

Demographics of Drug Addicts of Al-Sadiq Al-Taieb Association in Bethany

Dr. Wafaa al-Khateeb

Assistant Professor, Al-Quds University/Faculty of Arts, Master's Program in Criminology

Email: wafaa.m.khateeb@gmail.com

Abstract:

The study aimed to identify (the demographic characteristics of drug addicts in Al-Siddiq Al-Tayyib Association in 'Izariyya). The descriptive approach was followed in its quantitative part, where a questionnaire was used to collect data from the study sample. The study population, i.e., addicted inmates at the Al-Sadiq Al-Taieb Association numbering (39) (Tubasi, 2020), (29) i.e., (75%) were intentionally selected. The study reached to several results, more important of which is that the most addict groups, drug abusers, and intoxicants fall in 'the youth group' i.e., of ages ranging between (25-32). These amounted to (41.4%). The study concluded that there are many causes leading to addiction and drug abuse, most evident of which are psychological causes, which made a (24.1%) of the total. The most popular kinds of drugs in Palestine are hashish and marijuana, and the method used most smoking. The researcher recommends that parents follow up on their children and fill their spare time with practical and effective activities, in addition to tightening the punishment for everything related to drugs and applying the law fairly and equitably without any influence or favouritism.

Keywords: Demographics, drugs, drug addicts, Al-Sadiq Al-Taieb Association.

Chapter One

Background of the study

Introduction:

Drug abuse and addiction have become the main problem facing all societies nowadays; a scourge that spreads among (adults and young, males and females, poor and rich). No State in the world can protect its citizens against drug abuse and addiction. The initial stages of addiction begin in adolescence and progress with age. The abuse begins with the abuse of alcohol and tobacco; then it develops into the use of marijuana and hashish, then the abuse of stimulants, opiates, hallucinogens, and other drugs, knowing that alcohol and marijuana are the entrance and gateway to abuse and addiction. Abuse and addiction in this way are considered natural because it starts with the most common

substances that individuals can effortlessly obtain.

As illustrated above, the illicit use and abuse of drugs is one of the more critical and complex social and humanitarian problems because of its negative repercussions on the lives of individuals and societies. Palestine is one of those societies prone to drug circulation and addiction. This phenomenon has exploded in the community, affecting different segments (men, women, children), and becoming the leading cause of many social problems. What has increased the spreading danger of this phenomenon is the openness that Palestine is witnessing with the world's countries. (Husseini, 2016)

In the light of scientific progress, the drug industry has begun to create a dangerous pit. It is no longer limited to hashish, opium, cocaine, heroin, and hallucinogenic pills; latest items have emerged at attractive prices in line with modern

trends. These emerging items include ecstasy, liquid gold, pink dreams, creativity, and others with jarring, rough names to satisfy the tastes of bulls and young people looking for aggressive and early masculinity, such as stray, lightning, rock, dynamite, diesel, and snow. These are all names of destructive and often deadly substances usually extracted from Amyl Nitrate, which is used as fuel for aircraft and is included in the composition of some heart medications. (Misbah, 2010) the data mentioned above reveals a fundamental problem taking over societies and contributing to the destruction of individuals and groups. Numerous studies have indicated that the drug problem took over international communities in the 1960s through the 1980s to become evident in the 1990s. (Jelley, 2002), accordingly, it is necessary to study the topic of abuse and addiction, which has taken the great interest of researchers and specialists in general without identifying (Demographic, social, and economic) characteristics of an actual sample of addicts. The significance of analyzing those characteristics is that the success of drug control plans and strategies depends on the amount of objective diagnosis of that phenomenon; hence the focus is on studying the demographic characteristics of a group of addicts of Al-Sadiq Al-Taieb Association in Bethany.

Problem of the study:

Drug addiction is a social problem that affects social structure because of its adverse effects, whether social, psychological, cultural or health, that most societies suffer. We cannot say that any community in the world will be safe from the problem of addiction and abuse. Furthermore, countries that were once exempt are now a marketplace for alcohol and drugs, threatening their security and safety, affecting their development plans, and endangering it by losing many lives as young addicts' journeys often end with addiction to illness, and homelessness, vulnerability, and death). Hence, the main problem must be addressed through a proper understanding and identification of the demographic, social, and economic characteristics of the addict, which is essential for the correct interpretation of the phenomenon.

Hence a study to identify "the demographics of drug addicts of Al-Sadiq Al-Taieb Association in Bethany."

Significance of the study:

The importance of the study stems from the fact that it monitors developments in one of the most critical problems facing Palestinian society in recent times, namely, drug proliferation. It is one of the fundamental problems that we should study, especially considering the Palestinian society's difficulties (economic, social, cultural, political) and its theoretical and practical scientific significance. The theoretical scientific value of the study lies in:

- To add to the scientific and cognitive accumulation of the subject
- To accurately identify the most crucial demographics of addicts of Al-Sadiq Al-Taieb Association
- To identify the relationship of demographics to the type of drug the addict is using
- To provide a database and information on the demographics of drug addicts
- To enrich local libraries in general and security libraries in particular

The practical and applied importance lies in:

- To conceptualize confronting drug addiction and reduce its adverse effects on the individual and community
- To be a starting point for other studies from local social researchers
- Interested professionals and specialists can benefit from the results of the study, both in community and government institutions, to develop the necessary strategic plans to combat drug addiction in the region.

Objectives of the study:

The main objective of the study lies in identifying: "Demographics of drug addicts of Al-Sadiq Al-Taieb Association in Bethany." The

main goal derives from other sub-objectives represented in identifying:

- Personal and social characteristics of drug addicts at Al-Sadiq Al-Taieb Association
- Economic aspects of drug addicts in Al-Sadiq Al-Taieb Association
- The most abused types of drugs among drug addicts in Al-Sadiq Al-Taieb Association

Questions of the study:

The study questions are represented in the answers to: What are “the demographics of drug addicts of Al-Sadiq Al-Taieb Association in Bethany”? The main question derives from other sub-questions, including:

- What are the personal and social characteristics of drug addicts in Al-Sadiq Al-Taieb Association?
- What are the economic aspects of drug addicts at Al-Sadiq Al-Taieb Association?
- What are the most abused drugs among drug addicts in Al-Sadiq Al-Taieb Association?

Chapter Two

Theoretical Framework and Previous Studies

This chapter introduces drugs and drug addiction in terms of its concept, historical dimensions, types, causes and effects, demographics, social and economic characteristics of the addict in the Palestinian society, and previous and relevant studies.

Drugs and Drug Addiction:

There are many concepts related to the concept of drugs and drug addiction; some of these concepts will be addressed as follows:

- **Drugs:** “Any intoxicating substance, natural or chemically induced, that partially or completely destroys the mind, and its consumption leads to addiction resulting in poisoning in the nervous system and affecting the individual and society. In addition, it shall be prohibited from trading, cultivation or

manufacture except for medical purposes specified by law and does not conflict with Islamic law.” (Blash, 2009 p. 221)

- **Addiction:** “It is the compulsive use of a natural or synthetic narcotic substance, damaging both the individual and the community. Also, psychological and organic dependence forces the user to accept endurance and increases his eagerness and longing for the narcotic substance at the end of the dose he took.” (Abul-Kheir, 2013: 26). While Rasmussen (2000) defines addiction as “the inevitable and ultimate consequence of persistent drug use, arising out of repeated and continuous use of drugs, whether natural or synthetic.”

Addiction is also defined as “a state of deep attachment or severe dependence by a person to take a substance to make changes through the effect of that substance on the nervous system, knowing that the occurrence of addiction requires three primary factors, which are:

- Availability of material
- The addicted person
- Socio-environmental conditions.” (Al-Mawajah, 2017: 534)

- **Addict:** “is the person who used to darken his consciousness by any means until he lost his interest and settled into a harmful habit represented by his dependence on a natural or synthetic chemical influence from outside his body until his cells became unable to do without what they depended on.” (Abul-Kheir, 2013:26)

Historical dimensions of drug abuse and addiction:

Drug use is as old as humankind and has been known by the world's oldest civilizations. A Sumerian painting dating back thousands of years BC indicating the Sumerians' opium use was called the Happy Plant. The Indians and Chinese had known "hashish" since the third millennium BC. Cocaine was known in Latin America since (500) BC and the Native Americans chewed its leaves in their religious rituals. As for Khat, it was known by al-Ahbash in old and moved to Yemen in general. (525) Birth, in the early nineteenth century, German Citroner was able to separate morphine from opium and named it after Morpheus. In the Islamic Mashreq, it is likely

that al-Hassan bin al-Sabah, the leader of the Hashshin sect in the late 5th century, was providing food to his followers in which they misrepresented their mood and ruined their brains. That means that some kinds of drug were known by the Muslim world in that era. There are numerous studies indicating that the phenomenon of drug and alcohol use has been known in ancient societies and civilizations such as Pharaonic, Roman, Greek, Chinese, Arabic, and others. and the pharaohs are said to be the first to identify drugs in our Arab region, the most important of which was drugs derived from poppy and cannabis, But the use of these plants and their derivatives of drugs was limited to areas far from addictive where they were used in medicine. Opium was used to treat eye diseases and make ointments for body pain, He also made powders for the same purposes, and at that time poppy was used as a medicine to calm children from screaming. At the beginning of the current century, drug abuse began, with massive amounts of cannabis and opium flowing into the country from Greece. Accept the abuse of many groups of people in cities and the countryside having been restricted to some of the lowland neighbourhoods of cities until the end of the First World War when a Greek chemist was able to introduce cocaine into Egypt and present it to the upper class, Then the use of cocaine spread rapidly to the other layers. (Abdallah, 2010)

Drug types:

There are many types of drugs. Some specialists divide drugs according to their impact on the brain, while others divide them according to their sources, as follows:

- According to their effect on the human brain, drugs come under two main types:
 - Analgesics and sedatives: A group of drugs (opium, morphine, codeine, heroin, hashish, alcohol, hallucinogens, hypnotic drugs). These types affect the brain by keeping the individual in a state of calmness and lethargy to some extent.
 - Steroids and Stimulants: It includes (Cocaine, amphetamines, caffeine, khat, and nicotine). This type is the opposite of sedatives and tranquilizers as its users feel constantly and

permanently active. Therefore, it is used by employees who want to work a lot and need permanent activity in their work. (Ilaiwi, 2019)

- Drugs, according to their sources, are divided into three types:
 - Natural drugs: Drugs used when intact by nature and body in their primary qualities; most essential and most common are (hashish, opium, khat, tobacco, and coca).
 - Synthetic drugs: manufactured and extracted from natural sources where their essential qualities are modified; by doing so, it acquires a more substantial influence and effect than before, including: (Morphine, heroin, codeine, cidol, diocamphene, cocaine, and crack)
 - Industrial Synthetic drugs: These narcotic substances are manufactured and prepared in laboratories and chemical factories; Most are in injections, liquids, or tablets. The most important are (hallucinogenic drugs, steroids, stimulants, and sedative drugs). (الله، عبد 2002)

Causes and factors of drug addiction:

Multiple causes and factors drive individuals to use or become addicted to drugs. The most significant four reasons and factors that promote individuals' use of drugs are as follows:

- Friends: In other words, the availability of drugs among friends, knowing people who use drugs, and the presence of the individual in conditions and places where drugs are used facilitate the individual's use of drugs and addiction to them.
- Family: It includes the social background of family members and the extent to which they maintain traditions and values within the home and the relationship between them, as these will help encourage some individuals to take drugs and addiction.
- Leisure time: It plays a role in individuals' addiction. Leisure time experienced by individuals helps to practice many abnormal behaviours, including drug addiction, specifically in the presence of bad friends.
- School: The student's lack of responsiveness to school traditions and instructions for education and educational attainment and the presence of considerable leisure time with bad friends will eventually lead

to the student's drug abuse and addiction. (Kithan, 2010)

In addition to the primary causes and factors, other factors cause drug addiction, including (weak religious conscience and morality, social factors, political factors, economic factors, cultural factors, therapeutic factors, occupation, affordability, accessibility, ease of consumption, absence of laws, modification of mood).

Drug addiction effects:

Drug abuse or addiction is a problem that directly affects the building of society and its members; Its social, economic and health implications affect both the individual, the family and society, as follows:

First: Social aspect: Addicts threaten the lives of others as they are an element of concern and disruption to society. Each of them seeks to find prey to steal or kill, which ultimately leads them to the world of crime; or to become malevolent against the society, whose aims are achieved only by aggression. After some time, these addicts fall for psychiatric and introverted illness and isolation from building society. In other words, drug addiction is primarily a social problem that negatively affects the community as it creates dysfunctional families, increases marital issues, and deteriorates the family's living status. It often ends with the destruction of the family and the loss of children through juvenile delinquency and delinquency of adolescents and young people. Additionally, addiction threatens religion, values, beliefs, morals, and social ties. It also disrupts social security and increases crime, including treason and espionage. Add to the above that addiction results in loss of interaction with others and inability to adapt to society. (Ghbari, 2007), and (Siyam, 2015)

Second: Economic aspect: The economic effects of drug addiction are primarily presented in the spread of unemployment and poverty due to spending a sizeable percentage of the addict's income on drugs and laziness, which eventually leads to losing a positive role in society due to dependence on others in financial aspects. Also, drug addiction results in frequent smuggling and currency migration with no returns or benefits,

which, in turn, reduce productivity, lower income levels, and increase living costs. Furthermore, drugs are an essential source of terrorist financing, money laundering, and money accumulation in the hands of a particular class of people, leading to the emergence of class distinctions among people. (Mushref, 2011)

Third: Health aspect: The health damage resulting from abuse varies as the damage caused by the generic drugs is different from that of a particular type. It affects and weakens the immune system; the addict becomes more susceptible to disease and more suffering and affects awareness in more than one form (Reducing or absenting of attention) while using (opium and heroin). Also, drugs alert and stimulate consciousness while using (cocaine), disturb the perception of reality and hallucinations such as (banjo and hashish) and affect the periodic and respiratory system. Add to that loss of appetite, permanent feelings of dizziness, constipation, indigestion, sexual impairment, vomiting, nausea, night blindness, blood pressure, increased sweat release, itchy skin, and neuropsychiatric diseases. (Ghabari, 2007) and (Mukhtar, 2005)

Addict's demographic, social, and economic characteristics:

Social characteristics are the set of features or changes of individuals or a community to distinguish it from other segments or other societies. These characteristics are linked to a group of personal and demographic changes, such as educational level, income level, degree of affiliation, social situation, and economic status (in addition to other changes such as gender, height, and eye color, for example). Also, the structural changes relate mainly to the cultural elements that constitute the individual and social personality and, simultaneously, include the individual and collective behaviour of a group. The social characteristics of this study mean the type of relationship with family members, the living parents and the relationship between them, the abuse of drugs by a family member, and the family's awareness of the sample member's drug abuse.

On the other hand, economic characteristics are the set of characteristics that distinguish an individual from other members of his community. The characteristics of the present study, for example, consist of an individual's occupation, ownership of housing, monthly income, number of family workers, sources of income, and other characteristics addressed in the study. (Qahtani, 2002 p. 14)

Reality of drugs vs Palestinian policies on drug abuse:

Palestine was not far from this phenomenon; In recent years (2017, 2018), it has witnessed a noticeable rise in drug control cases, whether in terms of drug abuse, trafficking, and promotion or cultivation and manufacture, until it became a severe widespread phenomenon. Eventually, it began to devour and destroy the Palestinian society in all aspects, socially, psychologically, economically, and politically, after the Israeli occupier used them to achieve their ends. The Israeli occupation is the primary beneficiary of spreading its poison within the Palestinian society, using all means to promote drugs of all kinds to control the Palestinian people, especially the youth and children of both sexes. Israel plans to transform the Palestinian society into a vulnerable community that is lagging, failing, and distant from its fundamental cause and its national project of emancipation and independence, far from its customs, traditions, and teachings, to facilitate its control and submission under the yoke of occupation.

The statistics and reports of the Palestinian Ministry of Health and the Anti-Narcotics Department of the Palestinian Police, and other studies indicate the rapidly increasing prevalence of this scourge, thereby increasing the risk in the Palestinian society. The Palestinian Anti-Narcotics Department (2006) has recorded (55,000) drug abusers, with (30,000) in the West Bank, (15,000) in East Jerusalem, and about (10000) in the Gaza Strip. During the 2011 year, these figures increased to about (80,000) abusers and addicts in all Palestinian territories, with a high percentage of female abusers. Palestinian police data recorded seizures of (65) kg of narcotic substances during (2014), the first

quarter of the year (2015) recorded (250) kg, and (2017) recorded a rise in drug seizures as the Palestinian police seized over NIS (70 million). The number of seizures exceeded (1,624) cases, compared with the total of seizures in (2016); which was NIS (5 million) for about (1,437) seizures. Furthermore, the first trimester of the second month of (2018) had recorded about (235) narcotic substances seizures.

As for the first half of (2019), drug dealers amounted to (11%), promoters (2%), drug growers (3%), and users (84%), while drug seizures by region in the first half of (2019) were as follows: Ramallah was (17%) compared to (12.4%) in (2017); Hebron's ratio was (9%), the same as in (2017); Nablus was (10%) compared to (8.5%) in (2017); Qalqilya was (8%) compared to (6.9) in (2017); Jenin was (9%) compared to (12.9%) in (2017); Tulkarm was (9%) compared to (11.5%) in (2017); Salfit was (2%) compared to (2.2%) in (2017); Jericho was (9%) compared to (11.6%) in (2017); the suburbs of Jerusalem was approximately (16%) as opposed to (16.4%) in (2017); Bethlehem was (9%) compared to (6%) in (2017) and Tubas (3%) after (2%) in (2017). (Palestinian Central Bureau of Statistics, 2019) and (Palestinian Police, 2019)

As for the Palestinian policy on drug abuse, the general policy against drug abuse in Palestine was ineffective, despite the numerous attempts to combat it. In (1994) The Palestinian Police established the Anti-Narcotics Department, which aims to combat drug abuse and trafficking-related crimes by implementing existing laws. In addition, the Anti-Narcotics Department has preventive programs, including meeting to raise awareness in coordination with other institutions. Since its establishment, the department has successfully identified and arrested hundreds of drug abusers and traffickers and organized hundreds of awareness-raising meetings on the severe effects of drugs. Furthermore, a conference entitled "Palestinian and Israeli people against the use of drugs" was held to develop a preventive plan to reduce the number of drug users in the Gaza Strip and the West Bank. Following the Fatah-Hamas split (2006-2007), the Hamas Government criminalized the sale and use of drugs, resulting in an (80%) reduction in

the number of drugs available in the strip. However, these measures led to an increase in the use of other types of drugs not yet classified as illicit. Also, in (2015), the Palestinian Legislation Office issued the resolution (23) to combat narcotic drugs and narcotic substances; however, effective implementation of this resolution requires the concerted efforts of the Ministry of Health, the Public Prosecutor's Office, the Palestinian Police, and the Anti-Narcotics department, each of which is defined in the text of the resolution. (The Palestinian National Institute of Public Health, 2017)

Brief look at Al-Sadiq Al-Taieb Association for the treatment and rehabilitation of alcohol and drug addicts

Al-Sadiq Al-Taieb Association is a non-governmental association that began its work in (1986) counseling and awareness-raising. In (1991), the Association was transformed into a center for counseling and treatment. In other words, the Association has two programs: the first includes awareness-raising, counseling, and prevention programs targeting school students, clubs, and youth institutions, and guiding addicts and their families through lectures, workshops, leaflets, and posters. The second program is for the treatment and rehabilitation of alcoholics, targeting all areas of the West Bank and the occupied territories. The program is based on therapy without medical alternatives and psychosocial treatment as a solution and physiotherapy. The Association provides its services to all addicts from all regions (the West Bank and the Occupied territories). The place can accommodate more than (40) beds, but currently, there are only (40) beds for males. The association staff consist of (12) employees (the professional staff include a psychologist, a social worker, a general practitioner, a physiotherapist, and two supervisors). Work is currently being expanded, with two floors will be added to the building. (Tubasi, 2020)

Theoretical trends in the interpretation of drug addiction:

Theoretical trends are the guiding trends that determine the parameters of any phenomenon to be studied. Therefore, any study in different sciences needs to have a theoretical framework defined by theories compatible with their social, cultural, economic, and demographic context. Perhaps one of the most critical trends that correspond to the nature of the study and explain the phenomenon of drugs and drug addiction are the following:

- **Social, Environmental and Psychological Theory:** Social theory pioneers agree on distinguishing environmental factors when interpreting criminal behaviour . In one's environment, an individual is affected by multiple social factors that influence his behaviour differently from another individual. These factors may lead to criminal behaviour for some, while they do not affect others' behaviour . Trends and theories have emerged that emphasize the importance of social factors in interpreting criminal behaviour . Moreover, the Italian criminologist (Ferri) was the first to assert that the crime was nothing but the result of multiple internal and external factors. After that, the French sociologist (Emile Durkheim) said that criminal behaviour is human behaviour within societies and is associated with its social systems, social construction, and social interaction. Durkheim argued that various elements (the social, political, economic, and geographical environment, education, culture, the media, religion, and family) are linked to drug-related criminal behaviour and addiction. Social Psychology has classified criminal behaviour factors into environmental and family conditions; since criminal behaviour here is the result of multiple sources associated with the criminal conduct and the result of internal factors and external environmental factors. An addict who commits such conduct is a social person in himself, and his crime is a violation of the law and an anti-social act. Therefore, the relationship between the addict and the social environment must be examined, and the criminal behaviour formed through this relationship must be studied. (Wraikat, 2008)

The theory of socio-psychological interpretation would explain the criminal behaviour of drug

addicts as it considers the relationship between the addicted person and the surrounding environment and the psychological circumstances that have a significant impact on the formation of his personality. In other words, that theory examines the factors of addiction's criminal behaviour through the set of the addicts' surrounding circumstances, and that is correct. Addiction, through that theory, is only a response to the various social pressures experienced by the individual. Hence, the theory can be linked to psychological theory because the social pressures of an individual affect their psychological situation. So, the psychological condition becomes a predisposing factor to addiction. Addiction here is a psychological problem, and any other factors are related to psychological factors. In other words, the group's role in drug abuse has made it psychological and social character, as the psychosocial cause of drug addiction is perceived as neurotic pathological behaviour, impaired socialization, and compensation for the lack of basic needs of the individual. (Gharib, 2006)

- **Learning Theory:** That theory is centred on interpreting deviant behaviour from Bandura's point of view because most deviant behaviour are acquired through observation and imitation. Individuals learn deviant behaviour through observing examples of such behaviour conducted by family members, friends, neighbors, TV, and other surrounding institutions that influence the acquisition of deviant behaviour (whether through past experiences, promotion, rewards, or punishment that may lead to an increase in deviant behaviour). Drug addiction may be a good example; many drug addicts begin not more than an imitation but repeating and reinforcing it brings them to the stage of addiction, as some addicts of Al-Sadiq Al-Taieb Association have confirmed (Wraikat, 2008)

- **Constructive Function Theory (General Systems Theory):** This theory, whose primary pioneer is Talcott Parsons, is based on perceiving social life from the perspective of systems (each system affects and is affected by others), so every system must perform its function to the fullest to ensure the continuity of society. Moreover, the theory can be invested in the issue of drug addiction through the fact that the group of

addicts is an integral part of society's systems. The addicts have a role to play in the continuity of society, but their drug addiction will transform them into a destructive society group. The addict here is transformed from a constructive person into a destructive person. In addition to the previous, we turn to another critical system in treating addicts: parents. Helping parents treat their addicted children helps sustain society through the entire functioning of each of its constituent systems. (Wraikat, 2013)

- **Behaviourism:** This theory developed multiple addiction trends but focused on drugs that reduce stress, anger, distress, and pain. The addict's sense of relief resulting from those feelings after drug abuse enhances his positive psychological aspect, which means a repetition of the behaviour and action associated with drug use, all to get a sense of overcoming anxiety, anger, and pain. (Ghbari, 2007).

- **Social Contract Theory and Anomie Theory:** The relationship between these two theories and drug addiction is that drug addiction results from the conflict between social values and individuals' ability to function according to those values. Some individuals rebel against societal values and habits because of dysfunctional upbringing, evil companions, and many difficult living conditions (in the sense of weak social control processes). As a result, they engage in abnormal antisocial behaviour and practices inconsistent with societal values, such as drug addiction and so-called drift. In the same vein, Drift Theory has a close connection to addiction. This theory considers that deviant behaviour is not inevitable and not entirely voluntary. When the effectiveness of social controls in society is weakened, a hidden culture emerges as an alternative cultural culture, so that hidden culture is an advocate and promoter of perverted or lawbreaking behaviour. (Gharib, 2006) and (Jawadi and Mushref, 2006)

- **Differential Association Theory:** According to the American sociologist (Edwin Sutherland), this theory suggests that each person is imprinted with their cultural character unless other cultures conflict with their surrounding cultures. In other words, the difference between individuals' behaviour depends mainly on the quality of people who mix and deal with it (this is very much the case with the interactive theory).

The preceding can be confirmed through the concepts of that theory; that deviant behaviour is not inherited as the pioneers of the Biological School believe, but instead learned during upbringing through mixing, communication, and direct interaction with others. The stronger the links between the influencer and the affected, the higher the impact of learning. Here a person may become a deviant and a criminal when the contravention of legislation overcomes commitment factors. So, the interaction here is not determined through individual elements but rather by the quality of the overall values in society (which the addict rebels against because of his interaction with others) (Thyab et.al., 2013)

- **Trait Theory:** This theory considers certain personality traits and characteristics that impose on individuals and motivate them towards addiction. Perhaps the essential features and characteristics are (a state of depression, a love of mixing with others, a sense of self-impairment, dependence on others) and many other traits and qualities that impact individuals' drug abuse. (Hmouz, 2019)
- **Multiple Factor Theory:** This theory gives a distinctive explanation for drug abuse and addiction. This interpretation is that drug addiction does not stand at one factor. However, several factors interact dynamically, such as (Political, social, economic, family, health, psychological, and personal factors) and others that ultimately lead to addiction. The addicted to drugs suffer from these factors, along with the presence of the substance that contributes to their abuse and addiction (Syam, 2015).

We note from previous theories that most of them created a single cause and a single factor for drug abuse and addiction, except for one theory that brought many factors together: The Multiple Factor Theory. That theory is closest to interpreting the phenomenon from a personal point of view, as drug abuse and addiction are linked to multiple interrelated factors. It combines the psychological, social, economic, and personal factors surrounding the addict and his environment.

Previous and related studies:

A series of studies dealing with drug addiction, namely those applied studies that attempt to understand the social and economic characteristics of drug addicts, will be discussed. Perhaps the most important of these studies are the following:

1- Arabic Studies:

Najjar study (2012), entitled "The Crime of Taking Drugs in Gaza Governorates" (A study in Crime Geography). The study aimed to identify the most critical geographical dimensions of this phenomenon and identify the initial, social, and economic characteristics of the perpetrators of drug abuse and the implications of the abuse process. The researcher relied on the criminal research records issued by the Palestinian Ministry of the Interior. (100) Person in Ansar Reformation and Rehabilitation Center to identify the initial, social, and economic characteristics of drug abusers. The study methodology is the descriptive and analytical approach. The study showed that drug abuse crimes in Gaza governorates are constantly increasing and that the real problem is tramadol. Additionally, it revealed a strong statistically significant relationship between the population density and the actual population and the actual housing area of Gaza governorates, on the one hand, and the number of accused of drug abuse crimes, on the other. The study proved that the blockade of the Gaza Strip contributed to the rise in drug abuse crimes due to the exploitation of the border tunnels with Egypt. Also, the field study of the perpetrators of drug abuse showed that most of the sample members were young people under the age of (30) amounting (to 30%), and that (88%) of the sample members started using drugs before the age of (25) years. Most sample members are married, lower educational-level groups, and inhabit urban areas (primarily workers, students, and unemployed). (61%) of the sample members' income is less than (1,000) NIS per month or no income. The study also showed that most sample members used 'Tramadol,' followed by hashish, then banjo. Most sample members reported that their drug use had a negative impact on their family life, work, and studies. The field study confirmed a

statistically significant relationship between the type of drug used and the (User's age, user's monthly income, user profession, motivation to commit a crime, and the number of times of abuse).

Al-Jibreen's study (2012), entitled "Some problems facing the families of addicts in the city of Riyadh,"; aimed to identify the most critical problems facing a sample of families of addicts in Riyadh. The study used the social survey method, which reached (56) families who have one family member who suffers from alcoholism or drugs. The study concluded that most addicts are young as their percentage was (64%) and that their level of education is lower than secondary school (89%). Additionally, it concluded that the most critical problems of families of addicts are primarily social and family problems in the first place, followed by health problems and then psychological problems. The study also found an essential finding that one of the most significant difficulties for families of addicts is the addict's rejection of the idea of treatment and control of his behaviour inside the house.

Mwafi's study (2010), entitled "Socialization and its relationship to adolescent addiction in the 12-18 age group," aimed to identify the relationship of socialization with adolescent addiction. A questionnaire was used in collecting data. The sample consisted of (400) students from government, and industrial schools (200) of whom are addicts and (200) are not addicts. The study concluded that the family are the first socialization institution and is the first to drive adolescent addiction. In addition, the most common drugs are Hashish, followed by banjo, then opium, heroin, and then cocaine. In addition, the study found that easy access to drugs is one of the most fundamental economic causes of addiction. Experimentation and curiosity are the basis of abuse and addiction, as friends and peers have more considerable influence than the parents. The study found that one of the essential abuses and addiction problems was delayed study, frequent absences, and deterioration of the individual's health.

Qudeih's study (2006), entitled "Psychological and social characteristics of drug users," aimed to identify the psychological and social

characteristics of a sample of banjo users in Gaza's reformation and rehabilitation centers, as well as identify the differences in characteristics between these users and their non-abuse siblings. The study sample consisted of (40) abusers and (30) non-abuser siblings. Moreover, the study used many tools to find the results, perhaps the most important is the Minnesota Multiphasic Personality Inventory (MMPI) and a personality questionnaire. The study revealed fundamental differences between abusers and their non-abusers' siblings in psychosocial characteristics. Additionally, the study found that the user suffers from disorders, anxiety, hatred, a negative outlook on life, and escaping responsibility and dissolution of relationships with others.

Fahdi's study (2006), entitled "The Image of the Addicted Omani Father and its Relationship to Some Variables of Children's Personality." The study aims to identify the image of the addicted Omani father and its relationship with certain personal variables in Omani society. The study sample consisted of (6) children, (3) children of addicted parents, and (3) of non-addicted parents. The study used the personality referendum measure, the Thematic Apperception Test (TAT), and the self-disclosure form to access the data analyzed and the results. The most important conclusion is that the children of addicts live a difficult life in a stressful environment and suffer from deficiency, deprivation, and negative self-image. On the other hand, the children of the non-addicted live in an encouraging environment, have a positive self-image, and suffer neither from deficiency nor deprivation.

2- Foreign studies:

Matthew's study (2010), referred to in (Syam, 2015), aimed at identifying what leads young people in the United States of America to abuse drugs and narcotic substances. The researcher applied the descriptive approach to conclude that the most important reasons for young people's use of drugs were boredom, frustration, and unacceptability of young people by others or parents and other social variables such as (divorce and abuse). The study examined the types of drugs used by young people in American

society, such as (Marijuana, cocaine, hallucinogenic vitamins, stimulants, and inhalation of certain chemicals). Besides, the study revealed the harmful effects of drug use (rapid breathing, depression and frustration, increased heart rate, mood changes, and sometimes death).

The study by Brook (et al., 1986) entitled "Dynamics of Childhood and Adolescent Personality Traits and Adolescent Drug Use." The study aimed to identify the impact of personality dynamics in childhood and adolescence on drug use. After statistically analyzing the data, the study revealed a set of results, the most important of which is a statistically significant relationship between childhood dynamics and personal characteristics in adolescence and a relationship between personal characteristics in adolescence and drug abuse. It also pointed to statistically significant differences among users in personal characteristics associated with psychological substance abuse for non-users.

Moreover, Pruitt's study (2009) entitled "Rural Youth and Substance Abuse" aimed at identifying drug abuse among rural youth in the United States of America. The study used the survey method on a random sample. The study concluded that drug use for workers (2005-2006) increased more in rural than urban areas, with marijuana being the most prevalent among rural youth in adolescence. Additionally, it pointed out that the causes of rural use are poor educational attainment (73%), lack of economic opportunities in many rural areas (64%), an increased number of female-headed families, and an increased poverty rate (57%). Add to the previous results the increase in the cultivation of large areas of drugs in rural America.

The study (Mohoney, 2000), entitled "Poverty and drugs in Ireland," aimed at identifying the relationship between social and economic factors and drug crimes. It used the social survey curriculum and a questionnaire for data collection. The study found that (80%) of Ireland's crimes are specifically drug-related in deprived areas and that social and economic factors (poverty in particular) play a significant role in drug addiction.

The study by Michael (et al., 2002) entitled "Factors Associated with Abstinence Lapse or Relapse to Heroin Use after Residential Treatment" aimed to identify the causes of relapse into an addiction to heroin. The study used the descriptive approach along with a questionnaire for data collection. The study sample consisted of (242) addicts and (23) therapeutic programs in the United States. The study revealed that (60%) relapsed due to heroin use, and (40%) did not relapse. Those who did not relapse benefited from the programs applied, while those who relapsed used not only heroin but also other addictive substances, especially chemical addictive substances.

Comments on Previous and Related Studies:

Most of the previous and related studies have aimed at studying the psychological, social, and economic characteristics, factors, and causes that drive an individual's drug addiction in general without focusing on studying these characteristics, causes, and factors through the eyes of the addict himself. The current study differs from previous studies in that it studies and searches for the characteristics and causes of addiction through an accurate sample already addicted in a treatment center. The actual sample is essential because it helps to analyze the characteristics and causes more accurately and realistically. In other words, the current study is distinguished from previous studies by its sample represented by the addicted inmates of Al-Sadiq Al-Taieb Association; and this is what the previous studies lack.

Chapter Three

Methodology and Procedures

This chapter offers a detailed description of the method and procedures followed in the implementation of the study, including the definition of the study curriculum, the description of the study community, the sample of the study, the preparation of the study tool (a questionnaire), ensuring its veracity, the description of the study procedures and the

statistical methods used to address the results. Below is a description of these procedures.

Approach:

The quantitative descriptive approach has been used through a questionnaire as a data collection tool. This approach is defined as one that studies a phenomenon, event, or current issue from which information can be obtained to answer research questions without interference from anyone. The phenomenon under study will be described and analyzed through information and data, the relationship between the components described, the views raised, and the processes and effects revealed. It is one of the forms of organized scientific analysis and interpretation to describe a phenomenon or problem, classify and

analyze it and subject it to careful studies, thorough examination, and analysis.

Study Tool:

Collecting data; secondary reliance was placed on the literature review relevant to the research topic, mainly on a questionnaire designed to collect data from the study sample, consisting of two sections: The first consists of (27) paragraphs dealing with the primary and social characteristics of the respondents, and the second consists of (12) paragraphs relating to economic characteristics. Open answers have been approved in the questionnaire. For further clarification, see Table (1:3).

Table (1:3) Distribution of main identification paragraphs to its interlocutors.

No.	Interlocutor	Number of questions
Section 1		
1	Questions about primary and social characteristics	27
Section 2		
1	Questions about economic characteristics	12

Validity of the questionnaire:

After designing and preparing the questionnaire in its preliminary form, it was presented to several competent arbitrators, such as in Appendix No. 1, to take their feedback and ensure the validity of the paragraphs to answer the questions. The questionnaire was modified based on the arbitrators' observations. The final release of the questionnaire is as in Appendix No. 2.

Limitations of the Study:

The limitations of the study are:

- Temporal Limitations: the study was limited to 2020.
- Spatial Limitations: Al-Sadiq Al-Taieb Association in Bethany.
- Sample Limitations: male drug addicts in Al-Sadiq Al-Taieb Association.
- Objective Limitations: identifying the demographics of drug addicts in Al-Sadiq Al-Taieb Association in Bethany.

Additionally, the constraints of the study are:

- Few studies deal with the same topic locally, specifically from the sample's point of view.
- Inability to fill out the questionnaire in a brief time due to the unavailability of many addicts during the same period.

Study Procedures:

After completing the questionnaire arbitration and its final issuance, as in Appendix No. (2), it was applied to the sample members of the study. After collecting the questionnaires from the sample members were completed, it became clear that the number of valid retrieved questionnaires that could be subject to statistical analysis was (29) questionnaires.

Statistical processing:

After collecting questionnaires and ensuring their validity for analysis, they were encoded (given certain numbers) in preparation for data entry into the computer to perform appropriate statistical processing and analyze the data according to the study questions. The statistical processing of the data was done by extracting the numbers and percentages of each questionnaire question, that is, the Statistical Package for Social Sciences (SPSS).

Population and Sample of the study:

The study population included the thirty-nine (39) drug addicts in Al-Sadiq Al-Taieb

Association. In comparison, the study sample included (29) addicts, with a percentage of (75%) selected deliberately and purposefully. Tables (1:4) and (2:4) show the distribution of the study sample.

Chapter Four**Presentation, Discussion, and Recommendations:**

This chapter will present all the study results through statistical analysis. They will be interpreted in the light of the theoretical framework, previous and related studies, and the explanatory theories to answer the questions posed. Recommendations will be drawn up based on the results.

Results related to the first question: "What are the personal and social characteristics of drug addicts in Al-Sadiq Al-Taieb Association?"

To answer this question, the numbers, and percentages of sample members' responses to the questionnaire's paragraphs reflecting personal and social characteristics have been extracted, as in table (1.4):

Table (1.4) Distribution of study sample individuals according to personal and social study variables.

Variable	Level	Number	Percentage
Age	18-under 25	8	27.6
	25-under 32	12	41.4
	32-under 39	5	17.2
	39 and above	4	13.8
Educational level	Does not read or write	2	6.9
	Primary	3	10.3
	Preparatory	9	31
	Secondary	12	41.4
	Diploma and above	3	10.3

Marital status	Single	17	58.6
	Married	9	31
	Other	3	10.4
Number of children	No children	22	75.9
	3 and less	4	13.8
	More than 3	3	10.3
Smoking	Yes	29	100
	No	0	0
Age of starting smoking	Less than 15	7	24.1
	15-19	17	58.6
	20 and above	5	17.2
Year of drug or alcohol use	Before 2000	7	24.1
	2000-2009	19	65.5
	2010 and after	3	10.3
Cause of abuse	Did not answer	8	27.6
	Family and friends	4	13.8
	psychological conditions	7	24.1
	For fun and amusement	4	13.8
	Curiosity and free time	6	20.7
Method of abuse	Smoking	18	62.1
	Sniffing	1	3.4
	Swallowing	1	3.4
	Smoking and sniffing	2	6.9
	Smoking and swallowing	2	6.9
	More than 2 methods	5	17.2
Who caused the first use?	Did not answer	6	20.7
	Friends	10	34.5
	Family and neighbors	3	10.3
	Curiosity	2	6.9
	Undefined circumstances	2	6.9

	Loneliness	6	20.7
With whom do you use drugs?	Alone	11	37.9
	With friends	11	37.9
	Alone and with friends	1	3.4
	With friends and family members	2	6.9
	All the above	4	13.8
Where do you take drugs?	At home	4	13.8
	Outside the house	12	41.4
	All the above	13	44.8
Time period of drug abuse	Did not answer	5	17.2
	Less than 5 years	23	79.3
	More than 10 years	1	3.4
How many times do you use drugs per day?	Did not answer	3	10.3
	1	10	34.5
	3	4	13.8
	4	1	3.4
	5	3	10.3
	8	1	3.4
	10	7	24.1
Did the family know about your use?	yes	28	96.6
	No	1	3.4
Their reaction when they knew	Beating	4	13.8
	Expulsion	2	6.9
	Treatment Assistance	18	62.1
	Other	2	6.9
	Beating and expulsion	1	3.4
	Expulsion and treatment assistance	2	6.9
Where do you get drugs?	Drug distributors	19	65.5
	A friend	2	6.9
	Distributors and friends	2	6.9

	All the above	6	20.7
How to get drugs?	Easy	22	75.9
	Fairly difficult	7	24.1
Are you satisfied with your addiction?	Yes	6	20.7
	No	23	79.3
If not, are you the one who sought treatment?	Yes	10	34.5
	No	19	65.5
If not, who brought you to the Association?	Did not answer	10	34.5
	Siblings	6	20.7
	Family	13	44.8
Are you trying to get drugs inside the association?	Yes	7	24.1
	No	22	75.9
Do you encourage others to take drugs?	Yes	7	24.1
	No	22	75.9
Do you know anyone who is addicted to drugs	Yes	24	82.8
	No	5	17.2
If yes, how many?	No answer	8	27.6
	20 people and less	12	41.4
	21-300 people	4	13.8
	more	5	17.2

The distribution of study samples by age variable in the table (1.4) shows that (27.6%) of the sample members are of age group (18-under 25), (41.4%) are of age group (25-under 32), (17.2%) are of the age group (32-under 39), and (13.8%) are of the age group (39) years and above. Also, the educational level variable shows that (6.9%) are illiterate, (10.3%) received primary education, (31%) preparatory, (41.4%) secondary, (10.3%) diploma and above. The marital status variable shows that (58.6%) of sample members are singles, (31%) are married couples, and (10.4%) are otherwise.

The above ratios indicate that most addicts range between (25-32) years because this is the primary

age of adolescence and companionship. A teenager loves adventure and experience, so that he can fall into this addiction trap on the one hand. On the other hand, this age may record the highest addiction because it is the age at which a person receives a salary, which means that the availability of money facilitates addiction. Furthermore, the addiction percentage of adult singles is (58.6%), as single people with no obligations have a high chance of addiction involvement (confirmed by the outcome of the current study). In addition, this age is the basis of an individual's independence through marriage or study, namely, marriage. After marriage, a person has many obligations that he cannot provide, so he escapes from those obligations to alcohol or

drugs (in the sense that addiction is a means of escaping living reality). This observation is confirmed by married couples' abuse percentage (31%), meaning that addiction works on both sides (married and unmarried). The previous finding can also be explained by the fact that the sample members (25-32) are the most knowledgeable and attentive about the difficulties surrounding circumstances. As for the age of (39) years and above got the lowest percentage, which makes sense that this age has more family obligations and has children of different ages. The presence of children changes all the life requirements of a person, specifically with adult children, where the father cares more about their reputation and future, so he gets rid of and recovers from addiction, which is confirmed by part of the current study sample.

Regarding the educational level of addicts, the highest percentage was at the preparatory level (31%) and the secondary (41.4%). This educational stage separates dependence and self-reliance. In primary education, dependence on parents in all needs means some supervision, but as the ages progress, the individual moves from dependence to gradual independence and broader companionship. In other words, being able to practice many deviant behaviours because of bad friends and independence from parents. These all lead to the possibility of addiction in people, especially if there is a love of imitation and adventure among young people, as confirmed by learning theory and adventure theory.

The number of children variable shows that (75.9%) of the sample members have no children, (13.8%) have three or less, and (10.3%) have more than three. The smoking variable shows that (100%) of the sample members are smokers. The age variable of smoking shows that (24.1%) of the sample members started smoking before the age of 15 years old, (58.6%) started at (15-19) years old, and (17.2%) at (20) and above. The year variable for drug or alcohol use shows that (24.1%) of sample members started before (2000), (65.5%) in (2000-2009), and (10.3%) in (2010) and after.

The previous ratios reveal that those who have children are less likely to be addicted, unlike those who do not have children, which reached

(75.9%). It is a high proportion, where the more the number of children, the lower the addiction rate. The previous percentage makes sense and has a degree of validity since the presence of children is a cause of non-addiction and a reason for the addict's desire for treatment. In addition to the fact that those with children have obligations and responsibilities relating to their family members, they are more concerned about their children than other things. In contrast, the ones with no children have a higher chance of being addicted because of their fewer responsibilities; this was confirmed by the study sample members filling out the study questionnaire.

Regarding the pre-addiction smoking variable, it was (100%), meaning that all addicts were smokers before addiction, implying that smoking was a gateway to addiction from their point of view. The highest age percentage for starting smoking at the age (of 15-19) was (58.6%), which can be referred to as the age of adolescence when a person likes to experiment and imitate practices he sees in the surrounding environment, specifically from his role models. Additionally, this age group is when an individual starts independence from parents and makes new friendships. Due to this separation, parents monitor their children less than before, so children begin to learn to smoke and become addicted to it in the first phase, then gradually, they become addicted to drugs. Moreover, drugs spread in recent years, and people's addiction increased during the period (2000-to 2009), in other words when Al-Aqsa Intifada began. During this period, people, security agencies, and the Government were preoccupied with matters other than drugs, which meant their spread and high rate of addiction since taking advantage of the situation at this stage and the absence of laws increased the percentage. The previous observation is confirmed by the Chance Theory and Routine Activity Theory. This period and its subsequent periods were the focus of drug proliferation initially, then cultivation and subsequent trafficking. The recent cases of agriculture and trafficking in most West Bank governorates compared to the occupied interior are confirmed due to laws and their application, as there was a discrepancy in the application of laws between the West Bank and the occupied

interior. What confirms this is the ecological or geographical scientific theories that discuss social phenomena and problems from spatial aspects.

The variable cause of abuse shows that (27.6%) did not answer, (13.8%) were for family and friends, (24.1%) for psychological conditions, (13.8%) for fun and amusement, and (20.7%) for curiosity and free time. The method of use variable shows that (62.1%) of the sample members smoke, (3.4%) sniff, (3.4%) swallow, (6.9%) smoke and sniff, (6.9%) smoke and swallow, and (17.2%) for using more than two methods. The variable of the reason behind the first use shows that (20.7%) did not answer, (34.5%) for friends, (10.3%) for family and neighbors, (6.9%) for curiosity, (6.9%) for undefined circumstances, and (20.7%) for loneliness.

Concerning the causes of abuse, according to the respondents' answers, there are several reasons for the use; in other words, there cannot be one single cause of abuse and addiction. However, it is possible to discuss a more compelling cause than the other. According to the respondents' answers, the most important reason for their addiction is the psychological side, followed by curiosity and leisure time. The psychological aspects affect human beings more than any other aspect. All other aspects are affected by the psychological aspect, and curiosity and leisure time are inevitable and supportive consequences of the age and social situation discussed earlier. The most addictive age was for the unmarried adolescent group; this means a great love of curiosity and leisure time, which facilitates their addiction. This result is supported by the Psychological Theory directly and the Multiple Factors Theory indirectly.

Additionally, the results showed that addiction has several forms, but smoking is the most used due to the typical abuse stereotype in most regions. The ease of obtaining its substance causes its widespread compared to other new methods whose substance cannot be easily and quickly obtained. Also, the price of the used substance matters. Smoking can be done with several people; specifically, friends, as bad friends are the leading cause of people's

addiction. This fact was proved by most addicts' answers that their friends were the primary ones responsible for their addiction. This fact is no stranger; friends' influence is vital not only about addiction but on several subjects; the Association Theory can support that result.

The company while using drugs variable shows that (37.9%) of the sample members are on their own, (37.9%) with friends, (3.4%) are both, (6.9%) family and friends, and (13.8%) are all the above mentioned. Also, the variable where addicts take drugs shows that (13.8%) of the sample members take drugs at home, (41.4%) outside the house, and (44.8%) are all the above mentioned. Finally, the time-period variable shows that (17.2%) of the respondents did not answer, (79.3%) for less than (5) years, and (3.4%) for more than (10) years.

It depends on the time and place of the use. It also depends on whether the friend is the cause of the abuse. In other words, If the friend were the reason for the addiction, it would undoubtedly be him taking drugs with. The previous finding showed that the addict might do drug use when he is alone or with friends, as the percentage is equal. Other addicts take drugs when alone, with friends, or with family and neighbors. This type of drug abuser is experienced and well known, while those who use alone are unknown to some extent and often take drugs in places where no one exists, such as in the home.

Moreover, taking drugs with friends is usually done outside the house, especially if the addict's family are at home and are not aware of his condition. In other words, drug abuse is not limited to outside the house, according to the respondents' answers. It also depends on the period of use, with the most significant percentage being less than (5) years. In contrast, more than (10) years received a small percentage, as the period of use may play a role in whether the use takes place inside or outside the house, alone or with friends.

Another variable of how often does an addict use a day shows that (10.3%) of the sample members did not answer, (34.5%) one time a day, (13.8%) three times a day, (3.4%) four times, (10.3%) five times, (3.4%) eight times, and (24.1%) for ten

times. The variable of the family's awareness of the abuse shows that (96.6%) of their families know about their addiction, and (3.4%) do not. Additionally, the reaction variable when the family knew about the addiction showed (13.8%) for beating, (6.9%) for expulsion, (62.1%) for treatment assistance, (6.9%) otherwise, (3.4%) for beating and expulsions, and (6.9%) for expulsion and treatment assistance.

Regarding the previous result, it is noted that the highest percentage of times of use per day was for one time, followed by (10) times, which depends on the number of addiction years, the drug type, and the economic situation of the addict as well. The addict's prolonged abuse of a heavy type needs more than a daily dose than the beginner. The addict's good financial status can provide the drugs more than once per day. When the addiction rate is high, the addict can show noticeable signs for the parents, which leads to their knowledge of their son's addiction. Most respondents know about their son's addiction compared to those who do not, as the reaction of parents who learned of their son's addiction was a desire to aid and deliver him to safety. There are no people who can let their children suffer pain despite the demanding situation. Being beaten or expelled does not make it easy on parents, so he should be treated to eliminate the stigma that can and will continue to pursue them if their son is an addict, as evidenced by the Labelling Theory.

The variable of the method of obtaining drugs shows a high percentage according to the respondents' answers was easy (75.9%), (24.1%) is somewhat tricky. The drug source variable gives (65.5%) of the respondents' answers to distributors, (6.9%) to a friend, (6.9%) to both, and (20.7%) to all the mentioned. Finally, the addiction satisfaction variable shows that (20.7%) of the respondents are satisfied with their addiction while (79.3%) are not. The treatment variable shows that (34.5%) of the respondents sought treatment while (65.5%) did not. Moreover, the variable of who brought the addict to the Association reveals that (34.5%) did not answer, (20.7%) were siblings, and (44.8%) were parents. The variable concerning the attempt to get drugs within the center shows that

(24.1%) have tried to, and (75.9%) have not. At last, the variable revealing if the addicts encourage other people to take drugs shows that (24.1%) answered yes, while (75.9%) said no. The variable number of addicts they know shows that (27.6%) did not answer, (41.4%) knew twenty people and under, (13.8%) of (21-300) people, and (17.2%) more.

The results mentioned above show that the primary source for obtaining narcotic substances is the distributors themselves, though there are other sources such as friends. The high percentage of getting drugs from distributors makes sense since we are talking about prohibited narcotic substances for which the law and society are accountable and prohibited in typical situations. Drugs are destructive to those who carry or use them, so whoever trades and promotes them is the one who delivers them to the addict because it is his job. Friends have the second-highest percentage, which is also a logical consequence since friends greatly influence each other. The destruction of our young people starts from making friends, precisely evil and destructive friendships. The Association Theory can support these results.

Regarding obtaining the narcotic substance if it is easy or difficult. The highest percentage of the respondents' answers was for (easy) as abuse is done in complete secrecy and enclosed spaces. Visits between people cannot be investigated and questioned. Since the narcotic substance is a small thing that the public cannot see, the possibility of delivering it to the addict is somewhat easy, specifically in periods and places where the Palestinian Security Services have not been the same as today. Today, tracking addicts and dealers by the government and security devices cause a rise in the apprehension rate of these people; therefore, the access to narcotic substances has become tricky because of the absence of the opportunity previously offered by the absence of laws and censorship. The current outcome can be linked to Opportunity Theory and Routine Activity Theory.

As for the variable of who brought the addict to the center, most of the respondents' answers were for the parents, followed by brothers. It confirmed the previous result of the parent's

reaction when they learned of their son's addiction, as the percentage of the parents who sent their children for treatment was (62.1%). It is evidence of the parent's interest in their son, so the parents cannot turn their backs on him despite the son's addiction. As a result, parents become interested in treatment to get rid of the stigma they might have for life. The respondents' answers to the question: Are you the one who came to the center? Confirms that the parents are the ones who brought the addict to the center as most respondents (65.5%) answered with (No). This note indicates one thing: the treatment was unsuccessful because the desire for treatment does not exist for the addict in the first place. This is a major reason for the failure of a treatment since the first steps of the treatment is in desire and will. Although they initially did not want to go to the center for treatment, once they were there, their thoughts and ideas about abuse and addiction changed. They become interested in treatment and getting rid of the substance, as evidenced by their attempt to obtain a narcotic substance while they were inside the center, where the percentage were (75.9%) for (No), indicating their desire for treatment. In addition to the foregoing, it is also confirmed by the respondents' answers when being asked: do you encourage others to use drugs? Where the

response percentage were higher for (No) rather than (Yes), that is, if anything, it indicates their desire for treatment and their return to their normal lives. Also, it shows that addiction for them, is one of the bad behaviours that has gone through their lives, costly and causing many problems and crimes, and a reason to be socially ostracized. Therefore, the addict starts thinking about treatment while inside the center and does not encourage others to take it. Respectively, the world of addiction, like other worlds, has its own privacy and behaviour that are dealt with among its affiliates. In other words, addiction is not limited to a person, but here is, several addicts know each other and deal with each other in their world, within their own mixing policy, supporting Association Theory and Lifestyle Theory.

Results related to the second question: “What are the economic characteristics of drug addicts in Al-Sadiq Al-Taieb Association?”

To answer this question, the numbers, and percentages of sample members' responses to the questionnaire's paragraphs reflecting economic characteristics have been extracted, as in table (2.4):

Table (2.4) Distribution of study sample individuals according to economic study variables.

Variable	Level	Number	Percentage
Profession	Student	1	3.4
	Not working	3	10.3
	Other	25	86.2
If not, who pays your monthly money?	Did not answer	9	31
	Family	8	2
	Friends	1	3.4
	Charities	5	17.2
	Other	6	20.7
Place	City	15	51.7

	Village	5	17.2
	Camp	6	20.7
	Other	3	10.3
Home ownership	Rented	3	10.3
	Owned	26	89.7
If rented, how much per month	Did not answer	26	89.7
	500	1	3.4
	2500	1	3.4
	4000	1	3.4
Number of people living in the house	3 and less	10	34.5
	4-6 people	13	44.8
	7 and more	6	20.7
Family's income per month (NIS)	Did not answer	8	27.6
	5000 and less	7	24.1
	5001-10000	8	27.6
	10001 and more	6	20.7
Income source	Did not answer	14	48.3
	Work	15	51.7
Number of workers in the family	Did not answer	4	13.8
	Only one	10	34.5
	2-3 people	10	34.5
	4-9 people	5	17.2
How much do you spend on drugs per month (NIS)?	Did not answer	4	13.8
	Less than 1500	4	13.8
	1500-2999	6	20.7
	3000 and more	15	51.7
Is your monthly salary enough for drugs?	Yes	17	58.6
	No	12	41.4
If not, what are the methods used to get drugs?	Did not answer	15	51.7
	Family	3	10.3

	Stealing	6	20.7
	Other	3	10.3
	All the above	2	6.9

The distribution of the study sample by occupation variable in table (2.4) shows that (3.4%) of the sample members are students, (10.3%) are unemployed, and (86.2%) are others. The variable of who pays monthly money shows that (31%) of the sample members did not answer, (27.6%) family, (3.4%) friends, (17.2%) for charities, and (20.7%) for others. Also, the variable of residence shows that (51.7%) of sample members live in cities, (17.2%) in villages, (20.7%) in camps, and (10.3%) in others. Finally, the variable of homeownership shows that (10.3%) of the respondents' homes are rented, and (89.7%) are privately owned.

The previous percentages show that most respondents did not specify their profession as the majority are unemployed. Logically, it makes sense as an addict cannot work, and if he does, his work will not be as it should be in the advanced stages of addiction, which leads to him losing his job. Consequently, he becomes unemployed, making the addict dependent on someone else to take care of his money. Most addicts are taken care of by their parents or charitable associations. In terms of the place of residence, most of the respondents were from cities compared to villages or camps. Cities got the highest percentage as they are vast places where narcotics are easily obtained, and weak social relationships help spread drugs.

In contrast, the spread of drugs is more complicated in villages and camps because of the closed areas and the strong relationships between people, resulting in the inability to deal with or trade drugs, specifically in the past. However, the situation could be the opposite nowadays; with security services and constant surveillance of addicts and traders in cities, villages have become more specified in illicit crop cultivation. This result can be linked to Ecological Theory and Routine Activity Theory.

The variable of house monthly rent that (89.7%) of the sample members did not answer, (3.4%) for each of (500 NIS, 2500 NIS, 4000 NIS). The number of individuals staying at home shows that (34.5%) of the respondents are three and below, (44.8%) are four to six individuals, and (20.7%) are seven and more. Additionally, the family monthly income variable shows that (27.6%) of the respondents did not answer, (24.1%) get (5000 NIS) and less, (27.6%) get (5001-10000 NIS), and (20.7%) get (10001 NIS). The sources of income variable show that (48.3%) of the respondents did not answer, and (51.7%) were from work. The variable of the number of employees in the family shows that (13.8%) of the sample members did not answer, (34.5%) for only one, (34.5%) for two to three individuals, and (17.2%) for four to nine individuals. Also, the variable of monthly drug expenses shows that (13.8%) of the respondents did not answer, (13.8%) for less than (1500 NIS), (20.7%) for (1500-2999 NIS), and (51.7%) of (3000 NIS) and above. The variable of monthly expenditure sufficiency shows that (58.6%) of the respondents answered with (Yes), and (41.4%) answered with (No). Finally, the variable of methods used to obtain drugs shows that (51.7%) of the respondents did not answer, (10.3%) for family, (20.7%) for stealing, (10.3%) for others, and (6.9%) for all mentioned.

The variable of house monthly rent (if rented) shows that most respondents have not answered this question; the reason could be their lack of knowledge on this topic, as evidenced when they revealed that their parents were taking care of their expenses. So how would they know about issues related to expenses if they cannot afford theirs? The other evidence of their lack of knowledge on costs is that most of the respondents' houses are privately owned, which means they had no material obligations. According to the statistics mentioned above, the highest percentage for the number of individuals

living in the same house was (44.8%) for four to six people. Regarding the variable of family's monthly income, the monthly income is relatively high as most of the respondents are from the Occupied Territories, where payments are known to be high compared to those working in the West Bank. The minimum wage in the Occupied Territories is approximately (NIS 5,000) compared to those working in the West Bank, where the minimum wage is (1450 NIS). These wages can be linked to the high percentage of drug abuse and addiction among young people in the Occupied Territories due to higher monthly income than those living in the West Bank. The amounts these young people get from their work could be a significant reason for their addiction, especially when more than one highly paid person is working in the same house due to

psychological and social causes. In the same vein, most addicts have revealed that their monthly expenditure is less than their monthly expenditure on addiction. So, they mainly spend their money on their addiction as their income is sufficient to buy the narcotic substance that they were getting from various sources (family, stealing, and friends) and others.

Results of the third question: What are the most abused types of drugs among drug addicts in Al-Sadiq Al- Taieb Association?

To answer this question, the numbers, and percentages of sample members' responses to the questionnaire's paragraphs reflecting the most abused types of drugs have been extracted, as in table (1.4):

Table (3.4) Distribution of study sample individuals according to the commonly abused types of drugs.

Kind of drug or alcohol	Other (alcohol)	5	17.2
	More than two types	8	27.6
	Cocaine	1	3.4
	Heroin	2	6.9
	Hashish	7	24.1
	Hashish and Marijuana	5	17.2
	Marijuana (Cannabis)	1	3.4
Type of drug taken before entering the center	Other (alcohol)	8	27.6
	More than two types	5	17.2
	Cocaine	1	3.4
	Heroin	3	10.3
	Hashish	9	31
	Marijuana (Cannabis)	3	10.3

The variable of the type of drugs or alcohol in table (3.4) shows that (27.6%) of the sample members abuse more than two types of drugs, (3.4%) Cocaine, (6.9%) Heroin, (24.1%) Hashish, (17.2%) Hashish and Marijuana, (3.4%) Marijuana (cannabis), and (17.2%) for other

types. The variable type of drug taken before entering the center shows that (17.2%) of the sample members have taken more than two types, (3.4%) Cocaine, (10.3%) Heroin, (31%) Hashish, (10.3%) Marijuana (cannabis), and (27.6%) for other types.

The results of table (3.4) show that the respondents' most prevalent and abused drug before they enter the center is Hashish, followed by Marijuana and alcohol, of course, as the prevalence of drugs and alcohol is convergent. Moreover, the gateway to drug addiction is drinking and addiction to alcohol. The most narcotic substances taken by respondents before entering the center is Hashish, followed by alcohol and then Marijuana, which is like the previous result because these species are available, accessible, and known to most people if compared to other species. Drug types known in the past were Hashish, Marijuana, and alcohol, so they got high percentages. Indeed, some take one type in contrast to someone who takes more than one, so it depends on monthly income, the period of abusing drugs, and the health status of the addict.

Findings:

The main findings of the study can be summarized as follows:

- The most addictive group is the young adolescents, as adolescents start thinking about independence and self-disclosure, making them more vulnerable to addiction, especially since it is the most cigarette-smoking group.
- There are many causes for addiction, according to the respondents' point of view, such as (family, friends, imitation and adventure, the psychological status, the social status, the economic status, wealth, and welfare) and others.
- Addiction is not limited to a particular person. It may affect (the educated and the uneducated, rich, and poor, young, and old, married, and single, those with children and those without).
- The percentage of addicts who smoke cigarettes has reached (100%), indicating that all addicts smoke cigarettes in their multiple ages.
- According to the respondents, the spread of drugs began after the year (2000).
- The most prevalent drug, in general, is Hashish, followed by Marijuana, as well as alcohol, especially among addicts of the study sample. Some of the study sample members

abuse one type of drug, while others abuse more than one type at the same time.

- The most used method of abusing drugs is smoking.
- According to the respondent's answers, drugs are easily obtained from multiple sources (family, friends, neighbors, distributors) and others, as they have no difficulty obtaining narcotic substances.

Recommendations:

The study recommendations are:

- Parents should pay more attention to their young adolescent children, specifically those with significant leisure time.
- The upbringing of children should be balanced and should not tend to laxity and flexibility.
- To fill the children's leisure time with quality work.
- To improve the conditions that cause abuse in all aspects (psychological, health, social, economic).
- The Government and officials shall intensify the punishment of traders, promoters, and users and shall not be lenient in applying the law.
- To monitor the children permanently and continuously, specifically in the time spent outside the house, without allowing them to stay outside for long or late hours.

References

- [1] Abadleh, Maisa Kamal (2010). *Drug Impact on Palestinian Reality of Crime*, Unpublished Master's Thesis, Islamic University: Gaza. **[In Arabic]**
- [2] Abdullah, Abdulaziz (2002). *Social service in the field of drug addiction*, Naif Arab University for Security Services: Riyadh. **[In Arabic]**
- [3] Abul-Khair, Abdulkareem (2013). *Addiction Battle-Diagnosis and Therapeutic Process Steps*. Dar Wael For Publishing: Amman. **[In Arabic]**

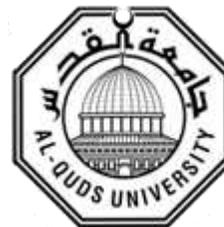
- [4] Al-Hmouz, Ayed (2019). Some Social and Psychological Variables Responsible for the Spread of Drugs among Palestinian Youth - a Field Study on Youth in Hebron Governorate, *Palestinian Journal of Security Studies and Training*, General Military Training Commission: Jericho. **[In Arabic]**
- [5] Al-Jibrin, Jibrin Ali (2012). Some Problems Facing the Families of Addicts in the City of Riyadh, *The 25th International Conference of the Faculty of Social Work*, Helwan University: Egypt. **[In Arabic]**
- [6] Al-Khalfan, Fahdi (2006). *The Image of the Addicted Omani Father and its Relationship with some Children's personality variables*, Unpublished Master's Thesis, Cairo University: Cairo. **[In Arabic]**
- [7] Al-Mawajada, Murad (2017). Geography of Crime for Drug Abuse and Trafficking, *Al Manara Journal*, 23 (4), 527-557. **[In Arabic]**
- [8] AL Qahtani, Mohammad Bin Rashid (2002). *Social and demographic characteristics of drug users in Saudi society*, Unpublished PhD Dissertation, Tunis University: Tunisia. **[In Arabic]**
- [9] Anajjar, Wisam (2012). *The Crime of Drug Abuse in the Governorates of Gaza - a Study in the Geography of Crime*, Unpublished Master's Thesis, Islamic University: Gaza. **[In Arabic]**
- [10] Anti-Narcotics Department of the Palestinian Police Service (2006), *Drug Statistics in Palestine (2006)*, Palestinian Police Service: Palestine. **[In Arabic]**
- [11] Attubasi, Awni (2020). *Al-Sadiq Al-Taieb Association*, Personal Interview: Bethany. **[In Arabic]**
- [12] Blash, Shatha (2009). The Effect of Drugs Social Security, *al-Qadissiyah Journal for Humanities Sciences QJHS*, 12 (3), 219-238. **[In Arabic]**
- [13] Brook, Judith & Whiteman, Martin & Gordon, Ann & Cohen, Patricia. (1986). Dynamics of childhood and adolescent personality traits and adolescent drug use, *American Psychiatric Association*, 22 (3), 403-414
- [14] Department of Statistics and Research (2019). *Drugs in Palestine*, Palestinian Central Bureau of Statistics PCBS: Ramallah. **[In Arabic]**
- [15] Dhiab, & Alkhattar, Aref & Alhasan, Khawla & Alkharisha, Rafe' (2013). *Criminology Theory*, Dar al-Fiker for Publishing & Distributing: Amman. **[In Arabic]**
- [16] Gharib, Abdelaziz (2006). *The Problem of Returning to Addiction in Arab Society*, Naif Arab University for Security Services: Riyadh. **[In Arabic]**
- [17] Ghbari, Mohammad (2007). *Addiction is a threat to social security*, Dar Al Wafaa for Publishing: Alexandria. **[In Arabic]**
- [18] Hussein, Hanaa (2016). *Family Factors Leading to Girls' Drug Addiction*, Unpublished Master's Thesis, Djilali Bounaama University: Algeria. **[In Arabic]**
- [19] Ilaiwi, Abdallah (2020). *Types of Drugs*. Palestinian Police, Personal Interview. **[In Arabic]**
- [20] Jolley, Harvey Henry (2002). *The effects of Childhood Trauma on Drug and Alcohol Abuse in College Students*, Diss, Fordham University.
- [21] Kidhan, Taleb (2010), Drug and Alcohol Abuse and their Relationship to some Individual and Social Variables, *al-Qadissiyah Journal for Humanities Sciences QJHS*, 13 (4), 235-260. **[In Arabic]**
- [22] Mahony, Paul (2000). *Juvenile Justice in Ireland in Children, Young People and Crime in Britain and Ireland (From Exclusion to Inclusion Edinburgh)* Scottish Executive Central Research Unit.
- [23] Michael, Gossop, & Duncan, Stewart & Nadine, Browne, John, Marsden (2002). Factors Associated with Abstinence Lapse or Relapse to Heroin Use after Residential Treatment, *Journal of Addiction*, 97 (10), 1259-1270.
- [24] Misbah, Abdulhadi (2010). *Addiction is Your Way to the Abyss*, Al Dar Al Masriah Al Lubnaniah Publishing: Cairo. **[In Arabic]**
- [25] Mukhtar, Wafiq (2005). *Psychotropic Substance Use*, Dar Al'elm Wathaqafa Publishing: Cairo. **[In Arabic]**
- [26] Mushref, Abdelilah & Aljawadi, Riyadh (2011). *Narcotic Drugs and Psychotropic Substances: Causes of Abuse and Methods*

- of Confrontation*, Naif Arab University for Security Services: Riyadh. **[In Arabic]**
- [27] Muwafi, Ayisha (2010). *Socialization and its Relationship to Adolescent Addiction in the Age Group of 12-18 years*, Unpublished PhD Dissertation, Ain Shams University: Egypt. **[In Arabic]**
- [28] Palestinian National Institute of Public Health (2017). *Drug Abuse in Palestine/ Qualitative Study Report*, Palestine: Ramallah. **[In Arabic]**
- [29] Palestinian Police (2019). *Annual Statistical Report of the Palestinian Police (2017)*, Anti-Narcotics Department: Ramallah. **[In Arabic]**
- [30] Pruitt, Lisa (2009). The forgotten fifth: Rural Youth and Substance Abuse, *Journal Stanford University*, 20 (2), 359-404.
- [31] Qadih, Suliman (2006). *Psychological and Social Characteristics of "Banjo" Drug Users in Gaza Rehabilitation Center*, Unpublished PhD Dissertation, Arab League Educational, Cultural and Scientific Organization ALECSO: Cairo. **[In Arabic]**
- [32] Rasmussen, Sandra (2000). *Addiction Treatment Theory and Practice*, Sage Publication, INC.
- [33] Siam, Tarek (2015). *Self-identity and Psychological Compatibility of Drug-using Prisoners and their Children in Gaza Strip*, Unpublished Master's Thesis, Islamic University: Gaza. **[In Arabic]**
- [34] Wriqat, Ayed (2008). *Criminology Theories*, Dar El Shorouk Publishing: Amman. **[In Arabic]**
- [35] Wriqat, Ayed (2013). *Criminology Theories*, Dar Wael for Publishing: Amman. **[In Arabic]**

Appendixes:

Appendix (1) List of the study questionnaire arbitrators

No.	Name	Workplace
1	Dr. Bassam Banat	Al-Quds University
2	Dr. Sameer Shqair	Al-Quds University
3	Dr. Omar AR Rimawi	Al-Quds University
4	Dr. Issam Al-Atrash	Al-Istiqlal University
5	Mr. Awni Tubasi	Al-Sadiq Al-Taieb Association



Appendix (2) The study questionnaire (final form)

Dear Participant,

The researcher is conducting a field study on the “Demographics of Drug Addicts of Al-Sadiq Al-Taieb Association in Bethany.” Please answer all questionnaire questions correctly, assuring that all data will be dealt with in complete confidentiality and used for scientific research purposes only. Thanks for your good cooperation.

Your participation is much appreciated

Sincerely yours

Wafaa al-Khateeb

First section: Personal and social characteristics:

Please answer the following questions:

1. Age:

- a) 18- Below 25 b) 25- Below 32 c) 32- Below 39
d) 39- Below 46 e) 46 and above 46

2. Education:

- a) Illiterate b) Elementary c) Preparatory
d) Secondary e) Diploma f) BA g) MA

3. Marital status:

- a) Single b) Married c) Divorced d) Widower
e) Separated

4. The number of children

5. Are you a smoker?

- a) Yes b) No

6. If yes, how old were you when you started smoking?

7. At what age did you start taking drugs?

8. What kinds of drugs do you take?

- a) Tramadol pills b) Cocaine c) Opium d) Heroin
e) Hashish f) Ketamine g) Crystal
h) Marijuana (Cannabis) i) Morphine j) Other:

9. What kind of drugs did you take before entering the centre?

- a) Tramadol pills b) Cocaine c) Opium d) Heroin
e) Hashish f) Ketamines g) Crystal
h) Marijuana (Cannabis) i) Morphine j) Other:

10. Why are you taking drugs?.....

- a) a family member d) All of the above

11. How do you take your drugs?

- a) by smoking b) by sniffing c) by mouth (swallowing)
d) by injecting

12. Who was the reason for your first drug use?

13. With whom do you take your drugs?

- a) Alone b) With friends c) With both

14. Where do you take drugs?

- a) at home b) outside the house c) at the workplace
d) at all these places

15. How long have you been taking drugs?

16. How many times do you take drugs per day?

17. Did your family become aware of your habit [i.e., taking drugs]?

- a) yes b) no

18. If yes, how did they react?

- a) By beating me up b) By expulsion from home
c) helped to medical treatment
d) Other

19. Where do you get drugs?

- a) street dealers b) Pharmacies c) A friend
 d) A relative e) A colleague
 f) Other

20. Is getting drugs

- a) Easy b) Fairly difficult c) Very difficult

21. Are you satisfied (happy) with your addiction?

- a) Yes b) No

22. If the answer is no, were you the one who sought treatment?

- a) Yes b) No

23. If the answer is no, who brought you to the association?**24. Do you attempt to get drugs inside the center?**

- a) Yes b) No

25. Do you encourage others to use drugs?

- a) Yes b) No

26. Are you acquainted with and drugs addicts?

- A) Yes B) No

27. If the answer is yes, how many (male, female)?

- a) Family c) Friends c) Charities d) Other:

30. Place of residence:

- a) City b) Village c) Camp d) Other:...

31. Homeownership:

- a) Rented b) Privately owned

32. If rented? What is the monthly rent?

.....

33. Number of individuals living in the house:**34. Family monthly income from all sources in (NIS):.....****35. Sources of family income:****36. Number of working individuals in the family:****37. How much do you spend on drugs per month (NIS)****38. Is your monthly salary enough for drug abuse?**

- a) Yes b) No

39. If not, how do you get money for drugs?

- a) Family b) Employee loan c) Stealing d) Mortgage

- E) Other:

Second section: economic characteristics:**28. Occupation:**

- a) a student b) a public sector employee
 c) a private sector employee
 d) Unemployed e) Other.....

29. If unemployed, who provides for gives your monthly expenses?