.0%							40.0%	100%	
		% within have take any of the following?	2.5%							14.3%	1.7%	
	51 AND MORE	Count						2			2	
		% within Personal age						100.0%			100%	
		% within have take any of the following?						1.3%			.7%	
Total			Count	121	6	2	1	1	154	1	14	300
			% within Personal age	40.3%	2.0%	.7%	.3%	.3%	51.3%	.3%	4.7%	100%
			% within have take any of the following?	100%	100%	100%	100%	100%	100.0%	100%	100%	

Cross tabs 2

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Marital Status * have you take any of the following?	300	95.2%	15	4.8%	315	10.0%

Marital Status * have you take any of the following? Cross tabulation

			Have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	non	all	More things		
Marital Status	Single	Count	65	3	1			109	1	8	187	
		% within Marital Status	34.8%	1.6%	.5%			58.3%	.5%	4.3%	100%	
		% within have take any of the following?	53.3%	50.0%	50.0%			71.2%	100%	57.1%	62.3%	
	Married	Count	52	3				40		4	99	
		% within Marital Status	52.5%	3.0%				40.4%		4.0%	100%	
		% within have take any of the following?	42.6%	50.0%				26.1%		28.6%	33.0%	
	Divorced	Count	4		1	1		1		1	8	
		% within Marital Status	50.0%		12.5%	12.5%		12.5%		12.5%	100%	
		% within have take any of the following?	3.3%		50.0%	100%		.7%		7.1%	2.7%	

		Count	1				1	3		1	6	
	other	% within Marital Status	16.7%				16.7%	50.0%		16.7%	100%	
		% within have take any of the following?	.8%				100.0%	2.0%		7.1%	2.0%	
Total		Count	122	6	2	1	1	153	1	14	300	
		% within Marital Status	40.7%	2.0%	.7%	.3%	.3%	51.0%	.3%	4.7%	100%	
		% within have take any of the following?	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Cross tabs 3

Case Processing Summary

							Cases					
							Valid		Missing		Total	
							N	Percent	N	Percent	N	Percent
Place of Residence * have you take any of the following?							300	95.2%	15	4.8%	315	100.0%

			Have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	non	all	More things		
Place of Residence	city	Count	37	3	2	1		55		4	102	
		% within Place of Residence	36.3%	2.9%	2.0%	1.0%		53.9%		3.9%	100%	
		% within have take any of the following?	30.1%	50.0%	100%	100%		36.2%		28.6%	34.0%	
	camp	Count	59	2				50		7	118	
		% within Place of Residence	50.0%	1.7%				42.4%		5.9%	100%	
		% within have take any of the following?	48.0%	33.3%				32.9%		50.0%	39.3%	
	village	Count	27	1			1	47	1	3	80	
		% within Place of Residence	33.8%	1.3%			1.3%	58.8%	1.3%	3.8%	100%	
		% within have take any of the following?	22.0%	16.7%			100%	30.9%	100%	21.4%	26.7%	
Total		Count	123	6	2	1	1	152	1	14	300	
		% within Place of Residence	41.0%	2.0%	.7%	.3%	.3%	50.7%	.3%	4.7%	100%	

Cross tabs 4

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Education * have you take any of the following?	301	95.6%	14	4.4%	315	100%

Education * have you take any of the following? Cross tabulation

			Have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	non	all	more things		
Education	no education	Count	2					2		1	5	
		% within Education	40.0%					40.0%		20.0%	100%	
		% within have take any of the following?	1.6%					1.3%		7.1%	1.7%	
	elementary	Count	7		1			2		1	11	
		% within Education	63.6%		9.1%			18.2%		9.1%	100%	
		% within have take any of the following?	5.7%		50.0%			1.3%		7.1%	3.7%	
	preparatory	Count	20	1	1			13		6	41	
		% within Education	48.8%	2.4%	2.4%			31.7%		14.6%	100%	
		% within have take any of the following?	16.3%	16.7%	50.0%			8.5%		42.9%	13.6%	
	secondary	Count	54	2			1	43		3	103	

		% within Education	52.4%	1.9%			1.0%	41.7%		2.9%	100%	
		% within have take any of the following?	43.9%	33.3%			100%	28.1%		21.4%	34.2%	
	university	Count	40	3		1		93	1	3	141	
		% within Education	28.4%	2.1%		.7%		66.0%	.7%	2.1%	100%	
		% within have take any of the following?	32.5%	50.0%		100.0%		60.8%	100.0%	21.4%	46.8%	
Total		Count	123	6	2	1	1	153	1	14	301	
		% within Education	40.9%	2.0%	.7%	.3%	.3%	50.8%	.3%	4.7%	100%	
		% within have take any of the following?	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Cross tabs 5

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Place of Work * have you take any of the following?	206	65.4%	109	34.6%	315	100.0%

Place of Work * have you take any of the following? Cross tabulation

			Have you take any of the following?							Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	non	more things		
Place of Work	Israel	Count	37	2	1	1		19	7	67	
		% within Place of Work	55.2%	3.0%	1.5%	1.5%		28.4%	10.4%	100%	
		% within have you take any of the following?	35.6%	66.7%	50.0%	100%		22.9%	58.3%	32.5%	
	Palestine	Count	67	1	1		1	64	5	139	
		% within Place of Work	48.2%	.7%	.7%		.7%	46.0%	3.6%	100%	
		% within have you take any of the following?	64.4%	33.3%	50.0%		100.0%	77.1%	41.7%	67.5%	
Total		Count	104	3	2	1	1	83	12	206	
		% within Place of Work	50.5%	1.5%	1.0%	.5%	.5%	40.3%	5.8%	100%	
		% within have you take any of the following?	100%	100%	100%	100.	100%	100%	100 %	100%	

Cross tabs 6

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Do you have sex relation * have you taken any of the following?	259	82.2%	56	17.8%	315	100.0%

Do you have sex relation * have you taken any of the following? Cross tabulation

				Have you take any of the following?							Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	non	all	More things		
Do you have sex relation	yes	Count	12	2	2	1	1	3	1	7	29	
		% within Do you have sex relation	41.4%	6.9%	6.9%	3.4%	3.4%	10.3%	3.4%	24.1%	100.	
		% within have you take any of the following?	10.6%	40.0%	100%	100%	100%	2.5%	100%	50.0%	11.2%	
	no	Count	101	3				119		7	230	
		% within Do have sex relation	43.9%	1.3%				51.7%		3.0%	100%	
		% within have take any of the following?	89.4%	60.0%				97.5%		50.0%	88.8%	
Total		Count	113	5	2	1	1	122	1	14	259	
		% within Do have sex relation	43.6%	1.9%	.8%	.4%	.4%	47.1%	.4%	5.4%	100%	
		% within have take any of the following?	100 %	100%	100%	100%	100%	100%	100%	100%	100%	

Cross tabs 7

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Family construction * have you take any of the following?	274	87.0%	41	13.0%	315	100%

			Have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	non	all	more things		
Family construction	parents	Count	91	4	1			125	1	10	232	
		% within Family construction	39.2%	1.7%	.4%			53.9%	.4%	4.3%	100%	
		% within have you take any of the following?	81.3%	80.0%	50.0%			90.6%	100%	71.4%	84.7%	
	single mother	Count	11			1		2		3	17	
		% within Family construction	64.7%			5.9%		11.8%		17.6%	100%	
		% within have you take any of the following?	9.8%			100%		1.4%		21.4%	6.2%	
	single father	Count	5		1			4		1	11	
		% within Family construction	45.5%		9.1%			36.4%		9.1%	100%	
		% within have you take any of the following?	4.5%		50.0%			2.9%		7.1%	4.0%	
	others	Count	5	1			1	7			14	
		% within Family construction	35.7%	7.1%			7.1%	50.0%			100%	
		% within have you take any of the following?	4.5%	20.0%			100%	5.1%			5.1%	

Cross tabs 8

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
your father smoker? * have you take any of the following?	290	92.1%	25	7.9%	315	100%

Your father smoker? * have you taken any of the following? Cross tabulation

			Have you take any of the following?							Total	
			cigarettes	alcohol	marijuana	halisogenic	non	all	more things		
Your father smoker?	yes	Count	82	3	1	1	71	1	8	167	
		% within your father smoker?	49.1%	1.8%	.6%	.6%	42.5%	.6%	4.8%	100%	
		% within have you take any of the following?	68.9%	60.0%	50.0%	100%	47.3%	100%	66.7%	57.6%	
	no	Count	37	2	1		79		4	123	
		% within your father smoker?	30.1%	1.6%	.8%		64.2%		3.3%	100%	
		% within have you take any of the following?	31.1%	40.0%	50.0%		52.7%		33.3%	42.4%	
Total		Count	119	5	2	1	150	1	12	290	
		% within your father smoker?	41.0%	1.7%	.7%	.3%	51.7%	.3%	4.1%	100%	
		% within have you take any of the following?	100%	100%	100%	100%	100%	100%	100%	100%	

Cross tabs 9

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
When you start drug abuse * have you take any of the following?	78	24.8%	237	75.2%	315	100.0%

When you start drug abuse * have you take any of the following? Cross tabulation

			Have you take any of the following?						Total	
			cigarettes	alcohol	halisogenic	non	all	more things		
When start drug abuse	11	Count	2						2	
		% When you start drug abuse	100.0%						100%	
		% has you take any of the following?	3.0%						2.6%	
	12	Count	4						4	
		% When you start drug abuse	100.0%						100%	
		% has you take any of the following?	6.1%						5.1%	
	13	Count	3				1	1	5	
		% When you start drug abuse	60.0%				20.0%	20.0%	100%	
		% has you take any of the following?	4.5%				100.0%	16.7%	6.4%	
	14	Count	6						6	

		% within When you start drug abuse	100.0%						100%	
		% within have you take any of the following?	9.1%						7.7%	
	15	Count	9			1			10	
		% within When you start drug abuse	90.0%			10.0%			100%	
		% within have you take any of the following?	13.6%			33.3%			12.8%	
	16	Count	14						14	
		% within When you start drug abuse	100.0%						100%	
		% within have you take any of the following?	21.2%						17.9%	
	17	Count	7					3	10	
		% within When you start drug abuse	70.0%					30.0%	100%	
		% within have you take any of the following?	10.6%					50.0%	12.8%	
	18	Count	9			2			11	
		% within When you start drug abuse	81.8%			18.2%			100%	
		% within have you take any of the following?	13.6%			66.7%			14.1%	
	19	Count	6	1				1	8	
		% within When you start drug abuse	75.0%	12.5%				12.5%	100%	
		% within have you take any of the following?	9.1%	100%				16.7%	10.3%	
	20	Count	4						4	
		% within When you start drug abuse	100%						100%	

		% within have you take any of the following?	6.1%						5.1%	
	25	Count	2		1				3	
		% within When you start drug abuse	66.7%		33.3%				100%	
		% within have you take any of the following?	3.0%		100.0%				3.8%	
	30	Count						1	1	
		% within When you start drug abuse						100.0%	100%	
		% within have you take any of the following?						16.7%	1.3%	
Total	Count		66	1	1	3	1	6	78	
	% within When you start drug abuse		84.6%	1.3%	1.3%	3.8%	1.3%	7.7%	100%	
	% within have you take any of the following?		100%	100%	100%	100%	100%	100%	100%	

Statistics
Frequency Table 1
Personal age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16 -20	77	24.4	24.6	24.6
	21 - 25	106	33.7	33.9	58.5
	26 - 30	56	17.8	17.9	76.4
	31 -35	33	10.5	10.5	86.9
	36 -40	22	7.0	7.0	93.9
	41 - 45	12	3.8	3.8	97.8
	46 - 50	5	1.6	1.6	99.4
	51 AND MORE	2	.6	.6	100
	Total	313	99.4	100	
Missing	System	2	.6		
Total		315	100		

The sex 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	242	76.8	78.6	78.6
	female	66	21.0	21.4	100
	Total	308	97.8	100.	
Missing	System	7	2.2		
Total		315	1000		

Marital Status 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	196	62.2	62.8	62.8
	Married	102	32.4	32.7	95.5
	Divorced	8	2.5	2.6	98.1
	other	6	1.9	1.9	100.0
	Total	312	99.0	100.0	
Missing	System	3	1.0		
Total		315	100.0		

Family Size 4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	31	9.8	10.7	10.7
	2	71	22.5	24.4	35.1
	3	86	27.3	29.6	64.6
	4	44	14.0	15.1	79.7
	5	32	10.2	11.0	90.7
	6	27	8.6	9.3	100.0
	Total	291	92.4	100	
Missing	System	24	7.6		
Total		315	100%		

Place of Residence5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	city	104	33.0	33.2	33.2
	camp	125	39.7	39.9	73.2
	village	84	26.7	26.8	100.
	Total	313	99.4	100.0	
Missing	System	2	.6		
Total		315	100.		

Education 6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no education	5	1.6	1.6	1.6
	elementary	11	3.5	3.5	5.1
	preparatory	43	13.7	13.7	18.8
	secondary	106	33.7	33.9	52.7
	university	148	47.0	47.3	100.
	Total	313	99.4	100.0	
Missing	System	2	.6		
Total		315	100		

The work 7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	work	150	47.6	48.2	48.2
	not working	161	51.1	51.8	100
	Total	311	98.7	100	
Missing	System	4	1.3		
Total		315	100		

Kind of Work 8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private	140	44.4	68.3	68.3
	Public	65	20.6	31.7	100
	Total	205	65.1	100	
Missing	System	110	34.9		
Total		315	100		

Place of Work 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Israel	72	22.9	33.6	33.6
	Palestine	142	45.1	66.4	100
	Total	214	67.9	100	
Missing	System	101	32.1		
Total		315	100		

Hear about drug ?10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	from friend	44	14.0	14.3	14.3
	from radio	22	7.0	7.1	21.4
	from TV	82	26.0	26.6	48.1
	from procure	76	24.1	24.7	72.7
	friend and radio	5	1.6	1.6	74.4
	friend and TV	22	7.0	7.1	81.5
	friend and procure	6	1.9	1.9	83.4
	radio and TV	13	4.1	4.2	87.7
	procure and TV	3	1.0	1.0	88.6
	more than one way	35	11.1	11.4	100
	Total	308	97.8	100.	
Missing	System	7	2.2		
Total		315	100		

Did addiction harm? 11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health	87	27.6	28.5	28.5
	Society	63	20.0	20.7	49.2
	Economy	7	2.2	2.3	51.5
	Donotharmany	1	.3	.3	51.8
	society and health	28	8.9	9.2	61.0
	health and economy	7	2.2	2.3	63.3
	society and economy	5	1.6	1.6	64.9
	more than thing	107	34.0	35.1	100
	Total	305	96.8	100	
Missing	System	10	3.2		
Total		315	100		

Did addiction cause? 12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	murder	41	13.0	13.4	13.4
	steeling	17	5.4	5.5	18.9
	prostitution	6	1.9	2.0	20.8
	treason	22	7.0	7.2	28.0
	serious disease	45	14.3	14.7	42.7
	nothing	3	1.0	1.0	43.6
	all	134	42.5	43.6	87.3
	more than cause	39	12.4	12.7	100
	Total	307	97.5	100	
Missing	System	8	2.5		

Total	315	100		
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Is addict danger to his family? 13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	289	91.7	92.6	92.6
	no	11	3.5	3.5	96.2
	I don't know	12	3.8	3.8	100
	Total	312	99.0	100	
Missing	System	3	1.0		
Total		315	100		

Can you marry with addict? 14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	21	6.7	6.9	6.9
	no	274	87.0	89.5	96.4
	neutral	11	3.5	3.6	100.0
	Total	306	97.1	100.0	
Missing	System	9	2.9		
Total		315	100.0		

Have you ever met addict Boss? 15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	71	22.5	24.5	24.5
	no	219	69.5	75.5	100
	Total	290	92.1	100.0	
Missing	System	25	7.9		
Total		315	100		

Was his behavior affected by drug? 16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	98	31.1	48.5	48.5
	no	57	18.1	28.2	76.7
	neutral	47	14.9	23.3	100
	Total	202	64.1	100.	
Missing	System	113	35.9		
Total		315	100		

Do you believe addict response to? 16a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Police	32	10.2	10.5	10.5
	M. health	9	2.9	2.9	13.4
	Both	265	84.1	86.6	100
	Total	306	97.1	100	
Missing	System	9	2.9		
Total		315	100		

Do you believe addict in your region affect you? 17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	214	67.9	69.0	69.0
	no	74	23.5	23.9	92.9
	neutral	22	7.0	7.1	100
	Total	310	98.4	100.	
Missing	System	5	1.6		
Total		315	100		

Do you think authority enough interest? 18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	93	29.5	30.9	30.9
	no	207	65.7	68.8	99.7
	neutral	1	.3	.3	100
	Total	301	95.6	100	
Missing	System	14	4.4		
Total		315	100		

Do you like to have lessons about addiction? 19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	256	81.3	83.1	83.1
	no	52	16.5	16.9	100
	Total	308	97.8	100.	
Missing	System	7	2.2		
Total		315	100		

Do you think lows enough to prevent addiction? 20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	58	18.4	19.7	19.7
	no	237	75.2	80.3	100
	Total	295	93.7	100	
Missing	System	20	6.3		
Total		315	100		

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Appendices

Test of the Hypothesis

Question B/1

To examine the truth of the hypothesis no. (1) which supposes the randomness of the distribution of having been told about addiction from: a friend/neighbor, local radio, local television, educating publication in the significance level 0.05, we calculated the frequencies in the responses on item 1, section B, in the questionnaire which were: 44, 22, 82, 76, 5, 22, 6, 13, 3, 35 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (1)

Table No. (1)

Chi-square test to examine the randomness of distribution of

A friend/neighbor, local radio, local television, educating publication

Degree of freedom	Level of significance
9	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequencies 82.76 are that of the categories which are local television and publications, we assert that information media are very important in relation to addiction.

Question B/2

To examine the truth of the hypothesis no. (2) which supposes the randomness of the distribution of addiction causing harm to: health, society, economy, in the significance level 0.05, we calculated the frequencies in the responses on item 2, section B, in the questionnaire

which were: 87, 63, 7, 1, 28, 7, 5, 107 respectively and then we applied Chi-square test to these results, the results was as given in the following table no. (2)

Table No. (2)

Chi-square test to examine the randomness of distribution of
Addiction causing harm to: health, society and economy

Degree of freedom	Level of significance
7	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequencies 87, 63 are that of the categories which are health, society we assert that addiction causes great harm to these categories in particular.

Question B/3

To examine the truth of the hypothesis no. (3) which supposes the randomness of the distribution of addiction is a cause of: killing, theft, prostitution, blackmail by information services, danger diseases, not any, all in the significance level 0.05, we calculated the frequencies in the responses on item 3, section B, in the questionnaire which were: 41, 17, 6, 22, 45, 3, 134, 39 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (3)

Table No. (3)

Chi-square test to examine the randomness of distribution of
Killing, theft, prostitution, blackmail by information services, danger diseases, not any, all

Degree of freedom	Level of significance
7	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value given in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 134 is that of the category which is all we assert that addiction is a risk factor to all the categories given in the item.

Question B/4

To examine the truth of the hypothesis no. (4) which supposes the randomness of the distribution of an addict is a danger to family: yes, no, neutral in the significance level 0.05, we calculated the frequencies in the responses on item 4, section B, in the questionnaire which were: 289, 11, 12 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (4)

Table No. (4)

Chi-square test to examine the randomness of distribution of

An addict is a danger to family: yes, no, neutral

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 289 is that of the category which is yes we assert that there is a strong belief that the addict is a danger to the family.

Question B/5

To examine the truth of the hypothesis no. (5) which supposes the randomness of the distribution of becoming married or a relative be married to an addict: yes, no, neutral in the significance level 0.05, we calculated the frequencies in the responses on item 5, section B, in the questionnaire which were: 21, 274, 11 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (5)

Table No. (5)

Chi-square test to examine the randomness of distribution of

Becoming married or a relative be married to an addict: yes, no, neutral

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 289 is that of the category which is yes we assert that people don't consent to be married or a relative be married to an addict

Question B/6

To examine the truth of the hypothesis no. (6) which supposes the randomness of the distribution of meeting officials who are addict or have

a relative with drugs and not meeting people of this kind in the significance level 0.05, we calculated the frequencies in the responses on item 6, section B, in the questionnaire which were: yes(71), no(219) respectively and then we applied Chi-square test to these results, the results was as given in the following table no. (6)

Table No. (6)

Chi-square test to examine the randomness of distribution of

Meeting officials who are addict or have a relative with drugs and not meeting people of this kind

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 219 is that of the category which has no relation with the drugs, we assert that official, in general, have no tendency to build a relation with drugs.

Question B/7

To examine the truth of the hypothesis no. (7) which supposes the randomness of the distribution of addiction having effect on his/her performance: yes, no, neutral in the significance level 0.05, we calculated the frequencies in the responses on item 7, section B, in the questionnaire which were: 98, 57, 47 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (7)

Table No. (7)

Chi-square test to examine the randomness of distribution of
Addiction having effect on his/her performance: yes, no, neutral

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 98 is that of the category which say yes to effect on performance we assert that there is an effect of addiction on performance.

Question B/8

To examine the truth of the hypothesis no. (8) which supposes the randomness of the distribution of addiction being power of: Police, Ministry of Health, both in the significance level 0.05, we calculated the frequencies in the responses on item 8, section B, in the questionnaire which were: 32, 9, 265 respectively and then we applied Chi-square test to these results, the results was as given in the following table no. (8)

Table No. (8)

Chi-square test to examine the randomness of distribution of
Addiction being power of: Police, Ministry of Health, both

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 265 is that of the category which believe in the power of both Police and Ministry of Health we assert that addiction must be in the power of Police and Ministry of Health.

Question B/9

To examine the truth of the hypothesis no. (9) which supposes the randomness of the distribution of an addict in your area, school, quarter, affects you: yes, no, neutral in the significance level 0.05, we calculated the frequencies in the responses on item 9, section B, in the questionnaire which were: 214,74,22 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (9)

Table No. (9)

Chi-square test to examine the randomness of distribution of

An addict in your area, school, quarter, affects you: yes, no, neutral

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value given in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 214 is that of the category which believes in the effect of the presence of an addict on the area, school, pr quarter we

assert that people believe in the effect of the presence of an addict on the area, school, pr quarter where they live.

Question B/10

To examine the truth of the hypothesis no. (10) which supposes the randomness of the distribution of sufficiency of attention to addiction problem: yes, no, neutral in the significance level 0.05, we calculated the frequencies in the responses on item 10, section B, in the questionnaire which were: 93, 207 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (10)

Table No. (10)

Chi-square test to examine the randomness of distribution of

Sufficiency of attention to addiction problem: yes, no, neutral

Degree of freedom	Level of significance
2	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 207 is that of the category which is “no” we assert that people disagree with the statement that the government pays sufficient attention to the addiction problem.

Question B/11

To examine the truth of the hypothesis no. (11) which supposes the randomness of the distribution of your desire to attend lectures on addiction and drugs:: yes, no in the significance level 0.05, we calculated the frequencies in the responses on item 11, section B, in the questionnaire

which were: 256, 52 respectively and then we applied Chi-square test to these results, the results was as given in the following table no. (11)

Table No. (11)

Chi-square test to examine the randomness of distribution of

Your desire to attend lectures on addiction and drugs: yes, no

Degree of freedom	Level of significance
1	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 256 is that of the category which is “yes” we assert that people desire attending lectures on addiction and drugs.

Question B/12

To examine the truth of the hypothesis no. (12) which supposes the randomness of the distribution of your belief that laws for fighting drugs are sufficient in the significance level 0.05, we calculated the frequencies in the responses on item 12, section B, in the questionnaire which were: 58, 237 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (12)

Table No. (12)

Chi-square test to examine the randomness of distribution of

Your belief that laws for fighting drugs are sufficient

Degree of freedom	Level of significance
1	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 237 is that of the category which is “no” we assert that people don’t believe in the sufficiency of laws in fighting drugs.

Question C/1

To examine the truth of the hypothesis no. (13) which supposes the randomness of the distribution of being: addict to cigarettes, alcohol, hashish, tranquilizers, activators, hallucinators, sniffs material, not any in the significance level 0.05, we calculated the frequencies in the responses on item 1, section C, in the questionnaire which were: 123,6,2,1,1,154,1,14, respectively and then we applied Chi-square test to these results, the results was as given in the following table no. (1)

Table No. (13)

Chi-square test to examine the randomness of distribution of

Being: addict to cigarettes, alcohol, hashish, tranquilizers, activators, hallucinators, sniffs material, not any

Degree of freedom	Level of significance
7	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny, with reservation, the truth of the hypothesis and the randomness of distribution also.

Since the greater frequencies are those of the categories 1 and 6 “no” we deduce that cigarettes and hallucinators are the most commonly used.

Question C/2

To examine the truth of the hypothesis no. (14) which supposes the randomness of the distribution of father being: smoker, not a smoker in the significance level 0.05, we calculated the frequencies in the responses on item 2, section C, in the questionnaire which were: 167, 124 respectively and then we applied Chi-square test to these results, the results was as given in the following table no. (14)

Table No. (14)

Chi-square test to examine the randomness of distribution of

Father being: smoker, not a smoker

Degree of freedom	Level of significance
1	0.000

From the table, it is clear that the level of significance (0.012), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 167 is that of the category smoker, we assert that fathers of the subjects of the addicts tend to be smokers.

Question C/3

To examine the truth of the hypothesis no. (15) which supposes the randomness of the distribution of mother being: smoker, not a smoker in the significance level 0.05, we calculated the frequencies in the responses on item 3, section C, in the questionnaire which were: 2,264 respectively

and then we applied Chi-square test to these results, the results was as give in the following table no. (15)

Table No. (15)

Chi-square test to examine the randomness of distribution of
mother being: smoker, not a smoker

Degree of freedom	Level of significance
1	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 264 is that of the category not a smoker, we assert that mothers of the addicts tend to be not smokers.

Question C/4

To examine the truth of the hypothesis no. (16) which supposes the randomness of the distribution of the first kind used: cigarettes, hashish, heroine, opium, coke, hallucinators, activators in the significance level 0.05, we calculated the frequencies in the responses on item 4, section C, in the questionnaire which were: 141, 2, 2, 1, 6 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (16)

Table No. (16)

Chi-square test to examine the randomness of distribution of

The first kind used: cigarettes, hashish, heroine, opium, coke, hallucinators, activators

Degree of freedom	Level of significance
4	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 141 is that of the category cigarettes, we assert that cigarettes are the first kind used by addicts.

Question C/5

To examine the truth of the hypothesis no. (17) which supposes the randomness of the distribution of the method of use: smoking, injection, smelling, by mouth in the significance level 0.05, we calculated the frequencies in the responses on item 5, section C, in the questionnaire which were: 130, 1, 1, 4 respectively and then we applied Chi-square test to these results, the results was as give in the following table no. (17)

Table No. (17)

Chi-square test to examine the randomness of distribution of
The method of use: smoking, injection, smelling, by mouth

Degree of freedom	Level of significance
3	0.000

From the table, it is clear that the level of significance (0.000), which is less than the value give in the hypothesis which is 0.05, hence, we deny the truth of the hypothesis and the randomness of distribution also.

Since the greater frequency 130 is that of the category smoking, we assert that smoking is the method most commonly used by the addicts.

Crosstabs 1

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Personal age * have you take any of the following?	300	95.2%	15	4.8%	315	100.0%

Personal age * have you take any of the following? Crosstabulation

			have you take any of the following?								Total
			cigarettes	alcohol	marijuana	stimulants	halisogenic	none	all	more than things	
Personal age	16 -20	Count	23	1		1		46		3	74
		% within Personal age	31.1%	1.4%		1.4%		62.2%		4.1%	100.0%
		% within have you take any of the following?	19.0%	16.7%		100.0%		29.9%		21.4%	24.7%
	21 - 25	Count	32	3	1			57	1	5	99
		% within Personal age	32.3%	3.0%	1.0%			57.6%	1.0%	5.1%	100.0%
		% within have you take any of the following?	26.4%	50.0%	50.0%			37.0%	10.0%	35.7%	33.0%
	26 - 30	Count	34					20		1	55
		% within Personal age	61.8%					36.4%		1.8%	100.0%
		% within have you take any of the following?	28.1%					13.0%		7.1%	18.3%
	31 -35	Count	15	2			1	14		1	33
		% within Personal age	45.5%	6.1%			3.0%	42.4%		3.0%	100.0%
		% within have you take any of the following?	12.4%	33.3%			100.0%	9.1%		7.1%	11.0%
	36 -40	Count	8		1			12		1	22
		% within Personal age	36.4%		4.5%			54.5%		4.5%	100.0%
		% within have you take any of the following?	6.6%		50.0%			7.8%		7.1%	7.3%
	41 - 45	Count	6					3		1	10
		% within Personal age	60.0%					30.0%		10.0%	100.0%
		% within have you take any of the following?	5.0%					1.9%		7.1%	3.3%
	46 - 50	Count	3							2	5
		% within Personal age	60.0%							40.0%	100.0%
		% within have you take any of the following?	2.5%							14.3%	1.7%
	51 AND MORE	Count						2			2
		% within Personal age						10.0%			100.0%
		% within have you take any of the following?						1.3%			.7%
	Total	Count	121	6	2	1	1	154	1	14	300
		% within Personal age	40.3%	2.0%	.7%	.3%	.3%	51.3%	.3%	4.7%	100.0%

	% within have you take any of the following?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
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Crosstabs2

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Marital Status * have you take any of the following?	300	95.2%	15	4.8%	315	100.0%

Marital Status * have you take any of the following? Crosstabulation

			have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	halisogenic	no	all	more than things		
Marital Status	Single	Count	65	3	1			109	1	8	187	
		% within Marital Status	34.8%	1.6%	.5%			58.3%	.5%	4.3%	100.0%	
		% within have you take any of the following?	53.3%	50.0%	50.0%			71.2%	100.0%	57.1%	62.3%	
	Married	Count	52	3				40		4	99	
		% within Marital Status	52.5%	3.0%				40.4%		4.0%	100.0%	
		% within have you take any of the following?	42.6%	50.0%				26.1%		28.6%	33.0%	
	Divorced	Count	4		1	1		1		1	8	
		% within Marital Status	50.0%		12.5%	12.5%		12.5%		12.5%	100.0%	
		% within have you take any of the following?	3.3%		50.0%	100.0%		.7%		7.1%	2.7%	
	other	Count	1				1	3		1	6	
		% within Marital Status	16.7%				16.7%	50.0%		16.7%	100.0%	
		% within have you take any of the following?	.8%				100.0%	2.0%		7.1%	2.0%	
Total		Count	122	6	2	1	1	153	1	14	300	
		% within Marital Status	40.7%	2.0%	.7%	.3%	.3%	51.0%	.3%	4.7%	100.0%	
		% within have you take any of the following?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Cross tabs 3

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Place of Residence * have you take any of the following?	300	95.2%	15	4.8%	315	100.0%

Place of Residence * have you take any of the following? Crosstabulation

			have you take any of the following?								Total
			cigarettes	alcohol	marjuana	stimulants	halisogenic	none	all	more than things	
Place of Residence	city	Count	37	3	2	1		55		4	102
		% within Place of Residence	36.3%	2.9%	2.0%	1.0%		53.9%		3.9%	100.0%
		% within have you take any of the following?	30.1%	50.0%	100.0%	100.0%		36.2%		28.6%	34.0%
	camp	Count	59	2				50		7	118
		% within Place of Residence	50.0%	1.7%				42.4%		5.9%	100.0%
		% within have you take any of the following?	48.0%	33.3%				32.9%		50.0%	39.3%
	village	Count	27	1			1	47	1	3	80
		% within Place of Residence	33.8%	1.3%			1.3%	58.8%	1.3%	3.8%	100.0%
		% within have you take any of the following?	22.0%	16.7%			100.0%	30.9%	100.0%	21.4%	26.7%
Total	Count		123	6	2	1	1	152	1	14	300
	% within Place of Residence		41.0%	2.0%	.7%	.3%	.3%	50.7%	.3%	4.7%	100.0%
	% within have you take any of the following?		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Crosstabs 4

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Education * have you take any of the following?	301	95.6%	14	4.4%	315	100.0%

Education * have you take any of the following? Crosstabulation

			have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	hallucinogenic	none	all	more than things		
Education	no education	Count	2					2		1	5	
		% within Education	40.0%					40.0%		20.0%	100.0%	
		% within have you take any of the following?	1.6%					1.3%		7.1%	1.7%	
	elementary	Count	7		1			2		1	11	
		% within Education	63.6%		9.1%			18.2%		9.1%	100.0%	
		% within have you take any of the following?	5.7%		50.0%			1.3%		7.1%	3.7%	
	preparatory	Count	20	1	1			13		6	41	
		% within Education	48.8%	2.4%	2.4%			31.7%		14.6%	100.0%	
		% within have you take any of the following?	16.3%	16.7%	50.0%			8.5%		42.9%	13.6%	
	secondary	Count	54	2			1	43		3	103	
		% within Education	52.4%	1.9%			1.0%	41.7%		2.9%	100.0%	
		% within have you take any of the following?	43.9%	33.3%			100.0%	28.1%		21.4%	34.2%	
	university	Count	40	3		1		93	1	3	141	
		% within Education	28.4%	2.1%		.7%		66.0%	.7%	2.1%	100.0%	
		% within have you take any of the following?	32.5%	50.0%		100.0%		60.8%	10.0%	21.4%	46.8%	
Total		Count	123	6	2	1	1	153	1	14	301	
		% within Education	40.9%	2.0%	.7%	.3%	.3%	50.8%	.3%	4.7%	100.0%	
		% within have you take any of the following?	100.0%	100.0%	100.0%	100.0%	100.0%	10.0%	10.0%	100.0%	100.0%	

Crosstabs 5

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Place of Work * have you take any of the following?	206	65.4%	109	34.6%	315	100.0%

Place of Work * have you take any of the following? Crosstabulation

	have you take any of the following?	Tot
--	-------------------------------------	-----

			ciga rette s	alco hol	mari juan a	stimu lants	haliso genic	no n	more than things	al	
Place of Work	Isra el	Count	37	2	1	1		19	7	67	
		% within Place of Work	55.2 %	3.0 %	1.5%	1.5%		28. 4%	10.4%	100. 0%	
		% within have you take any of the following?	35.6 %	66.7 %	50.0 %	100.0 %		22. 9%	58.3%	32.5 %	
	Pale stine	Count	67	1	1		1	64	5	139	
		% within Place of Work	48.2 %	.7%	.7%		.7%	46. 0%	3.6%	100. 0%	
		% within have you take any of the following?	64.4 %	33.3 %	50.0 %		100.0 %	77. 1%	41.7%	67.5 %	
Total		Count	104	3	2	1	1	83	12	206	
		% within Place of Work	50.5 %	1.5 %	1.0%	.5%	.5%	40. 3%	5.8%	100. 0%	
		% within have you take any of the following?	100. 0%	100. 0%	100. 0%	100.0 %	100.0 %	100.0 %	100.0%	100. 0%	

Crosstabs 6

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Perce nt	N	Perce nt	N	Perce nt
Do you have sex relation * have you take any of the following?	259	82.2%	5 6	17.8%	31 5	100.0 %

Do you have sex relation * have you take any of the following? Crosstabulation

				have you take any of the following?							Total	
				cigarettes	alcohol	marjuana	stimulants	halisogenic	non	all		
Do you have sex relation	yes	Count	12	2	2	1	1	3	1	7	29	
		% within Do you have sex relation	41.4 %	6.9 %	6.9 %	3.4%	3.4%	10.3 %	3.4 %	24.1%	100.0%	
		% within have you take any of the following?	10.6 %	40.0%	100.0%	100.0%	100.0 %	2.5 %	100.0 %	50.0%	11.2 %	
	no	Count	101	3				119		7	230	
		% within Do you have sex relation	43.9 %	1.3 %				51.7 %		3.0%	100.0%	
		% within have you take any of the following?	89.4 %	60.0%				97.5 %		50.0%	88.8 %	
Total		Count	113	5	2	1	1	122	1	14	259	

	% within Do you have sex relation	43.6 %	1.9 %	.8%	.4%	.4%	47.1 %	.4 %	5.4%	100.0%	
	% within have you take any of the following?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Crosstabs7

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Famiy construction * have you take any of the following?	274	87.0%	41	13.0%	315	100.0%

Famiy construction * have you take any of the following? Crosstabulation

			have you take any of the following?								Total	
			cigarettes	alcohol	marijuana	stimulants	hallucinogenic	none	all	more than things		
Famiy construction	parents	Count	91	4	1			125	1	10	232	
		% within Famiy construction	39.2%	1.7%	.4%			53.9%	.4%	4.3%	100.0%	
		% within have you take any of the following?	81.3%	80.0%	50.0%			90.6%	100.0%	71.4%	84.7%	
	single mother	Count	11			1		2		3	17	
		% within Famiy construction	64.7%			5.9%		11.8%		17.6%	100.0%	
		% within have you take any of the following?	9.8%			100.0%		1.4%		21.4%	6.2%	
	single father	Count	5		1			4		1	11	
		% within Famiy construction	45.5%		9.1%			36.4%		9.1%	100.0%	
		% within have you take any of the following?	4.5%		50.0%			2.9%		7.1%	4.0%	
	others	Count	5	1			1	7			14	
		% within Famiy construction	35.7%	7.1%			7.1%	50.0%			100.0%	
		% within have you take any of the following?	4.5%	20.0%			100.0%	5.1%			5.1%	
Total		Count	112	5	2	1	1	138	1	14	274	

	% within Family construction	40.9%	1.8%	.7%	.4%	.4%	50.4%	.4%	5.1%	100.0%	
	% within have you take any of the following?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Crosstabs 8

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
your father smoker? * have you take any of the following?	290	92.1%	25	7.9%	315	100.0%

your father smoker? * have you take any of the following? Crosstabulation

			have you take any of the following?							Total	
			cigarettes	alcohol	marijuana	halisogenic	none	all	more than things		
your father smoker?	yes	Count	82	3	1	1	71	1	8	167	
		% within your father smoker?	49.1%	1.8%	.6%	.6%	42.5%	.6%	4.8%	100.0%	
		% within have you take any of the following?	68.9%	60.0%	50.0%	100.0%	47.3%	100.0%	66.7%	57.6%	
	no	Count	37	2	1		79		4	123	
		% within your father smoker?	30.1%	1.6%	.8%		64.2%		3.3%	100.0%	
		% within have you take any of the following?	31.1%	40.0%	50.0%		52.7%		33.3%	42.4%	
Total	Count	119	5	2	1	150	1	12	290		
	% within your father smoker?	41.0%	1.7%	.7%	.3%	51.7%	.3%	4.1%	100.0%		
	% within have you take any of the following?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Crosstabs 9

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
When you start drug abuse * have you take any of the following?	78	24.8%	237	75.2%	315	100.0%

When you start drug abuse * have you take any of the following? Crosstabulation

			have you take any of the following?						Total
			cigarettes	alcohol	halisogenic	no	all	more than things	
When you start drug abuse	11	Count	2						2
		% within When you start drug abuse	100.0%						100.0%
		% within have you take any of the following?	3.0%						2.6%
	12	Count	4						4
		% within When you start drug abuse	100.0%						100.0%
		% within have you take any of the following?	6.1%						5.1%
	13	Count	3				1	1	5
		% within When you start drug abuse	60.0%				20.0%	20.0%	100.0%
		% within have you take any of the following?	4.5%				100.0%	16.7%	6.4%
	14	Count	6						6
		% within When you start drug abuse	100.0%						100.0%
		% within have you take any of the following?	9.1%						7.7%
	15	Count	9			1			10
		% within When you start drug abuse	90.0%			10.0%			100.0%
		% within have you take any of the following?	13.6%			33.3%			12.8%
	16	Count	14						14
		% within When you start drug abuse	100.0%						100.0%
		% within have you take any of the following?	21.2%						17.9%
	17	Count	7					3	10
		% within When you start drug abuse	70.0%					30.0%	100.0%
		% within have you take any of the following?	10.6%					50.0%	12.8%
	18	Count	9			2			11
		% within When you start drug abuse	81.8%			18.2%			100.0%
		% within have you take any of the following?	13.6%			66.7%			14.1%
	19	Count	6	1				1	8
		% within When you start drug abuse	75.0%	12.5%				12.5%	100.0%
		% within have you take any of the following?	9.1%	100.0%				16.7%	10.3%

	20	Count	4						4	
		% within When you start drug abuse	100.0%						100.0%	
		% within have you take any of the following?	6.1%						5.1%	
	25	Count	2		1				3	
		% within When you start drug abuse	66.7%		33.3%				100.0%	
		% within have you take any of the following?	3.0%		100.0%				3.8%	
	30	Count						1	1	
		% within When you start drug abuse						100.0%	100.0%	
		% within have you take any of the following?						16.7%	1.3%	
Total	Count		66	1	1	3	1	6	78	
	% within When you start drug abuse		84.6%	1.3%	1.3%	3.8%	1.3%	7.7%	100.0%	
	% within have you take any of the following?		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Statistics

Frequency Table 1

Personal age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16 -20	77	24.4	24.6	24.6
	21 - 25	106	33.7	33.9	58.5
	26 - 30	56	17.8	17.9	76.4
	31 -35	33	10.5	10.5	86.9
	36 -40	22	7.0	7.0	93.9
	41 - 45	12	3.8	3.8	97.8
	46 - 50	5	1.6	1.6	99.4
	51 AND MORE	2	.6	.6	100.0
	Total	313	99.4	100.0	
Missing	System	2	.6		
Total		315	100.0		

The sex 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	242	76.8	78.6	78.6
	female	66	21.0	21.4	100.0
	Total	308	97.8	100.0	
Missing	System	7	2.2		
Total		315	100.0		

Marital Status 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	196	62.2	62.8	62.8
	Married	102	32.4	32.7	95.5
	Divorced	8	2.5	2.6	98.1
	other	6	1.9	1.9	100.0
	Total	312	99.0	100.0	
Missing	System	3	1.0		
Total		315	100.0		

Family Size 4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	31	9.8	10.7	10.7
	2	71	22.5	24.4	35.1
	3	86	27.3	29.6	64.6

	4	44	14.0	15.1	79.7
	5	32	10.2	11.0	90.7
	6	27	8.6	9.3	100.0
	Total	291	92.4	100.0	
Missing	System	24	7.6		
Total		315	100.0		

Place of Residence⁵

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	city	104	33.0	33.2	33.2
	camp	125	39.7	39.9	73.2
	village	84	26.7	26.8	100.0
	Total	313	99.4	100.0	
Missing	System	2	.6		
Total		315	100.0		

Education⁶

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no education	5	1.6	1.6	1.6
	elementary	11	3.5	3.5	5.1
	preparatory	43	13.7	13.7	18.8
	secondary	106	33.7	33.9	52.7
	university	148	47.0	47.3	100.0
	Total	313	99.4	100.0	
Missing	System	2	.6		
Total		315	100.0		

The work⁷

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	work	150	47.6	48.2	48.2
	not working	161	51.1	51.8	100.0
	Total	311	98.7	100.0	
Missing	System	4	1.3		
Total		315	100.0		

Kind of Work 8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private	140	44.4	68.3	68.3
	Public	65	20.6	31.7	100.0
	Total	205	65.1	100.0	
Missing	System	110	34.9		
Total		315	100.0		

Place of Work 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Israel	72	22.9	33.6	33.6
	Palestine	142	45.1	66.4	100.0
	Total	214	67.9	100.0	
Missing	System	101	32.1		
Total		315	100.0		

Hear about drug ?10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	from friend	44	14.0	14.3	14.3
	from radio	22	7.0	7.1	21.4
	from TV	82	26.0	26.6	48.1
	from procure	76	24.1	24.7	72.7
	friend and radio	5	1.6	1.6	74.4
	friend and TV	22	7.0	7.1	81.5
	friend and procure	6	1.9	1.9	83.4
	radio and TV	13	4.1	4.2	87.7
	procure and TV	3	1.0	1.0	88.6
	more than one way	35	11.1	11.4	100.0
	Total	308	97.8	100.0	
Missing	System	7	2.2		
Total		315	100.0		

Did addiction harm? 11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health	87	27.6	28.5	28.5
	Society	63	20.0	20.7	49.2
	Economy	7	2.2	2.3	51.5

	Donotharmany	1	.3	.3	51.8
	society and health	28	8.9	9.2	61.0
	health and economy	7	2.2	2.3	63.3
	society and economy	5	1.6	1.6	64.9
	more than thing	107	34.0	35.1	100.0
	Total	305	96.8	100.0	
Missing	System	10	3.2		
Total		315	100.0		

Did addiction cause? 12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	murder	41	13.0	13.4	13.4
	steeling	17	5.4	5.5	18.9
	prostitution	6	1.9	2.0	20.8
	treason	22	7.0	7.2	28.0
	serious disease	45	14.3	14.7	42.7
	nothing	3	1.0	1.0	43.6
	all	134	42.5	43.6	87.3
	more than cause	39	12.4	12.7	100.0
	Total	307	97.5	100.0	
Missing	System	8	2.5		
Total		315	100.0		

Is addict danger to his family? 13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	289	91.7	92.6	92.6
	no	11	3.5	3.5	96.2
	I don't know	12	3.8	3.8	100.0
	Total	312	99.0	100.0	
Missing	System	3	1.0		
Total		315	100.0		

Can you marry with addict? 14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	21	6.7	6.9	6.9
	no	274	87.0	89.5	96.4
	neutral	11	3.5	3.6	100.0
	Total	306	97.1	100.0	
Missing	System	9	2.9		
Total		315	100.0		

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Have you ever met addict Boss? 15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	71	22.5	24.5	24.5
	no	219	69.5	75.5	100.0
	Total	290	92.1	100.0	
Missing	System	25	7.9		
Total		315	100.0		

Was his behavior affected by drug? 16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	98	31.1	48.5	48.5
	no	57	18.1	28.2	76.7
	neutral	47	14.9	23.3	100.0
	Total	202	64.1	100.0	
Missing	System	113	35.9		
Total		315	100.0		

Do you believe addict response to? 16a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Police	32	10.2	10.5	10.5
	M. health	9	2.9	2.9	13.4
	Both	265	84.1	86.6	100.0
	Total	306	97.1	100.0	
Missing	System	9	2.9		
Total		315	100.0		

Do you believe addict in your region affect you? 17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	214	67.9	69.0	69.0
	no	74	23.5	23.9	92.9
	neutral	22	7.0	7.1	100.0
	Total	310	98.4	100.0	
Missing	System	5	1.6		
Total		315	100.0		

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Do you think authority enough enterest? 18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	93	29.5	30.9	30.9
	no	207	65.7	68.8	99.7
	neutral	1	.3	.3	100.0
	Total	301	95.6	100.0	
Missing	System	14	4.4		
Total		315	100.0		

Do you like to have lessons about addiction? 19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	256	81.3	83.1	83.1
	no	52	16.5	16.9	100.0
	Total	308	97.8	100.0	
Missing	System	7	2.2		
Total		315	100.0		

Do you think lows enough to prevent addiction? 20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	58	18.4	19.7	19.7
	no	237	75.2	80.3	100.0
	Total	295	93.7	100.0	
Missing	System	20	6.3		
Total		315	100.0		

جامعة النجاح الوطنية
كلية الدراسات العليا

الإدمان في شمال فلسطين

إعداد

احمد فريد سعيد الجيوسي

إشراف

الدكتور محمد جواد مسمار

الدكتور وليد صويلح

قدمت هذه الأطروحة استكمالاً لمتطلبات درجة الماجستير في الصحة العامة بكلية الدراسات العليا في جامعة النجاح الوطنية في نابلس، فلسطين.

2003

الملخص

هدفت هذه الدراسة إلى تحديد أبعاد مشكلة الإدمان وتعاطي المخدرات في شمال فلسطين وبالتحديد في مدينة طولكرم، من حيث نسبة الإدمان بين الفئة التي شملها البحث، وما هي المواد التي ينتشر تعاطيها، وما هي العوامل التي يمكن ان يكون لهل تأثير على وجود وانتشار هذه المشكلة، وأخيرا تهدف الدراسة إلى تقييم وعى المواطن العادي لأبعاد هذه المشكلة وكذلك موقف العامة من المدمنين كحالة اجتماعية خاصة.

تتأثر مدينة طولكرم بعوامل تكاد تكون غير موجودة في أي منطقة من المناطق الأخرى في فلسطين، واهم هذه العوامل التفاعل الكبير بين المدينة والمناطق المحاذية داخل الخط الأخضر، سواء كانت عربية أو إسرائيلية، حيث تمثل هذا التفاعل بوجود حركة نشطة على مدى الأعوام السابقة إلى داخل الخط الأخضر سواء بسبب العمل أو التجارة أو التنزه إضافة إلى الروابط العائلية، وخاصة الزيجات المختلطة بين المواطنين العرب من جهتي الخط الأخضر.

بينت نتائج الدراسة وجود ما نسبته 4,8 % من المتعاطين بين العينة التي جرت عليها الدراسة، وهذه النسبة وان اعتبرت متدنية قياسا بالمعدلات الموجودة في مختلف الدول ومنها المجاورة، إلا أنها تشكل مؤشرا على وجود مشكلة ينبغي الاهتمام بها أكثر مما هو قائم الآن. ولقد بينت الدراسة كذلك وجود علاقة بين العمل داخل الخط الأخضر وبين ارتفاع نسبة التعاطي، ومن بين العوامل الأخرى برزت مشكلة الانحلال الأسري إضافة إلى كون الأب متعاط أو مدخن، حيث أدت كل هذه العوامل إلى ارتفاع نسبة التدخين والتعاطي.

بينت الدراسة كذلك اهتمام المواطن العادي بهذه المشكلة، وخاصة من خلال الملاحظات التي عبروا عنها في الاستبيان، إلا أنه تبين تدنى مستوى الوعي بهذه المشكلة

ج
وأثارها، إضافة إلى تدنى ثقة الكثير منهم بمدى فاعلية الخطوات التي تتخذها الجهات المعنية لمكافحة هذه الآفة الخطرة.

ومع الأخذ بعين الاعتبار لنتائج الدراسة تتضح أهمية اتخاذ خطوات عملية مبنية على حقائق وفي مقدمتها وضع المشكلة على جدول الأولويات عند السلطات المختصة وكذلك مشاركة قطاعات واسعة من المجتمع في التعريف بالمشكلة ومحاربتها.