

# UNDER THE SURFACE:

## A DECADE OF CONFLICT AND THE DRUG USE EPIDEMIC INSIDE SYRIA



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## About MedGlobal

MedGlobal is a medical non-governmental organization founded in 2017 dedicated to improving healthcare access in crisis-stricken areas. MedGlobal provides essential healthcare services to those affected by wars, disasters, and displacement, and a wide range of programs to support refugees, internally displaced persons, and marginalized communities in disaster-prone and resource-challenged areas. Our members, a diverse group of doctors, nurses, global health specialists, and humanitarians, are committed to addressing the health needs of the world's most vulnerable populations.

MedGlobal initiatives include training, deploying healthcare volunteers, donating medical equipment, medications, and supplies, as well as providing advocacy, mental health support, nutrition assistance, protection, and ensuring access to clean water and sanitation through WASH projects. MedGlobal's focus on collaborating with local communities helps build their innate resilience and supports their recovery from crisis through emergency response initiatives, the creation of sustainable healthcare programs and efforts to strengthen existing healthcare systems. MedGlobal field teams support local health programs for vulnerable populations in North and Latin America, Africa, MENA region, Europe, and Southeast Asia. Our growing field teams and partner organizations are supported by selfless volunteer nurses, and medical professionals of all specialties from 27 countries who embrace our mission. In 2022, MedGlobal programs impacted more than 12 million people in disaster regions.





## The Syrian Dialogue Center SDC

A Syrian civil institution that aims to revive and empower dialogue over the issues that affect the Syrian people. It seeks to strengthen relations and empower cooperation and coordination between Syrians. It was established in 2016 in Turkey to foster a culture of constructive dialogue in Syrian society, strengthening ties among the various components of the Syrian people, reaching consensus on strategic issues, and Participating in building the future Syria in a way that guarantees stability, growth and progress, bridging the gap between different components of Syrian society, by adhering to the highest standards of professionalism and excellence in providing innovative solutions.

Additionally, SDC uses dialogical tools in research work to gather information and data, such as interviews, surveys, and focused discussion sessions. It also emphasises broad seminars, specialised workshops, and scientific conferences. Besides, it engages in training youth.

The center consists of three thematic units: Shared Identity and Consensus Unit, Policy Analysis Unit, and Social Unit. The Social Unit, which carried out the fieldwork in this report, monitors various societal phenomena resulting from the Syrian conflict and its repercussions or the experiences of displacement and asylum. It tracks the changes and transformations in the community. It examines the reasons that led to these changes to come up with solutions and recommendations for improvements for actors and decision-makers. We follow the conditions of Syrians, whether they are in opposition-controlled areas, (forcibly) displaced, in regime-held areas, or refugees in neighbouring countries, especially Turkey, within axes that include The social, intellectual, and cultural changes that occurred to Syrians because of the repercussions of the Syrian conflict, Supporting efforts of the Syrian civil society and promoting community participation, and the social, economic, and educational problems facing Syrians because of displacement and asylum.



## Executive Summary

In this report, MedGlobal delves into the profound impact of the Syrian crisis on the healthcare system and the alarming surge in drug abuse within the country. Encompassing the tumultuous decade following the outbreak of the Syrian conflict, this report also sheds light on a pressing issue that demands attention and action. The report paints a stark picture of the experiences of drug abuse and prescription medication addiction among Syrians, with a significant number of participants reporting addiction issues. Moreover, it highlights the adverse effects on individuals and communities in opposition areas, including financial hardships and daily drug use.

The study, conducted in 2022, employed a mixed-methods approach, combining qualitative and quantitative research methods. An online questionnaire was distributed to 478 participants, including Syrians both inside Syria and refugees in other countries, alongside interviews with 27 experts and key informants, providing a comprehensive view of the crisis. The findings reveal a significant rise in substance use, especially in opposition-controlled areas, and a growing concern about prescription medication dependence. In the current Syrian drug market, a wide array of substances, both illicit and prescription, are readily available. Conducting research in government-controlled areas posed substantial challenges due to limited advertising options and strict online monitoring. In response to these findings, the report concludes with policy recommendations aimed at addressing the drug abuse epidemic in Syria.

These recommendations advocate for strengthening awareness campaigns, expanding access to rehabilitation and recovery centers, and implementing stricter regulations on drug trafficking. Ongoing efforts to combat substance abuse in Syria, such as awareness campaigns, rehabilitation centers, and legal actions, are discussed but require further evaluation to gauge their effectiveness. These findings offer valuable insights to policymakers and organizations striving to mitigate the healthcare and mental health impact of the Syrian crisis. The report calls for immediate attention to this issue to ensure a healthier and more stable future for Syria and its people.

## Introduction:

In the spring of 2011, what would become the Syrian crisis began with peaceful demonstrations in multiple cities across the country. After their brutal suppression by the Syrian government and its allies, these protests calling for political change and increases to personal freedoms transformed into an armed rebellion (Zuber et al, 2018). Terrorist groups then exploited the chaos that ensued to increase their influence. Both the Syrian regime and these terrorist groups used chemical weapons on civilians (ReliefWeb, 2023). In one instance, the regime killed 1400 civilians after dropping sarin gas on the Ghouta suburb of Damascus (Laub, 2023). Civilian infrastructure and healthcare were also targeted during the conflict, leading to a massive displacement of Syrian civilians both internally and externally. The resulting refugee crisis is the world's largest to date and has significantly impacted its five neighboring countries, Türkiye, Lebanon, Jordan, Iraq, and Egypt. Since 2011, more than 14 million Syrians have been forced to flee their homes in search of safety (United Nations, 2024). Approximately 5.5 million Syrian refugees live in the five countries neighboring Syria. Germany is the largest non-neighboring host country, with more than 850,000 Syrian refugees. More than 6.8 million Syrians also remain internally displaced in their own country, where 70% of the population needs humanitarian assistance, and 90% live below the poverty line (United Nations, 2024). Thus, the Syrian conflict has resulted in a dramatic shift in the sociodemographic and political landscape of the country. Currently, Syria is divided into four different regions. Each has its own government, military (or militia), healthcare system, and economy.

Due to the fallouts of the ongoing civil war, geopolitical rivalry, humanitarian crisis, terrorism, economic collapse, hyperinflation, unemployment, large population displacement, deterioration of its healthcare system, absent basic services and employment opportunities and lack of viable political solutions for the past 12 years, Syria has also become a center for the production, exportation, and usage of multiple illegal and addictive drugs, especially , a highly addictive amphetamine-type stimulant.





Similar to other countries plagued by long wars, corruption, and instability like Afghanistan, Colombia, and Honduras, where the government, military, and local militia have become part of drug cartels or where elements of the government covertly run the illegal drug trade, Syria has become a Narco-state and primary hub of production. With government-controlled businessmen and security officials involved in industrial-scale manufacturing and trafficking, the trade has grown into an estimated \$10 billion industry “financial lifeline” for the Syrian government estimated to generate approximately \$1.4 billion for regime-aligned actors and commercial entities (Chiacu et al., 2023; FCD0 2023; AFP 2022).

As addiction rates, violent smuggling operations, and politicization of the trade has grown in both the Levant and Middle East at large, several regional and international organizations, think tanks, and governments have started to monitor this crisis. Media reports have shown an increased frequency in the discovery and capture of smuggled drugs from Syria, especially , trafficked through and to Jordan, the Arab Gulf States, and Europe. A Jordanian official has been quoted recently saying, “We have to assume that every car or truck crossing the border from Syria contains drugs” (Reuters, 2022). Drugs from Syria have also been trafficked through Iraq and Turkey, as criminal actors seek to diversify routes. What is less known is the extent and impact of drug abuse inside Syria, whether in regime-controlled regions, the Northwest controlled by Hay’at Tahrir al-Sham (HTS), Turkish-administered regions in northern Syria, the Northeast controlled by Syrian Democratic Forces (SDF), and among Syrian refugees in different countries. There is some anecdotal evidence and reports about the extent of the phenomenon, but no systematic research or clear data are currently available. This study aims to bridge this knowledge gap, delving into the prevalence, demographics, root causes, and patterns of drug abuse in Syria, its impact, and potential solutions.





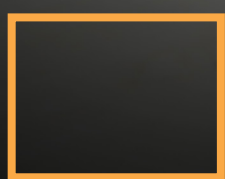
## THE IMPACT OF THE SYRIAN CRISIS ON THE HEALTHCARE SYSTEM

Before the conflict, Syria's health system was comparable with that of other middle-income countries. The Syrian crisis created an unprecedented strain on health services and systems due to the protracted nature of the warfare, the targeting of medics and health care infrastructure, the exodus of physicians and nurses, the shortage of medical supplies and medications, the internal and external displacement of the population, and the disruption of medical education and training (Muzzall et. al, 2021). The lack of security and the direct targeting of health workers and health facilities has led to an exodus of trained staff, with up to 70% of healthcare providers fleeing the country (UNOCHA, 2020). This has left junior health workers to operate beyond their capabilities in increasingly difficult circumstances. Physical healthcare infrastructure was also hit hard by this war. Up to 50% of the health facilities have been destroyed. The international community failed to prevent the destruction of healthcare infrastructure, which resulted in the collapse of Syria's healthcare system and left millions of internally displaced people (IDPs) in desperate need of medical assistance. This breakdown of the healthcare system has contributed to an increase in communicable diseases as well as the rising morbidity and mortality of the Syrian population.



From 2010 to 2014, the life expectancy of resident Syrians had dropped by two decades (UN-RWA, 2015). According to the United Nations, nine out of ten Syrians live below the poverty line (UN Press, 2021). Healthcare spending has decreased in priority for most families struggling to sustain basic necessities, including shelter and food. Most families can't afford to spend on medications, expensive treatments, elective surgeries, cancer treatment, dialysis, or medical devices, especially with the lack of health insurance. Over the first 11 years of the conflict, at least 350,200 civilians died from injuries incurred in the violence, according to the United Nations, although other estimates put the number around 650,000 deaths due to injuries (United Nations, 2021) – this is likely an underestimate. One in 13 of those who died in the conflict was a woman, and about 1 in 13 was a child. Although there is no exact data, it is estimated that more than twice as many civilians, including many women and children, have probably died prematurely of infectious and noncommunicable chronic diseases (NCDs) due to a shortage of adequate health care (WHO, 2022). Doctors, local administrators, and non-governmental organizations struggle to manage the consequences of the conflict under substandard conditions, often using unorthodox methods of healthcare delivery in field hospitals and remotely by telehealth communication. Much needed medical supplies are channeled through dangerous routes across the borders from Lebanon, Jordan, Iraq, Turkey, and European countries.





# THE SYRIAN WAR AND MENTAL HEALTH

The Syrian conflict has had a severe psychological impact on civilians, resulting in high numbers of mental health problems such as depression, anxiety, and post-traumatic stress disorder (Hassan et al, 2016, Cheung et al, 2020). Many Syrians have been exposed to or personally experienced traumatic events such as aerial and land bombings, shootings, forced disappearance, torture, and forced displacement, with profound and long-lasting effects on the Syrian population. In a study of mental disorders and PTSD among Syrians living in Syria in wartime, 44% had a likely severe mental illness, 27% had both likely severe mental disorder and full PTSD symptoms, 36.9% had full PTSD symptoms, and only 10.8% had neither positive PTSD symptoms nor mental illness on the K10 scale (Kakaje et. al, 2021). Around 23% had low overall perceived social support. Half of the respondents were internally displaced, and 27.6% were forced to change places of living three times or more due to war. Around 86.6% of the respondents believed the war was the main reason for their mental distress. A study conducted by Syria Relief titled “The Destruction You Cannot See” included a sample of 721 people in Idlib, Turkey and Lebanon (Syria Relief, 2021). The study shows very high rates of post-traumatic stress disorder amongst Syrians, as 84% symptoms that require specialized intervention. 83% of those between 18-30 and 76% of children under 18 in the study were found to meet criteria for PTSD. The lack of access to mental health care and support further exacerbates the psychological impact of war on Syrians, leaving many without adequate treatment or resources.

The Syrian conflict has led to over 5 million a massive number of Syrians seeking refuge and asylum across the globe (UNHCR, 2024). Refugees and asylum seekers are also susceptible to developing common mental disorders due to their exposure to stressful experiences before, during, and after their flight. Symptoms of mental disorders and feelings of uncertainty, frustration, and injustice were the most common psychological problems (Alhaffar, 2021). The finding that almost half of the participants reported typical mental health disorder symptoms suggests that many Syrian refugees and asylum seekers might be in need of mental health or psychosocial support upon arrival to host country contexts and well after they are resettled.





# MEDGLOBAL MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAM IN SYRIA

MedGlobal's Mental Health and Psychosocial Support Program aims to harness insights from their experiences in Syria to enhance mental health care access for those affected by conflict and displacement, particularly for the most vulnerable. MedGlobal collaborates with regional organizations to deliver mental health services, particularly in areas of Northern Syria governed by Turkey.

In northwest Syria, there is a shortage of mental health professionals, with only two practicing psychiatrists serving over 4 million people. To mitigate this, MedGlobal focuses on the support and training of primary care doctors using the WHO's Mental Health Gap Action Program (mhGAP 2019). This program empowers them to offer treatment for various mental and neurological conditions, even in settings not specialized for such care.

Combating mental health stigma and ensuring care for at-risk populations, MedGlobal has incorporated mental health initiatives into their primary medical outreach programs. They support multiple health centers, clinics, and hospitals and have fielded a robust team of community health workers. Notably, MedGlobal back the sole psychiatric facility for severe mental conditions and an outpatient psychiatric clinic in the Euphrates Shield area.





# A JOURNEY OF HOPE AND RECOVERY

Muayyad's story is one of resilience, family support, and the transformative power of community intervention.



"I was astonished to learn that I had come dangerously close to suicide," Muayyad, 26, recalls. "After my first week at the amazing addiction treatment facility in northern Syria, funded by PAC and MedGlobal, my wife broke down in tears, and my kids gave me hugs. Today, I am delighted that my daughter has passed her exams because of my assistance and my wife's support."



Muayyad, an English language teacher, was injured in an explosion while on his way to work. The trauma led to an addiction to opioids (Tramadol), which he used without a prescription. His substance abuse escalated, resulting in an attempt on his life in front of his family. Fortunately, neighboring paramedics intervened and referred him to a hospital. His family sought help from a specialist physician and external clinics, leading to his acceptance into a mental health initiative run by PAC and MedGlobal, which concluded in January 2023.

The excessive and irregular substance abuse severely impacted Muayyad's life and social interactions. During his treatment, he experienced acute withdrawal symptoms, but with therapeutic interventions, medical consultations, and his own determination, he began to reclaim his life. Upon completing the treatment, he was discharged, continuing to receive follow-ups from a specialized team to ensure he remained on track and integrated back into society without relapse.

Muayyad's family also received training on how to support him, fostering a trusting and positive environment. This comprehensive approach not only saved Muayyad's life but also strengthened his family's bond and improved their community.

Many lives have been saved in northern Syria thanks to our efforts, which have also fostered positive behavioral changes in communities and workplaces. MedGlobal continues to promote mental health and prevent potential suicides and drug abuse through its health centers, psychiatric clinics, mobile teams, and substance abuse centers.



## Mental health services are delivered through the following facilities

### Primary Health Centers (PHC)

MedGlobal runs four Primary Health Centers (PHCs), which serve 192,000 people annually. Each PHC has at least one mh-GAP trained physician, one psychosocial support (PSS) worker, and one gender-based violence (GBV) worker. The four PHCs provide an average of 60 mhGAP consultations, and about 300 Psychosocial Support (PSS) sessions per month.

### The following are the locations of MedGlobal Primary Health Centers:

**Kansafra PHC:** Serves **6,000** Patients monthly on average.

Location: Kansafra Camp, located within Burdaqly, near Dana, Idlib.

**Al-Bab PHC:** Serves **6,000** Patients monthly on average.

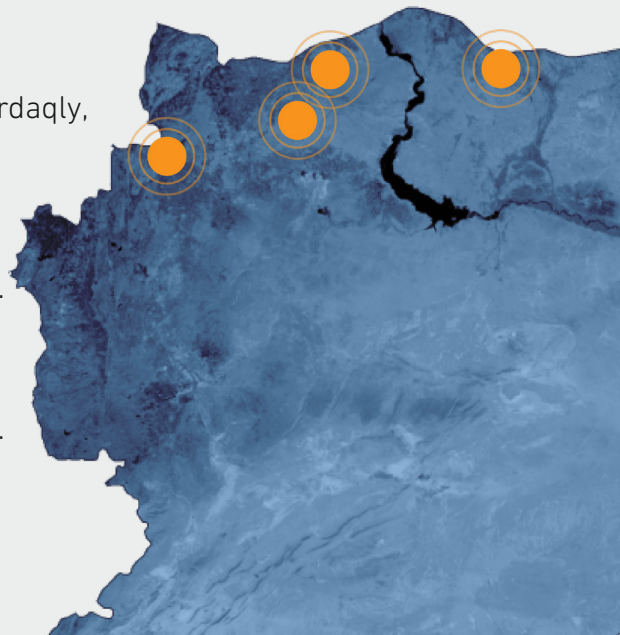
Location: Al Bab City, a subdistrict of Aleppo.

**Tel Al-Hajer PHC:** Serves **2,000** Patients monthly on average.

Location: Al Bab City, a subdistrict of Aleppo.

**Tel Abiadh PHC:** Serves **2,000** Patients monthly on average.

Location: Tel Abiadh, Al-Raqqah.





## Azzaz Speciality Psychiatric HOSPITAL

This psychiatric facility was previously supported by MedGlobal in partnership with Physicians Across the Continents. It was established to accommodate serious chronic mental health cases for Syrians that had escaped from the Ibn Khaldoun mental hospital in Aleppo during the war. It is the only facility in northwest Syria with an inpatient section for advanced chronic psychiatric disorders. There are 95 male and 25 female inpatients in this hospital. Its outpatient clinic provides about 600 consultations per month.

## Azzaz Drug Rehabilitation CENTER

In 2022, MedGlobal in partnership with Physicians Across the Continents, launched the first and only unit for the treatment and rehabilitation of substance users in Northwest Syria at the same facility of Azzaz Specialty Psychiatric Hospital. It has the capacity to treat patients who are undergoing both detoxification and rehabilitation from substance use. Additionally, MedGlobal's team of psychiatrists have presented trainings to primary care physicians, nurses, and community healthcare workers on a variety of topics.





# OVERCOMING ADDICTION: A YOUNG MAN'S PATH TO RECOVERY



At just twenty-one, this young man's life has been transformed. His journey began at eighteen, during his studies, when he fell into addiction due to peer pressure, his environment, and the need to escape stress.

After three years of substance misuse, which caused behavioral, social, and familial issues, his parents sought help from outpatient clinics and consulted a specialized doctor. Diagnosed and in need of intensive treatment, he was referred to the Substance Abuse Centre as part of a mental health initiative run by MedGlobal and Physicians Across Continents.

For 21 days, he received constant care from a dedicated team of physicians, nurses, and experts who provided behavioral treatment, medication, nursing monitoring, and psychological counseling. After completing the therapy, he was connected to education services to ensure he could finish his studies.

Following his recovery and successful navigation through withdrawal, he was discharged on February 26, 2023, with ongoing support from a specialized team. The team conducted regular follow-ups to monitor his health, prevent relapse, support his education, and aid his reintegration into society.

His family also participated in training sessions and awareness campaigns, learning how to interact with him constructively, build his self-esteem, and model positive behavior. With this comprehensive support, he resumed his regular activities, recommitted to his education, and reestablished social connections.

He and his family express deep gratitude to the MedGlobal team for their unique service and unwavering dedication.





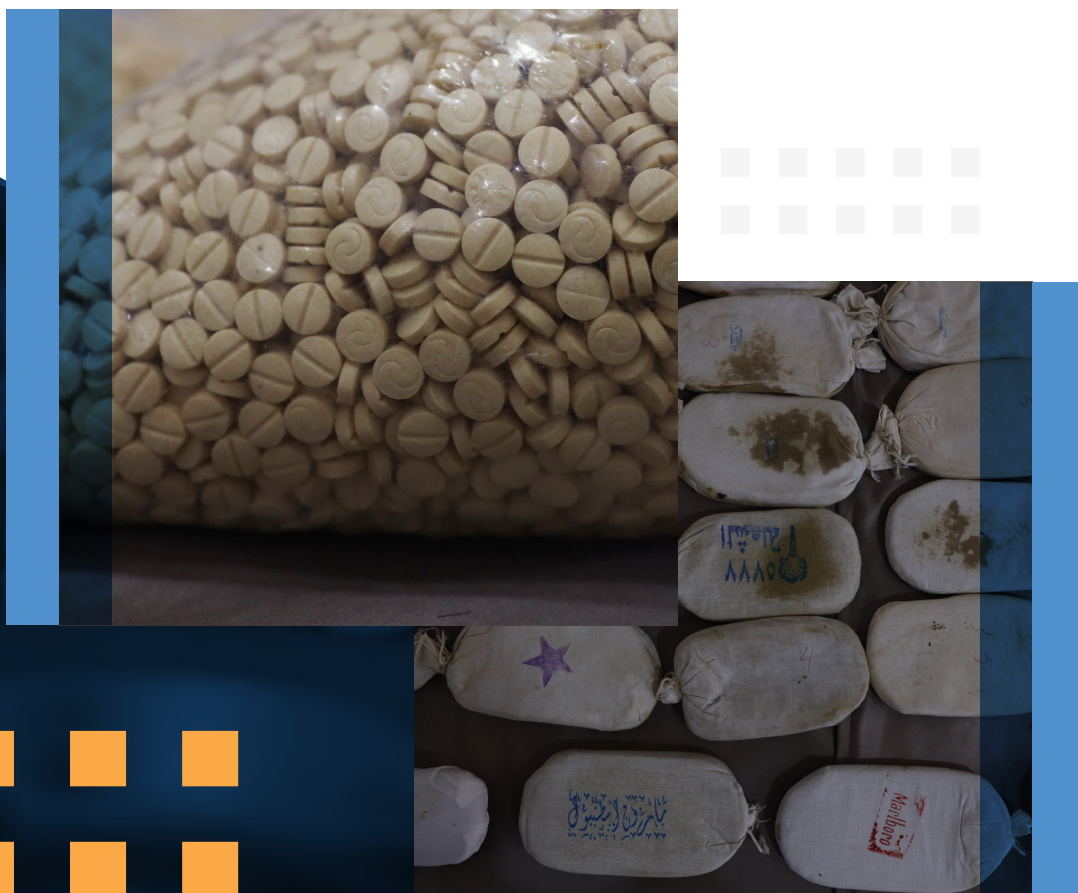
## STUDY BACKGROUND

The pre-existing literature, including a recent report by New Lines Institute (2022), indicates an apparent national change in recent years from a country that was a corridor for the transit of drugs to one that has become a center for the cultivation, manufacture, and export of these drugs.

- **Drugs in Syria: production - smuggling - objectives (Jusoor Research Center 2022):** This study monitored the most prominent sites in which the drug manufacturing process has spread in Syria and the internal and international smuggling networks, with a review of the objectives of the government and its supporters (Jusoor Research Center, 2022). It concluded that the government manages the manufacturing and smuggling operations that some members of the government family run, and it does not make explicit efforts to combat this trade. The drug trade is expected to become a bargaining chip for the regime through which political gains can be achieved, particularly as Damascus pursues normalization with regional counterparts.
- **The Syrian economy at war: , Hashish, and the Syrian Narco-State (Center for Operational Analysis and Research, 2021):** This study focuses on the transformation of Syria into a drug state, especially cannabis and , the drugs exported out of government areas, in addition to the impact of this trade on the Syrian economy and the stability of the state. The study concluded that drug production and trafficking have always been ambiguous aspects of the Syrian conflict. While the focus was on drug use by combatants, its societal and individual consequences, and the drug trade's impact on the conflict itself had been neglected. The study highlights the takeover of drug manufacturing by regime allies as a profitable industrial sector especially as of 2018, when other industries were slowing down.



- Drug Trade in Syria, a card to recycle the government (Syrian Dialogue Center, 2022):** An analytical report that reviews the growing drug trade in Syria, actors, and its direct impact on the Syrian economy. The report also touches on the regime's use of drugs to destabilize areas it doesn't control and to recruit youth into militias.
- Substance Abuse and Addiction in Northern Syria (Assistance Coordination Unit, 2022):** A report highlighting the spread of drugs, both natural and manufactured, in non-regime controlled areas, the profile of users, possible causes and consequences of their spread, and potential solutions
- The Threat: A Profile of Illicit Trade, Consumption, and Regional Realities (New Lines Institute, 2022):** This special report has detailed production in Syria, its consumption, trafficking and destination markets. It tracks its growth from fragmented manufacturing in rebel-held areas to sophisticated operations in regime areas, highlighting the trade in Syria as a governmental economic and political means of survival. This has often relied on proxy "Regime-aligned actors" to distance the government from illicit activities and potential accountability. The report also highlights new emerging markets for export beyond the Gulf and neighboring countries including North Africa and Southern Europe, as well as new profiles of users beyond militants as a public health epidemic.
- The Syrian Regime's End Game (New Lines Institute, 2023):** A more recent report by New Lines Institute details how the Syrian government has used the trade as a tool for "narco-diplomacy" in the rapprochement process and regional normalization discussions. It highlights contrasts between the Syrian regime counternarcotics narratives of denials of production in regime areas and small-sized seizures, and the reality of it backing an industrial-level manufacturing and trade within its borders.



# METHODOLOGY

With support from MedGlobal, the Syrian Dialogue Center conducted research regarding the prevalence of illicit drugs in areas under the control of the Syrian opposition. Our research used both qualitative and quantitative methods and secondary data sources after reviewing primary reports and studies. Our paper sought to answer the following main questions:

**1. What is the extent of drug use cases in northern Syria? Who are the users and traffickers?**

**2. What are the reasons that drive youth to drug use? Who manages the trafficking operations?**

**3. What efforts have been made in this regard?**

To answer these questions and shed light on different aspects of the issue, a research methodology was designed following a descriptive-analytical approach that combines both quantitative and qualitative tools, including primary data:

1. The research collected primary data by distributing an electronic questionnaire online using a random convenience sample. Participants who originally answered (N=478) were either Syrians residing inside Syria (including N=332 participants living in opposition-controlled areas and N=87 participants in government-controlled areas) or Syrian refugees seeking asylum outside Syria (N=60). It is noteworthy that our detailed analysis below was mostly focused on answers from those in opposition-held areas, comparing them to other participants. Opposition area participants were equally divided between Idlib (which has 4 million Syrians under the control of HTS) and areas under Turkish influence in the countryside of Aleppo (hosting close to 1.5 million Syrians) (Assistance Coordination Unit, 2022).

2. A total of 27 key informant interviews with various experts and professionals directly involved in substance use monitoring to gather detailed insights and expert perspectives, including those in the health, social, military, and educational fields (Saunders et al., 2012).

A copy of the questionnaire is attached in the addendum. With the lack of official data on substance use prevalence prior to 2011 in Syria, our questionnaire addressed both respondents' use of any form of dependence-forming substance as well as patterns of abuse in their surroundings; pre- and post-2011.

The research went through stages of peer review of surveys and interview questions by a sociology expert and an addiction specialist, an analysis of quantitative data, an internal peer review by the research team after completing the initial draft and an external peer review by experts in this field.



Figure 1: Research methodology

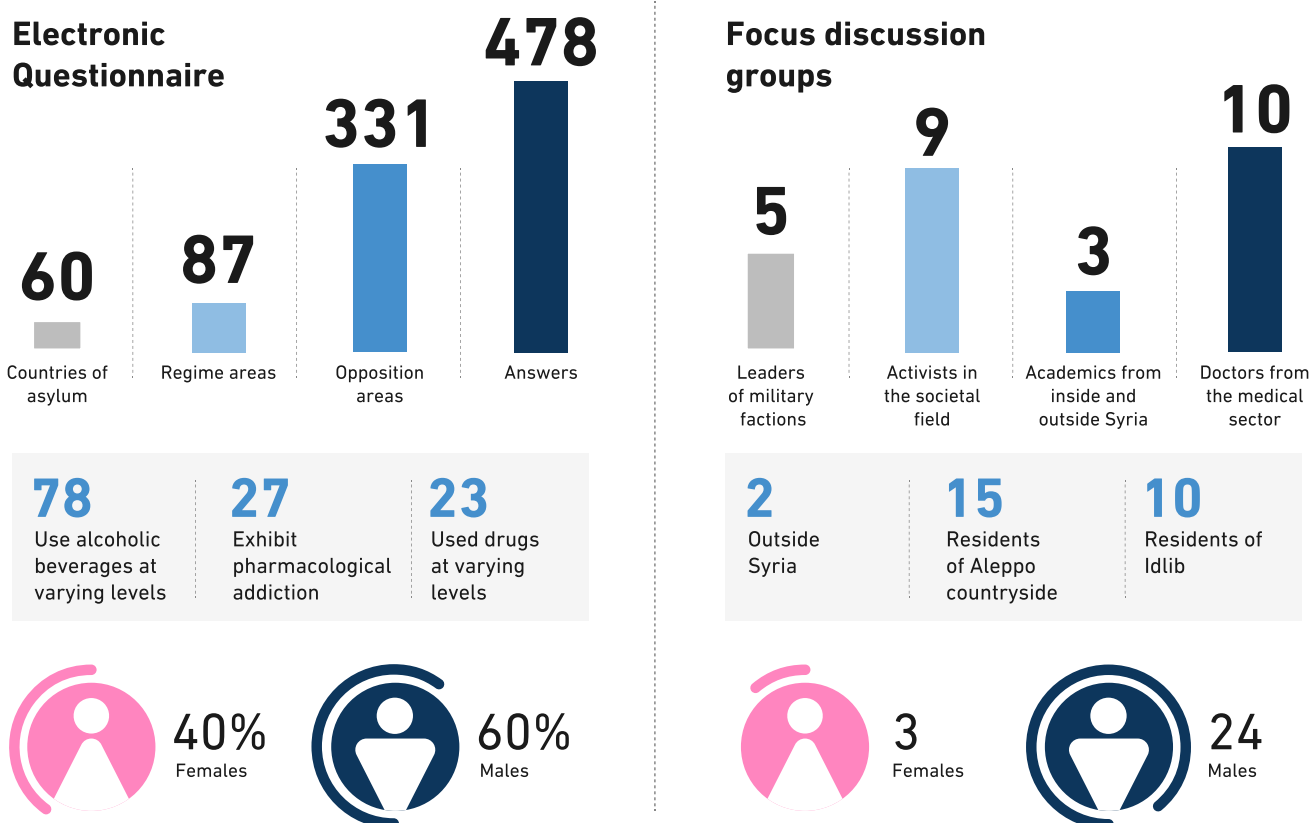


Figure 1. describes the research methodology including the overall demographics of respondents and their answers, along with an overview of our focus group discussions and key informant interviews. Out of 478 individuals, 78 had consumed alcoholic beverages in different limits, 37 had reported having used drugs in different levels and 27 acknowledged developing an addiction to prescription medications.

The methodology does not particularly look at alcohol use disorder or even problematic drinking of alcoholic beverages but rather generally inquires about changes in alcohol consumption pre- and post-2011.

Figure 2. presents the percentage distribution of all participants across gender, age group, place of residence and current living situation, marital and educational statuses, employment status, and financial dependents. Notably, 40% of participants were female. Most (85%) respondents were young adults aged 18-40. While 76% held university degrees, only 40% had a full-time job. The majority of participants resided in opposition areas (69%), and most participants had been internally displaced (52%) or were refugees outside Syria (13%). Over half of those surveyed were young adults aged 19-29.

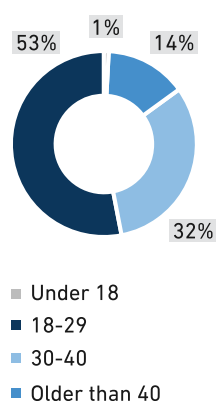
**Figure 2: Demographic distribution of all participants N=478**

## Information of surveyed sample

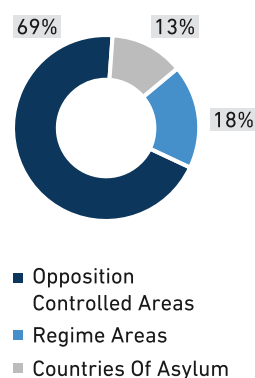
### Gender



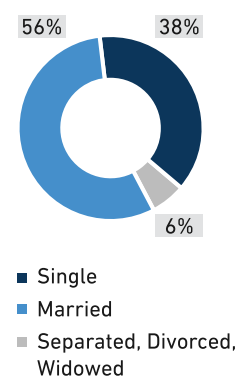
### Age group



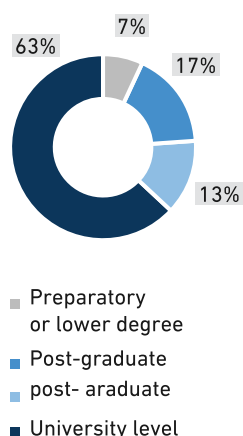
### Place of residence



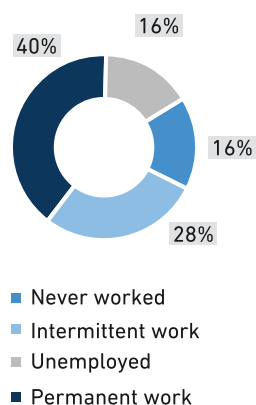
### Marital status



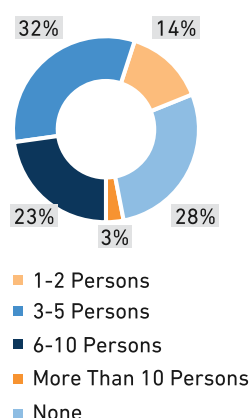
### Educational status



### Current work



### Financial Dependents



### Current Residence

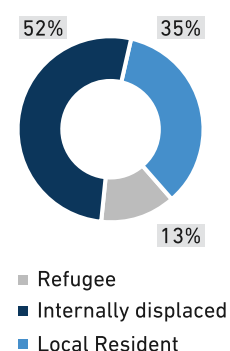


Figure 3. presents the distribution of participants (N=86) residing in regime-controlled Syria across different demographics. Most were single (65%), female (55%), young adults between 18 and 40 years old (85%), either in university or graduated (86%). The majority (93%) were still living in their original area of residence (not displaced). Notably, 27% had never worked, and 18% had worked at some point but were currently unemployed, while 55% were working full-time or part-time jobs.

*Figure 3: Demographic information for participants in regime-controlled areas (N=86).*

## Information of the segment living in government-controlled areas

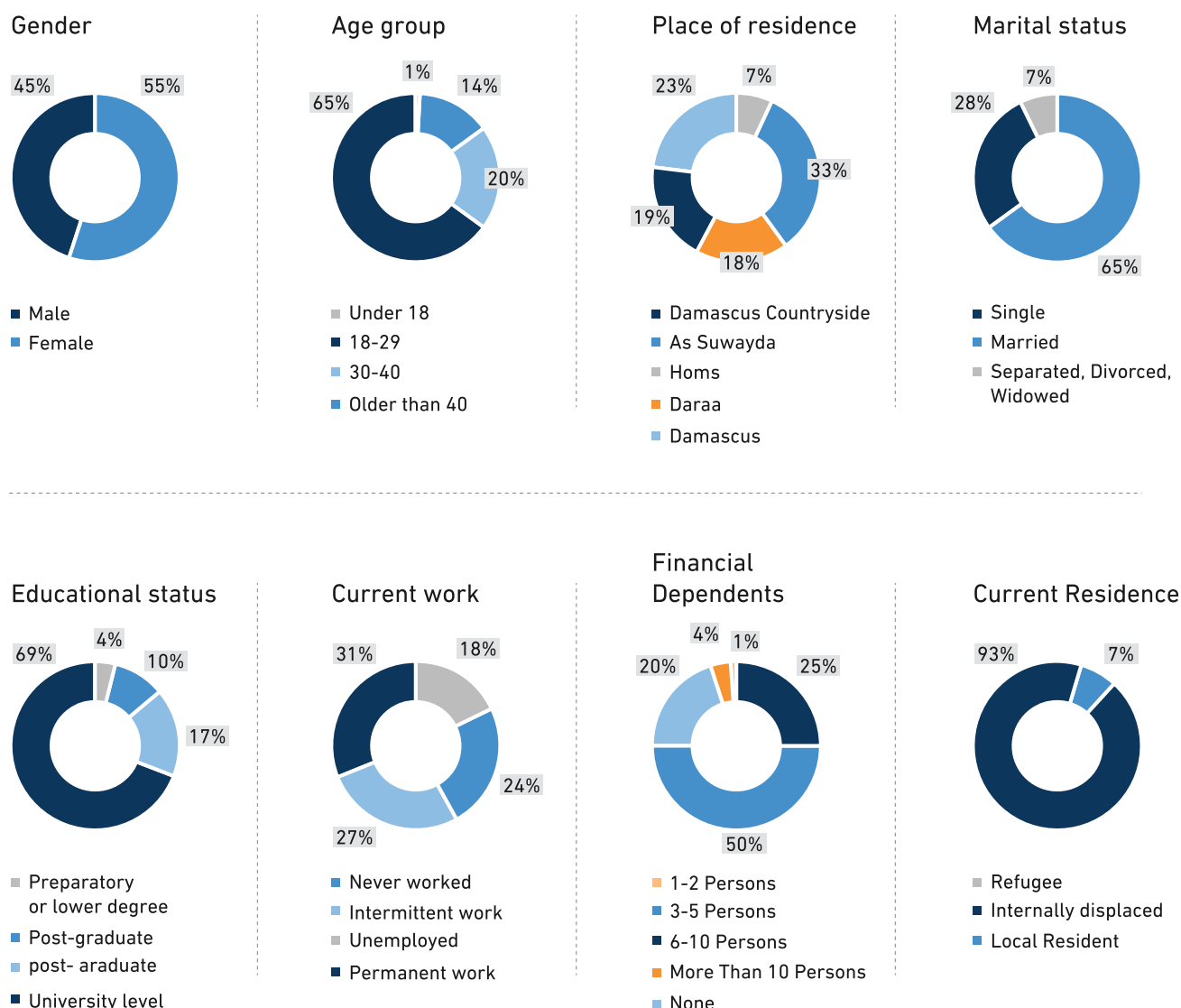
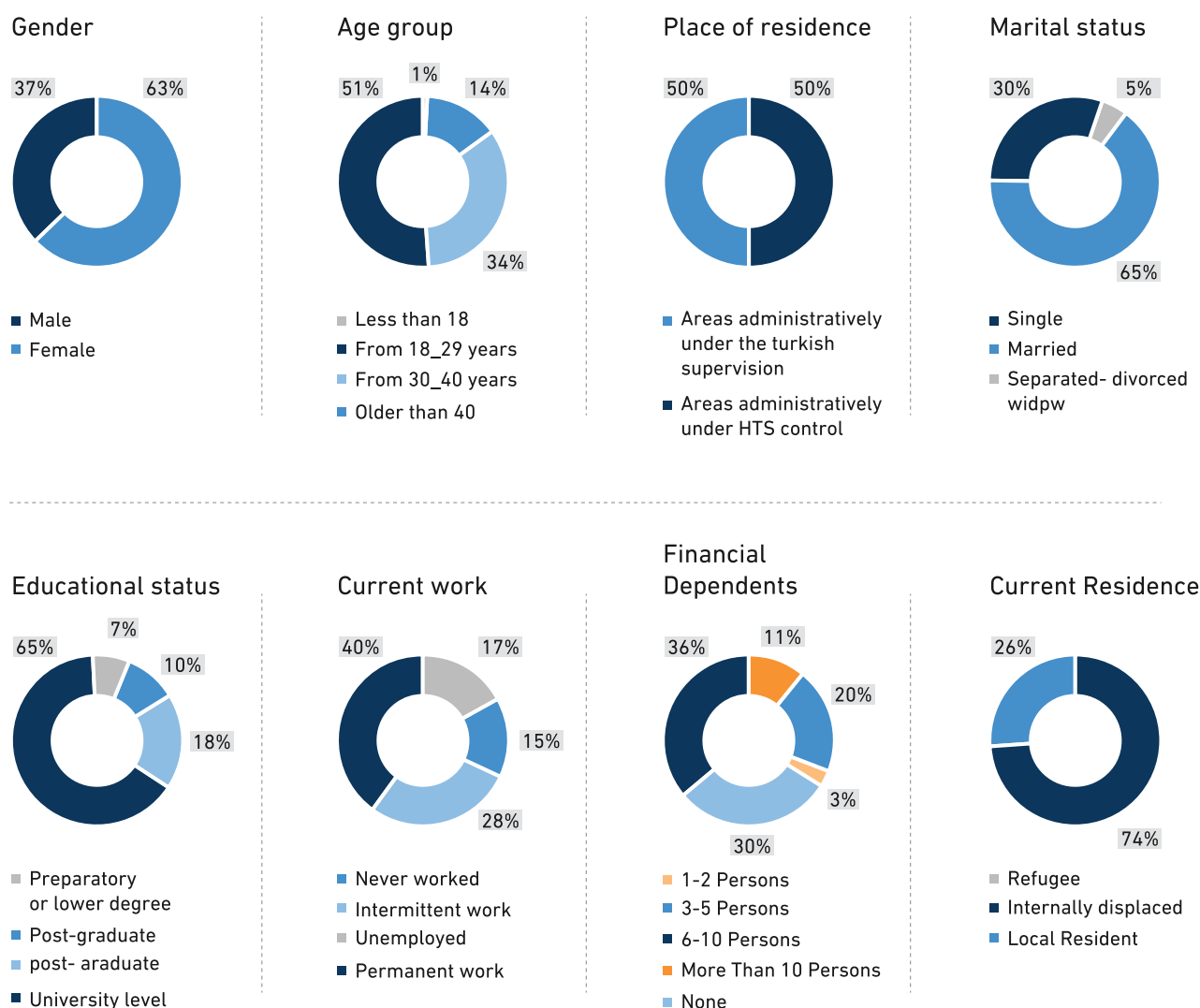


Figure 4. presents the distribution of participants (N=330) residing in opposition-controlled Syria across different demographics. Most respondents were males (63%). Half of the respondents lived in areas under Turkish administration, and the other half in areas under the control of "Hay'at Tahrir al-Sham-HTS." A majority had been forcibly displaced (74%). Most respondents had a university degree (75%) and 68% held either a part-time or a full-time job.

**Figure 4: Demographic information for participants in opposition-controlled areas (N=330)**

## Information of the segment living in opppsition controlled areas







# STUDY LIMITATIONS

Results from participants living in countries of asylum are presented but not discussed as these are non-homogenous given the heterogeneity of living conditions in those countries.

The discussion primarily centers on substances considered problematic in the Syrian context, like drugs and prescription medication, while overlooking substances perceived as less problematic, such as nicotine and alcohol.

Though there were many challenges in accessing individuals for involvement in the study in opposition-controlled areas, the study was able to secure two-thirds of the responses from those areas. However, regions under the Syrian Democratic Forces (SDF) remained inaccessible, and no responses were procured from them.

Logistically, conducting research in regime-controlled areas was particularly challenging. Utilizing electronic surveys in these regions proved difficult due to the scarcity of funded advertising options and strict online monitoring that prevented targeted outreach. Most of the pages and groups approached declined to disseminate the questionnaire. When individuals tried to post the survey independently, it was often met with suspicion, with many fearing hidden agendas. A notable exception was a student group that allowed the questionnaire to be live for a brief four-hour window, only to remove it afterwards.

Additionally, the smaller sample size of respondents for regime-controlled areas and asylum countries may be analyzed statistically (as  $N > 30$ ), however results may not be generalizable or deemed representative, they can merely suggest a need for more extensive studies.

Attempts to interview recovered substance-users were met with extreme reservations. Most cited fears around privacy.



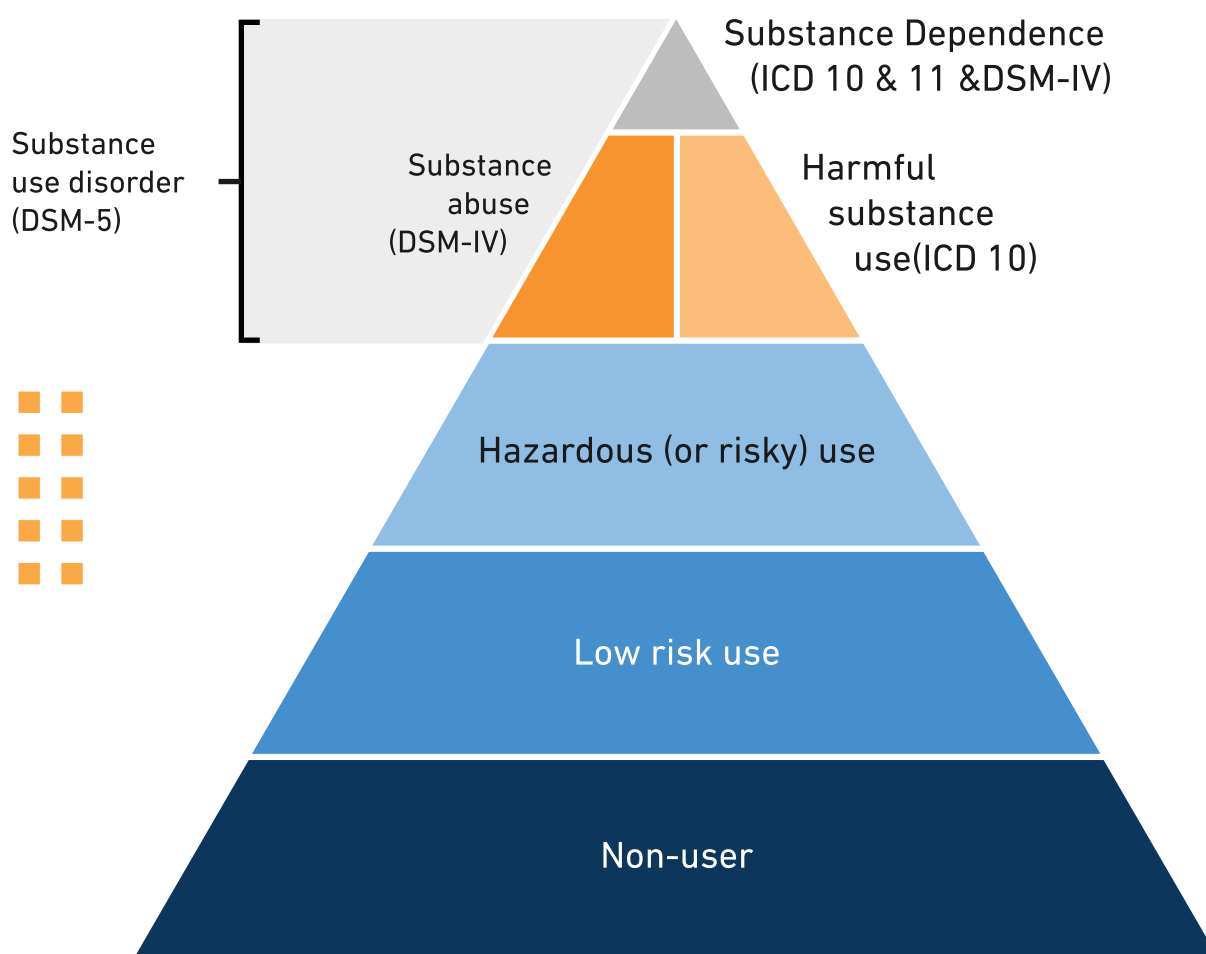


## Definitions and Relevant Background Information

In order to effectively discuss both the impact and solutions for substance use disorders, one must first consider certain definitions. Both the International Classification of Diseases, Eleventh Revision (ICD-11) (WHO, 2022), and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), offer frameworks for understanding the continuum of substance use (APA, 2013). While the DSM-5, published by the American Psychiatric Association in 2013, is widely utilized in the United States as the main classification system for psychiatric illnesses, the ICD-11, published by the World Health Organization in 2019, is used around the world to define both medical and psychiatric illnesses. These classifications provide a basis for diagnosis, treatment, and research, acknowledging the complex interplay of biological, psychological, and social factors in substance use disorders (SUDs). This section outlines the continuum of substance use to disorder as identified by the ICD-11 and DSM-5, serving as a foundational backdrop for exploring the nuances of SUDs.

### The Continuum of Substance Use

*Figure 5: (Saunders, 2017). The continuum of substance use as identified in DSM 4, DSM 5, ICD 10 and ICD 11.*





**Initial Use to Hazardous Use:** The continuum begins with initial, often experimental, use of substances, which may progress to more regular use. Both the ICD-11 and DSM-5 recognize stages of use that may not necessarily lead to significant impairment or distress, termed as “hazardous use” in ICD-11 and similarly captured under criteria for substance-related disorders in DSM-5. This stage is characterized by a pattern of substance use that increases the risk of harmful consequences to the user.

**Substance Abuse to Substance Dependence:** The DSM-5 delineates substance use disorders into a single continuum with varying degrees of severity (mild, moderate, and severe), moving away from the DSM-IV’s distinction between substance abuse and dependence. In contrast, the ICD-11 maintains a distinction between harmful patterns of use (harmful use) and dependence, with the latter reflecting a cluster of physiological, behavioral, and cognitive phenomena in which the use of a substance takes on a much higher priority for a given individual than other behaviors that once had greater value.

**Criteria for Substance Use Disorders:** The DSM-5 criteria for substance use disorders are based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. The presence of two or more of these criteria within a 12-month period indicates a SUD, with the number of criteria met determining the severity of the disorder. However, the ICD-11 criteria don’t include a substance use disorder component. For substance dependence, it includes a strong desire to consume psychoactive substances, difficulties in controlling their use, persistent use despite harmful consequences, a higher priority given to substance use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.



Continuing from the foundational understanding of the continuum of substance use to disorder as outlined by the DSM-5 and ICD-11, it is essential to define additional terms that are pivotal in the context of substance use disorders (SUDs). These terms, substance intoxication, withdrawal, detoxification, and rehabilitation, highlight different stages and aspects of intervention, offering insights into the comprehensive approach required for effective management and treatment of SUDs.

**Substance Intoxication:** Substance intoxication refers to the reversible, substance-specific syndrome caused by the recent ingestion or exposure to a substance. This condition is characterized by significant behavioral or psychological changes that are directly attributable to the physiological effects of the substance on the central nervous system. Symptoms of intoxication vary widely depending on the type of substance used and can range from mild impairment to severe, life-threatening conditions. Intoxication is often associated with acute effects and does not necessarily indicate a substance use disorder, although frequent episodes of intoxication may be a marker of underlying SUD.

**Withdrawal:** Withdrawal describes the set of symptoms that can occur upon the abrupt reduction or cessation of use of a psychoactive substance that has been used repeatedly, typically at high doses. Withdrawal symptoms are specific to the substance being used and can include both physical and psychological manifestations, such as agitation, anxiety, tremors, seizures, and in severe cases, life-threatening conditions. The presence of withdrawal symptoms is indicative of physical dependence on a substance and is a key factor in the diagnosis of substance use disorders in both DSM-5 and ICD-11.

**Detoxification:** Detoxification, often referred to as “detox,” is the medical intervention aimed at safely managing the acute physical symptoms of withdrawal from a substance. Detoxification can be conducted in various settings ranging from outpatient to inpatient facilities, depending on the severity of the addiction and the risk of severe withdrawal symptoms. The process involves the gradual reduction of the substance, sometimes using medication to ease withdrawal symptoms and support physiological stabilization. Detoxification is a critical first step in the treatment of substance use disorders but must be followed by comprehensive rehabilitation to address the underlying causes of substance use.

**Rehabilitation:** Rehabilitation in the context of substance use disorders is a broad term that encompasses a range of psychosocial, medical, and educational services designed to support individuals in their recovery journey. Rehabilitation aims to help individuals achieve long-term sobriety, improve their functioning in daily life, and address the psychological, social, and behavioral issues related to their substance use. Effective rehabilitation programs are often tailored to the individual's specific needs and may include therapy (individual, group, or family), medication-assisted treatment (for certain types of addiction), life skills training, and support for reintegrating into the community.

Understanding these terms and the distinctions between them is crucial for policymakers, medical professionals, and mental health practitioners. It allows for the development of targeted interventions and policies that address the full spectrum of needs associated with substance use disorders, from acute medical care to long-term support for recovery and rehabilitation.



## DRUG TRAFFICKING AND ABUSE IN SYRIA BEFORE AND AFTER 2011

Before 2011, Syria had been a corridor for drugs originating from Iran, Afghanistan, Turkey or Lebanon, destined for the Arab Gulf countries and North Africa. It was not a primary center of drug purchase or production. The few workshops that had been established for drug manufacturing had limited production and targeted a smaller population of local consumers (Jossor Research Office, 2022).

The volume of drugs coming from Syria that were confiscated in neighboring countries amounted to 2.2 tons in 2011.

*COAR Center for Operational Analysis and Research*

There are no official statistics on the prevalence of drug abuse within Syria prior to 2011, and there is little official news published on this subject or on local campaigns to combat it. However, anecdotally, it was prevalent in large Syrian cities (Zaman al Wasl, 2010). Several of the interviewees of this study reported drug abuse in Damascus and its countryside, the city and countryside of Aleppo, and Daraa, where , cannabis and other substances were abused. In recent years, multiple videos and reports have circulated addressing the increase in addiction to volatile substances, such as “sniffing glue” among children and adolescents, especially among the homeless in most Syrian governorates (Independent Arabia, 2019). Official statements also indicate that 80% of three hundred inmates of the Juvenile Institute located in Damascus, a facility meant for the rehabilitation of youth who have committed crimes, use substances (Syria Press, 2022). Meanwhile, the director of the Office of the National Committee for Drug Affairs stated that the



rates of drug abuse in Syria increased only slightly from year to year (Syria Press, 2022). However, the testimony of some healthcare workers indicates the opposite. The director of Ibn Rushd Hospital for Psychiatric Diseases confirmed that “the use of narcotics spreads and expands more horizontally and vertically. Addiction cases have increased among all segments of society, especially young people of both genders and adolescents at the age of 14 and 15 years, as there are only two departments in Syria to treat addiction in two hospitals within the cities of Damascus and Aleppo” (Snack Syria, 2022).

The number of patients who come to Ibn Rushd Hospital from all Syrian governorates, accompanied by their families, is estimated to be between 30-100 patients per day to receive treatment for addiction.

*A statement by the director of Ibn Rushd Hospital for the treatment of mental illness and addiction in 2022*



On average, 70 patients visit the hospital daily for the treatment of addiction and constitute approximately 21,000 patients annually in this hospital alone. The number of substance users in government-controlled areas is estimated at 840,000 at a minimum, around 9% of the total population (Jusoor Center, 2021). This is higher than the global average of 5% as per the 2016 World Drug Report. Syria is considered to have the highest number of substance users among Arab countries, more than Egypt’s 6.24%. This is supported by our findings in our studied sample (Gulf Online, 2018).



The drug epidemic is not a newfound issue; cannabis cultivation has long been prevalent. Moreover, the widespread use of narcotic pills and tramadol was notable in my region—the countryside around Damascus. I have observed numerous individuals entering pharmacies, requesting “chlorina pills”—a colloquial term for Clonazepam. This medication, a sedative-hypnotic, was dispensed without any regulatory oversight.

*A doctor from the countryside of Damascus, who worked in a drug control center in northern Syria*



# RESULTS

## Observations about the increase in substance use:

### Substance Use:

Before 2011, 3% of those surveyed reported using drugs, of which most had used in a limited way and had been in a country of asylum. (Table 3). After 2011, 8% of those surveyed reported drug use, (5%) in a non-limited way. There was an increase in substance use across all areas sampled, most prominently for those in asylum at 20% of those surveyed using some form of drugs, followed by 11% in government-controlled areas and 5% in opposition areas. Of the males surveyed, 11% reported using drugs after 2011, marking an increase of over 266% from before 2011. In contrast, only 4% of the females surveyed reported substance use after 2011, doubling from only 2% prior to the conflict. The younger adults, aged 18-29 or 30-40, had also reported an increase in some form of use by 300% and 150%, respectively.

*Table 3: Change in drugs consumption rates before and after 2011*

Have you ever used any form of drugs?	Before 2011			After 2011			Type of change
	Yes	In a limited way	Percentage of users	Yes	In a limited way	Percentage of users	
Total population sampled	1%	2%	3%	5%	3%	8%	↑
Government-controlled areas	1%	-	1%	7%	2%	11%	↑
Opposition areas	1%	1%	2%	2%	3%	5%	↑
Asylum	5%	5%	10%	17%	3%	20%	↑
Males	2%	1%	3%	7%	4%	11%	↑
Females	1%	1%	2%	3%	1%	4%	↑
Segment between 18-29 years old	1%	2%	3%	6%	3%	9%	↑
Segment between 30-40 years old	3%	1%	4%	5%	5%	10%	↑
Segment above 40 years old	1%	-	1%	1%	-	1%	↑

Post-2011, when asked about how much drug use spread in their vicinity, 50% reported knowing someone who used it. Only 28% reported fewer than six substance users around them, with 9% reporting more than 20 people. The prevalence of substance use in their vicinity appears to be greater in areas controlled by the the government, with a percentage of 63% of the total segment of respondents residing in these areas, followed by asylum countries with a percentage of 54%, then the opposition areas with a percentage of 45% (Figure 7).

Those aged 30 to 40 knew the largest percentage of drug users. This group witnessed the Syrian political turmoil early in their youth. These observations suggest that substance usage is a significant issue in the population and varies across Syria in regions controlled by different factions.

## Prescription medications that may lead to dependence:

Before 2011, many prescription medications had been dispensed from pharmacies without oversight (Al-Faham, et. al, 2011). These included medications such as Tramadol, Xanax, Valium, and others, which were used as analgesics, sedatives, or sleep aids. 3% of the respondents indicated that they had taken one form of such medications before 2011, including 2% who used them in a limited way. The percentages were close between the government's segment and the opposition's areas. In contrast, the percentage of respondents currently residing in countries of asylum reached 9% after 2011. Prescription medication use among females within this segment reached 4%, a greater percentage than the rate of abuse among males, at 2%. The rate of abuse among the age group 30-40 years is 6%, and among the category of 18-29 years is 3% (Table 4).

After 2011, the rate of the use of these substances doubled across all segments to 6%. The percentage varied according to the regions of residence as the highest percentage of residents in countries of asylum remained at 12%, despite the existence of restrictions on dispensing medicines in those countries, followed by government-controlled areas at 8% (witnessing the highest increase), then opposition areas at 4%. There was also an increase in their use among males, up to 6% compared to 5% among females, and it also increased in both the age groups, 30-40 years and 18-29 years, to reach 7% (Table 4).

**Table 4: Change in the rates of medications use that cause dependence ("addiction") before and after 2011**

Have you ever taken any form of addictive medication?	Before 2011			After 2011			Type of change
	Yes	In a limited way	Percentage of users	Yes	In a limited way	Percentage of users	
Complete segment	2%	1%	3%	4%	2%	6%	↑
Government-controlled areas	2%	-	2%	3%	5%	8%	↑
Opposition areas	1%	1%	2%	2%	2%	4%	↑
Asylum	7%	2%	9%	8%	4%	12%	↑
Males segment	1%	1%	2%	4%	2%	6%	↑
Females segment	4%	-	4%	3%	2%	5%	↑
Segment between 18-29 years old	2%	1%	3%	4%	3%	7%	↑
Segment between 30-40 years old	3%	1%	3%	5%	2%	7%	↑
Segment above 40 years old	1%	-	1%	3%	2%	5%	↑

When asked about prescription medication use in their vicinity, 41% reported knowing someone who started misusing them after 2011. Although 30% reported knowing fewer than 6, 4% indicated that at least 20 people around them misused such medications. This prevalence was highest in government-controlled areas at 44% of those surveyed there, despite the supposed restrictions on the sale of these medicines in pharmacies, followed by opposition areas with a percentage of 41% and countries of asylum with a percentage of 33 %.



## Percentages of change in substance and prescription medication use pre- and post-2011:

In the population, there was an increase in substance use by 167% and prescription medication misuse by 150% pre and post-2011. This increase was primarily noted in Government-controlled areas where 10% more of the population was using illicit substances and 4% more were engaged in prescription medication use. There was a more profound increase in the use by men (+8%) vs women (+4%). These changes appear more clearly in the age group between 18-29 years, with 6% more of that population using substances and 4% more using addictive prescription medications (Table 5).

*Table 5: change in percentage in misuse before and after 2011 for the studied sample:*

Have you ever taken any form of addictive medication?	Alcoholic beverages	Illicit Drugs	Prescription Medicine
Complete segment	+2%	+5%	+3%
Government-controlled areas	+3%	+10%	+4%
Opposition areas	-2%	+3%	+2%
Asylum	+10%	+10%	+3%
Males segment	-	+8%	+4%
Females segment	+5%	+2%	+1%
Segment between 18-29 years old	+6%	+6%	+4%
Segment between 30-40 years old	-3%	+6%	+1%
Segment above 40 years old	-	-	+4%

This rise may be explained as one of the repercussions of the military conflict, which caused displacement, destruction, and economic collapse. Moreover, the increasing drug activity in Syria has made some of these substances more readily available at reasonable prices, contributing to their spread.

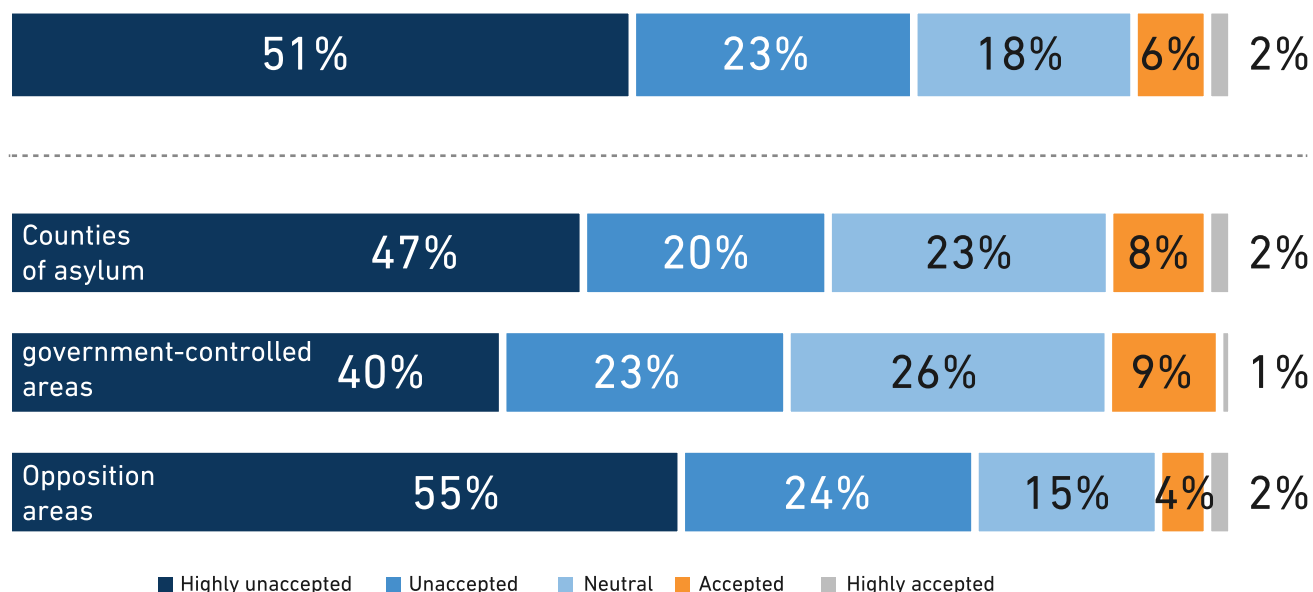
### Societal perception of substance use:

Historically, all forms of drug use had been considered socially unacceptable in Syrian society. Instead, substance use was kept hidden due to concerns about stigma, and legal consequences. In our current survey, 74% of respondents still perceive drug use as socially unacceptable, while 8% believe otherwise. Within different regions, substance use was deemed socially unacceptable for 79% of opposition areas respondents, 63% of those in government-controlled areas and 67% for those asylum countries (Figure 6).



Figure 6: Survey results regarding social acceptability of drug abuse.

### To what extent is drug abuse socially accepted in your region?



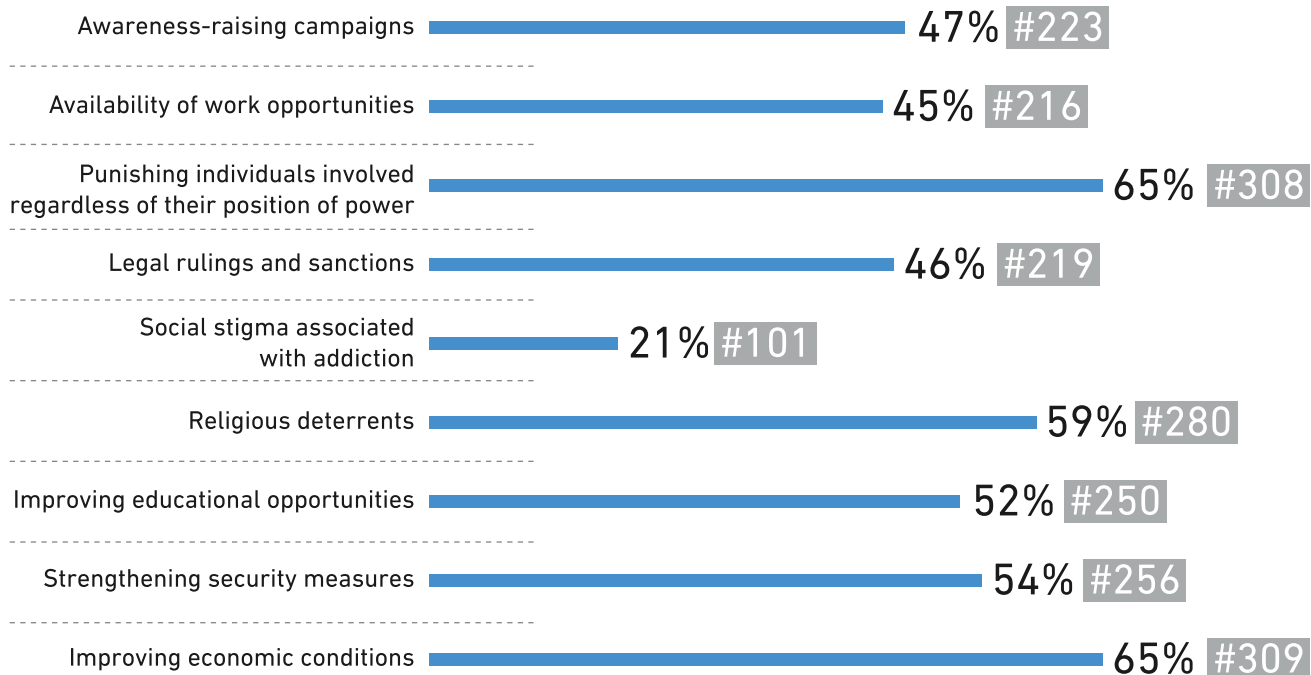
The state of societal rejection of drug use appears to be equal for males and females, while the younger segments show a lower level of rejection of drug use than the older segments (Figure 6).

In our survey, the respondents believe that among the most important factors helping to confront the drug phenomenon are the existence of individual legal accountability mechanisms for those involved (even if they are in positions of power), and an improvement in the economic situation by 65% of the answers for each of them. This is followed by a strengthening of the religious deterrent by 59%, an improvement in the security situation by 54%, an improvement in the educational situation by 52%, then awareness campaigns by 47%, and legal deterrents by 46% (Figure 7).



Figure 7: Survey results on the factors that may deter substance use

**In your opinion what the things that might make the society reject drugs and prevent its consumption?**



## The current drug market, size and availability:

The drug trade became active in Syria after 2011, it gradually transformed from a country of transit into a center for manufacturing and trafficking. Syria is the global epicenter of production, which is now more industrialized, adaptive, and technically sophisticated than ever (Center for Operational Analysis and Research, 2021). The volume of narcotic drugs confiscated from Syria in between 2013 and 2015 increased approximately 4-6 times compared to what it was in 2011, with a further increase of 6-21 times from 2018 to 2020 as compared to 2011 (Jossor Research Office, 2022). Local drug manufacturing workshops increased with a simultaneous expansion of smuggling from Iran, Lebanon and Turkey. The production and distribution of synthetic drugs, such as amphetamine-type stimulants and methamphetamine, was lucrative for actors seeking alternative revenue opportunities; synthetic drugs possessed a more competitive weight-to-potency ratio, accessible ways to acquire precursor chemicals from pharmaceutical and illicit markets, a higher financial yield, and a more clandestine method of production. As such, more shipments were being intercepted, and methods of drug concealing had become more technically advanced (Jossor Research Office, 2022). Many shipments of smuggled drugs have been intercepted in opposition-controlled areas, originating from areas controlled by the government or areas controlled by the "SDF." The drugs intercepted primarily include pills and cannabis. Additionally, two local manufacturing factories have been discovered by officials (Syria TV, 2022).

Similarly, cannabis cultivation has expanded in areas controlled by Hezbollah militias. These had been reported predominantly in the Qusayr region southwest of Homs, Sukkara, and the villages of Jub al-Jarrah, in addition to Ghazila and Rasm al-Arnab east of Homs, all the way to the city of al-Qaryatayn (Syria TV, 2021). It has also occurred in some countryside towns of Damascus, such as Zibdin, Shabaa, Qara, Madaya, Zabadani, and al-Darkhabiyeh, (Jossor Research Office, 2022)) and in the countryside of Deir Ezzor, Hama, Tartous, and Daraa.

government-controlled areas, reports by substance rehabilitation facility physicians reveal the



diversity of narcotics used. Pharmaceutical stimulants, easily accessible, are reportedly the most widespread, in addition to all types of narcotic substances and pills (Snack Syria, 2022). Scattered media reports also reveal the increase in sniffing volatile substances such as glue and torch among children and adolescents, especially the homeless and street vendors in many governorates (Independent Arabia, 2019). Overall, in their vicinity, respondents noted that the most prevalent was cannabis abuse at 66%, followed by opioids such as codeine and tramadol at 64% and at 56% (Figure 8). One individual familiar with the reality of the spread of drugs estimates that there are about 3,000 drug addicts in the Azaz area in the northern countryside of Aleppo, where a working group has been established that includes members of local councils, security agencies, educational bodies, and community leaders to search for ways to confront this epidemic (Joint Coordination Committee, 2022). Another study has indicated the existence of two lines of smuggling. The first one is from the side of Nubl and Al-Zahraa, controlled by local militias affiliated with Hezbollah, who transport the drugs to Afrin, the rest of the opposition-controlled areas, and Turkey. The other line comes from the areas controlled by the government to those controlled by the “SDF” forces, then the opposition areas (Deir Hafer-Manbij-Al-Bab line) (Drugs in Syria, *ibid*). Numerous interviews with faction leaders involved in drug control and admissions from individuals engaged in drug trafficking in northern Syria verified that these drugs primarily come from areas under the government control. The smuggling operations are reportedly managed by individuals linked to the Lebanese Hezbollah militia. Drug dealers are compensated, receiving between \$30 to \$50 for every kilogram distributed in the region (Syria TV, 2022, Arresting Drug Dealers in Afrin)



The spread of drugs began in the countryside of Aleppo during the early years of the revolution, initially through the use of “Zolam” pills. Over time, other substances like and cannabis also began to spread, particularly in 2018 after the displacement operations concluded. Evidence suggests that these substances originated from factories operated by Hezbollah, with the government responsible for their transportation and marketing.

*A leader in one of the factions in the areas of Turkish influence*

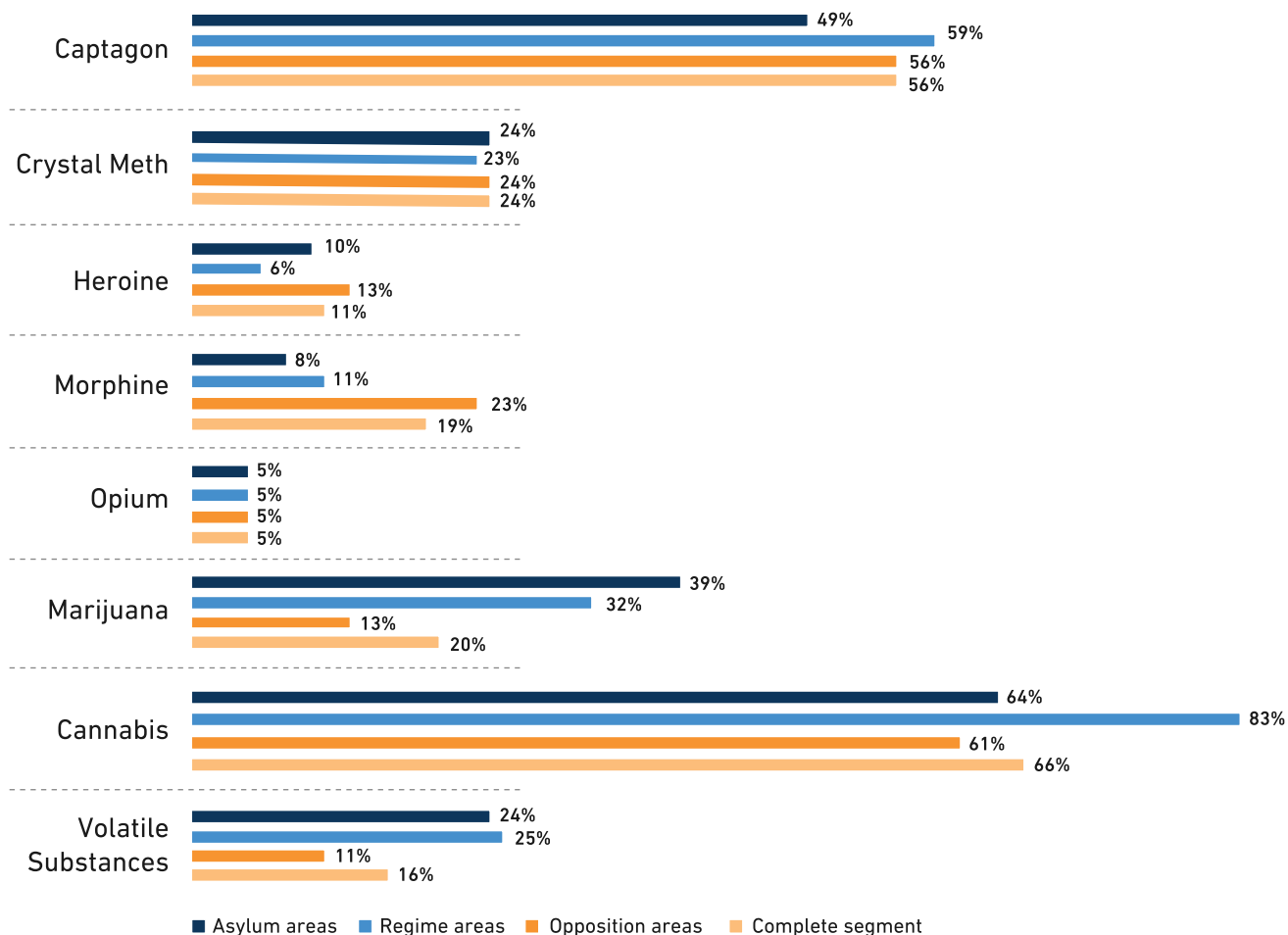


The aforementioned study counted 50 sites for the manufacture or cultivation of drugs, including 9 sites in opposition-held areas (a factory for manufacturing pills, 3 factories for manufacturing crystal meth, and 5 sites for cultivating cannabis).



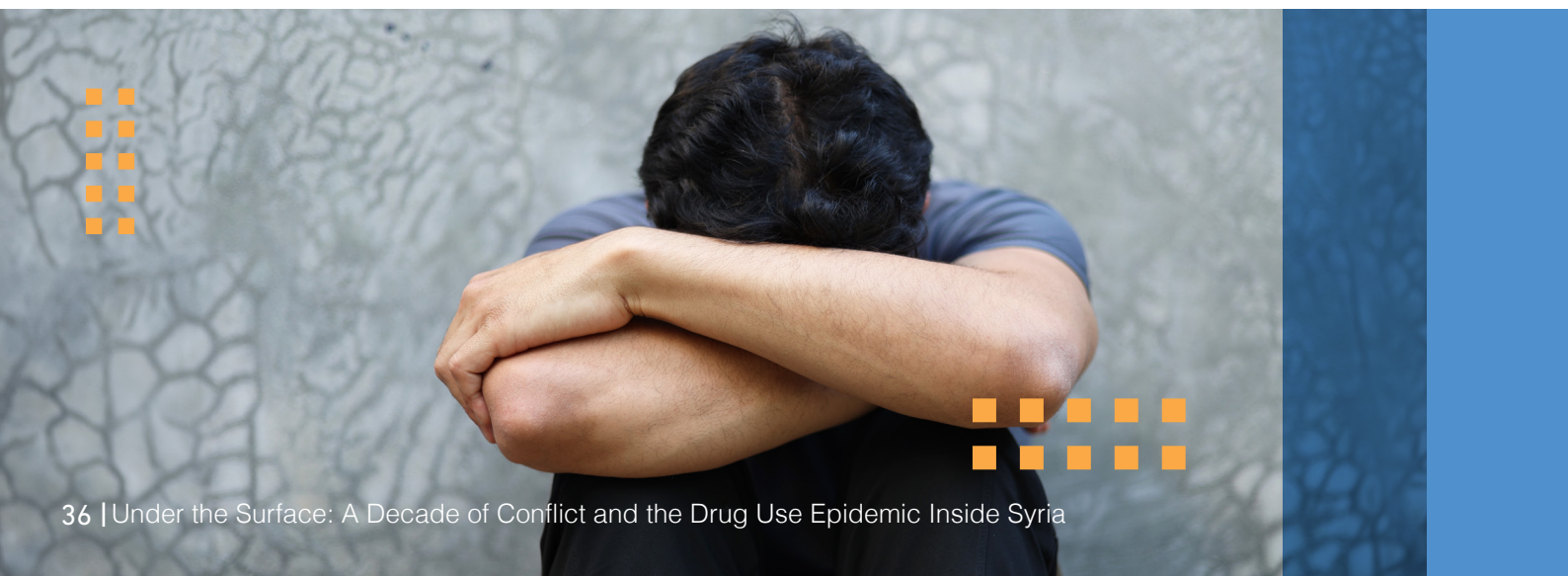
Figure 8: Narcotics that are known to respondents to be spread in their region by the different areas interviewed.

### What are the narcotics that you know spread in your region?



Based on my practical experience at the Addiction Control Center in Idleb: Between 2019 and the end of 2020, I observed no spread of crystal meth, nor did I encounter any cases. However, starting in early 2021, reports of its use emerged, and doctors began treating several cases of addiction to this substance.

*A doctor who established an addiction control center in Ghouta and then Idlib*





In the emergency department where I work, we typically see 3-4 emergency cases each week involving drug overdoses among individuals aged 13-24 years. These cases represent about 5% of all drug users who are compelled to seek hospital treatment. Recently, we attended to a 5-year-old child exhibiting symptoms of drug poisoning. After examination and stomach lavage, we determined that the child had not ingested any drugs. Further inquiry and pressing the father revealed that the child had accessed and inhaled from a bag belonging to his father, which contained HB Crystal meth.

*A doctor working in one of the ambulance departments in the areas of Turkish influence*



It is undeniable that some elements within the National Army factions were complicit in drug dealing. The dealers' boldness would not have been possible without either a partnership with certain faction members or, at the very least, a lack of oversight over their activities.

*A member of the Moral Guidance Department within the National Army*



## **Availability of substances:**

As substance trafficking volume grows, acquiring these addictive drugs has become easier due to the prevalent security chaos, lack of legal regulation, and diminished societal and familial oversight. Some reports suggest that dealers are increasingly using social networking platforms like Facebook, Telegram, and WhatsApp to promote and distribute their products directly to users. The price of one gram of "crystal meth," known as "H-Buzz," is approximately 250 Turkish liras (approximately 16 dollars), while the price of 200 grams of cannabis reaches 250 US dollars (Noon Post, 2022). 23% of the respondents reported it easy to obtain drugs, 14% found it difficult to obtain them, while 26% believed securing drugs was still moderately tricky.

Regarding methods of securing drugs, 76% of the respondents indicated that drugs in their areas are sold through well-known promoters. Other methods, mainly in regime areas, were reported to be through acquaintances and friends, in shops and kiosks, in pharmacies (mostly in opposition areas), via social media, and in universities and schools.

Regarding those most involved in drug trafficking, respondents were asked what party they believed were most involved in drug trafficking. 30% of those in government-controlled areas reported that the dominant security forces supported traffickers, 21% thought they were general promoters, and 10% believed trafficking was via agencies working with non-Syrian militias (Iranian or Lebanese).

In areas controlled by the opposition, 38% of respondents believed that trafficking was primarily conducted by parties affiliated with or supported by local factions. This was followed by 18% who believed it was carried out by ordinary people, and 14% who thought it was done by parties in collaboration with dominant security forces. This is consistent with the results of the study issued by the Center for Operational Analysis and Research (Center of Operational Analyses and Research, 2021).

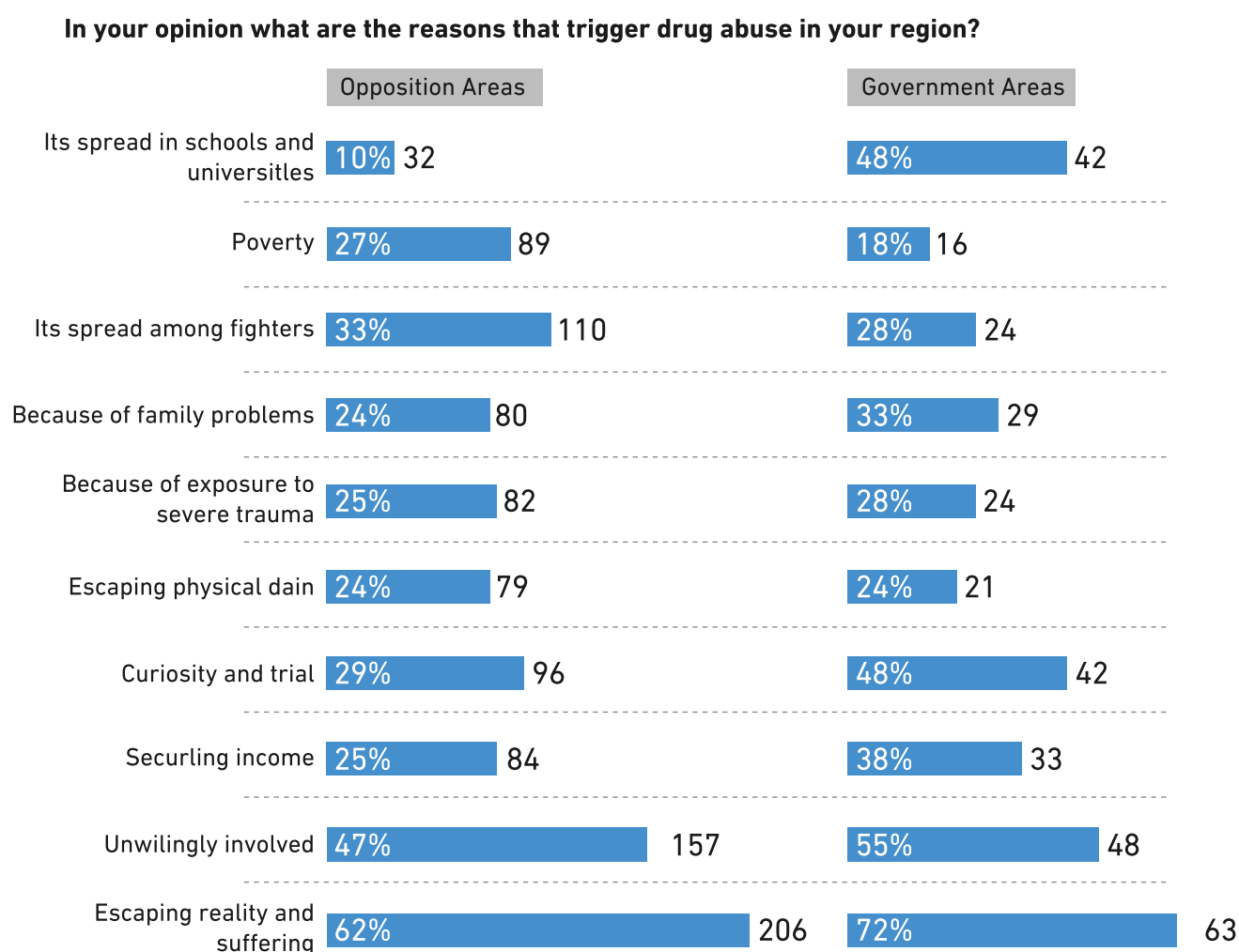


## Factors for substance use increase in Syria post 2011:

The factor for substance use increase as indicated by the surveys conducted can be summarized as follows:

The results of the questionnaire indicate that the most important reasons for young people resorting to drugs, from their point of view, are escaping from reality, followed by involvement in drug use without realizing it, curiosity and desire for experimentation, followed by poverty and its spread among fighters (Figure 9).

**Figure 9: Reasons that motivate drug use based on the place of residence**



### 1. Using drugs as stimulants among fighters:

Most of the interviews that were conducted, especially with military leaders, indicate more drug use among government fighters than opposition factions, mostly, in order to promote alertness. Militants have been historically attracted to it for its increase in productivity but research has also shown increased use among Syrian Army personnel fueled by wage insecurity, poor supply lines, poor morale, with instances of it being used as a recruitment tool for some commanders in the Fourth division (New Lines Institute, 2022).



Drugs were not clearly prevalent before the revolution. In our village in the countryside of Aleppo, which includes 10,000 people, there were only two people who used drugs, but since 2014 we began to hear about cases of drug use, and some pills were spread as painkillers among the wounded, or as stimulants among the fighters. During that period, al-Tawhid Brigade discovered a network selling drugs in the liberated areas, and they were arrested and imprisoned. However, the phenomenon of drug abuse became more evident after 2016 and the fall of Aleppo.

*A leader in one of the factions in the areas of Turkish influence*



Many fighters became addicted to stimulants due to their ignorance of their effects. Some of them took these stimulant pills to help them fight, thinking that they would help them serve and protect their country.

*Doctor of bridging the gap in a hospital in the areas of Turkish influence*



## 2. Siege of Opposition Areas:

The drug trade has slowly become active in the areas that the government forces have besieged, and some substances that cause dependence have been smuggled through shipments coming from members of Hezbollah. The entry of these shipments was easy, despite the blockade, with payment facilitations. This trade attracted those who saw an opportunity to profit in areas under a stifling blockade.



During the period of the siege of Ghouta, cannabis cultivation flourished as an alternative to tobacco. However, this trade was done in limited quantities and for personal use.

*A doctor from the countryside of Damascus, who worked in a drug control center in northern Syria*



## 3. Chaos in managing the medical sector:

From an interview conducted by the research team with one of the doctors who established an addiction treatment center in Ghouta and Idlib, the siege of areas inside Syria resulted in a shortage of medical supplies. Furthermore, intensified military operations led to an increase in civilian casualties and a dearth of specialized medical personnel. This forced healthcare providers to depend on junior nursing staff who lacked comprehensive training. Due to resource constraints, some prescription medications were given out without proper oversight. This laxity resulted in many patients developing addictions to these drugs when, ideally, their medications should have been periodically adjusted to prevent potential dependency.

According to numerous interviews with medical staff, it has also occurred among some medical staff taking drugs with a stimulant effect to withstand the pressure of work and its long hours, or among patients who did not find it difficult to obtain them, especially with the entry of new medications into the region.



Before 2011, the drug trade had its own laws, and the process of selling drugs was bag for bag, one containing money and the other containing drugs. But after the revolution, the matter changed radically, especially in the liberated areas as the supplier sells his goods on credit, and even delays payment of their price, and offers many temptations to merchants within those areas with the possibility of compensating him with another shipment if the goods are arrested.

The purpose of spreading drugs in the liberated areas was not the financial gain, on the contrary, the goal was political, and drug dealers and those behind them were ready to bear financial losses in return for the spread of these materials in those areas.

*A doctor from Aleppo, expert in forensic sciences and director of forensic medicine in Aleppo governorate*



The mistake we made during our medical work during the siege period was that we qualified the volunteer nurses from a practical point of view and did not qualify them from a medical theory point of view. We taught them the practical techniques that qualify them to work immediately, and we neglected to train them on clinical basics. The nurse did not use some types of strong analgesics with patients as required because they did not realize their effects. As a result of the great pressure on doctors, there was no mechanism that regulates the dispensing of medicines to the patient, which led to some addictions among patients with severe damage to some types of analgesics.

*A doctor from the countryside of Damascus, who established an addiction treatment center*



Before the revolution, the analgesic known as "Tramadol" was available in pharmacies in two concentrations of 50 and 100 mg, in the form of pills or ampullae, but suddenly after the revolution, concentrated Tramadol of 225 and 250 caliber spread in the liberated areas. The source of these pills was not local, and the single pill of it gives 5 times the stimulant and analgesic effect that was given by the previously common type, and the state of dependence on it became faster.

*A doctor from Aleppo, expert in forensic sciences and director of forensic medicine in Aleppo governorate*



#### 4. Appearance of ISIS:

Some interviews indicated a significant increase in drug addiction and prevalence rate after the entry of ISIS into Syria. According to leaders of opposition factions, the emergence of ISIS in the Aleppo countryside contributed to increased drug abuse cases, as drugs became one of the tools for recruiting young people in addition to financial temptations. The phenomenon of abuse worsened after 2017 and after the expulsion of ISIS from the area. This occurred after several former promoters joined the factions, which secured their power and protection, so they took advantage of the security fragility to resume trade and their old activity.

#### 5. Forced displacement campaigns:

Drug abuse spread with the waves of internally displaced victims. Most were injured civilians and soldiers subjected to severe war injuries who did not receive the adequate medical treatment, with their treatment limited to painkillers and narcotic substances. The trauma of displacement was particularly harsh for refugees. Forced relocation forced them to displace quickly to camps that could not sustain their basic needs. It also exacerbated their psychological stressors and, thus, increased their risk factors for substance use.

#### 6. Poverty and vulnerability

Poverty, particularly stemming from unemployment and the quest for financial security, is a contributing factor to increased drug use (UN OCHA, 2021). Drug prevalence is especially noticeable in impoverished regions and camps, especially in makeshift settlements or camps housing vulnerable populations like widows. According to those interviewed, drug dealers often target these areas, recruiting new distributors by taking advantage of teenagers and widows.

#### 7. Availability and cheap prices of substances that lead to dependence:

The flourishing drug trade and increasing local production led to the wide availability of substances within Syria and, subsequently, a decrease in its price. This phenomenon has increased its prevalence and the percentage of drug users. However, the drugs used in the local market were often of low quality and mixed with many other substances (Drug trade in Syria, *ibid*). The lack of strong policing has also encouraged some individuals to grow cannabis and natural narcotic substances with the aim of personal use.



During one of the field tours as part of our work in restoring houses in one of the towns of the northern countryside of Aleppo, we noticed the presence of a plant planted in the ponds in most of the houses we visited, which I later learned was a cannabis plant, and it seems that it was planted in the courtyards of houses and ponds for domestic use. A colleague of mine, working in the same project, mentioned that he entered a number of houses where some of the rooms or sheds were converted into a place designated for cultivation of cannabis and the cultivation of another plant, which is opium.

*A community activist working with an organization in the areas of Turkish influence*





## Survey of Substance Use Experiences:

This section briefly describes and analyzes the patterns of the small number of respondents who reported drug abuse (n=37), and prescription medication abuse (n=27) post-2011.

### 3-1 Illicit Substance Use Experience:

Among those surveyed, only 37 (8%) reported a current or history of substance usage. Of the 37, most (86%) were males and younger than 30 (59%), and only 3% were older than 40. Half of them live in areas controlled by the Syrian opposition, 23% live in areas controlled by the government, and 32% live in countries of asylum. Regarding the educational level, 73% of the drug users hold university degrees and equivalents. This may contradict the notion that drugs are spread in lower educational environments (Insight website, 2021).

However, the majority of questionnaire respondents were university-educated, and this may support the idea reported by some that substance use was spreading in educational institutions. Lastly, it may relate to the lack of employment opportunities commensurate with qualifications. In terms of employment, 27% of those using substances are unemployed, and 38% work intermittently. To compound this, most (55%) are responsible for supporting at least five people, and 23% reported supporting 6-10 people around them.

Regarding the frequency of drug use, 49% of those who had used substances indicated that they used at a rate of once a week, 13% used at a rate of 2-3 times a week, 8% used at a rate of 4-6 times a week, and 30% used to use on a daily basis (Figure 10). In our sample, 30% of drug users have no personal monthly income, 35% have a monthly income of less than \$100, and 35% have a monthly income of more than \$100 (Figure 11). 11% of them used to secure their narcotic needs free of charge, while 44% spent about \$10 a month to secure drugs, 22% spent \$10-20, 17% spent between \$20-50 a month, and 6% spent more than \$50. Detailed results indicate that those with incomes above \$200 were the most significant percentage of drug users almost daily, followed by the unemployed and those with incomes between \$50-100 per month (Figure 12).

Figure 10: Weekly drug use rate

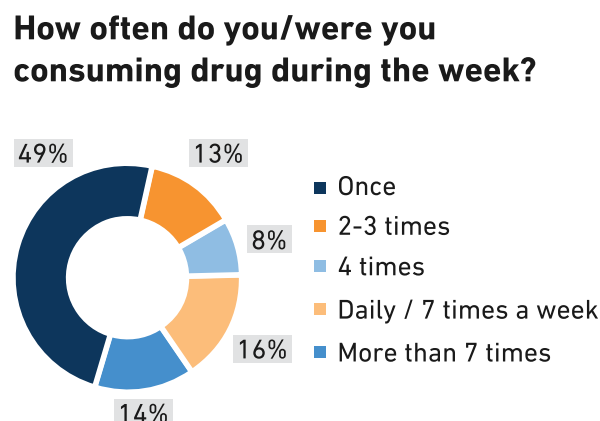


Figure 11: Average monthly income of the drug users

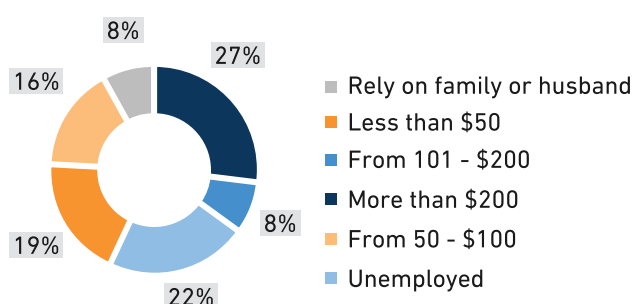
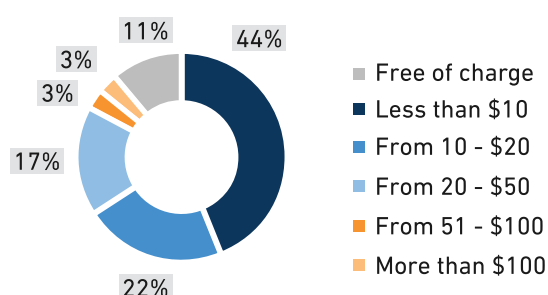


Figure 12: Average rate of expenditure on buying drugs



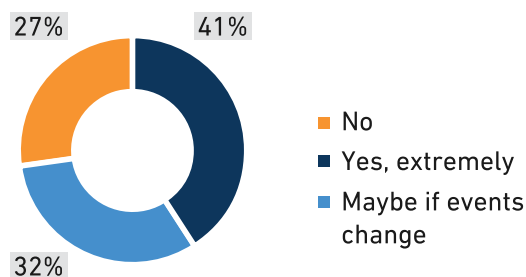
The affordability and accessibility of the substances relative to other countries play a role in the substance use epidemic despite the population's general low income. The principal reason for their drug usage, as indicated by 62% of the responses, was curiosity and a willingness to explore. This was followed by 35% of participants seeking a reprieve from reality, 27% attempting to alleviate pain, and 16% aiming to escape familial issues.

As depicted in Figure 13, regarding the desire to discontinue drug use under medical guidance, 32% of the participants expressed a strong determination to recover. Conversely, 41% showcased ambivalence, tying their willingness to recover to a change in their living circumstances. Additionally, 27% admitted to having no interest in overcoming addiction.

It is important to highlight that there were respondents who perceived controlled drug use as a means of enhancing concentration in their studies, believing it would not predispose them to addiction. Others asserted the necessity of drugs in creative professions, considering them integral to their work.

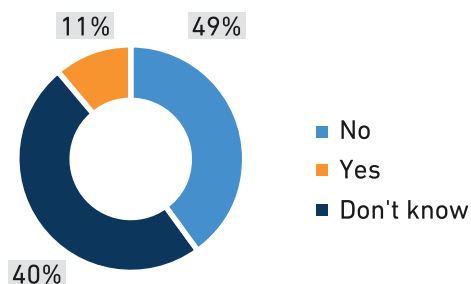
Regarding the awareness of the potential to recover from substance dependence, 30% of this segment indicated that they know people who have fully recovered from drug abuse. In comparison, another 30% indicated that they know partially recovered people (Figure 15). Additionally, only 11% indicated that there are centers specialized in recovery from addiction in their area, while nearly 50% denied the presence of such centers (Figure 14).

**Figure 13: Showcasing substance users desire to recover**



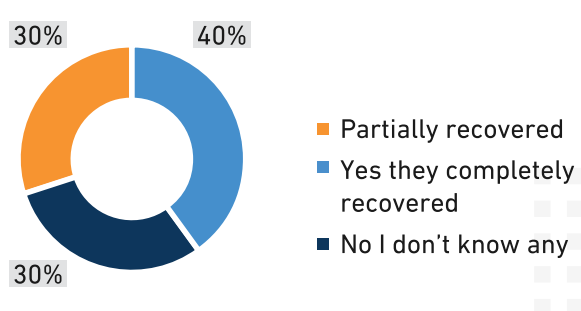
**Figure 14: Availability of addiction treatment**

**Do you know addiction rehabilitation centers in your region?**



**Figure 15: Recovery cases in the vicinity of drug users centers from the point of view of the drug users**

**Do you know anybody in your vicinity who recovered abusing drugs?**



### 3-2 Experiences of Prescription Medication Use:

The answers in the questionnaire indicate that 27 people have reported that they have addiction to prescription medications, which constitutes 6% of the total sample studied. The vast majority of these, 63%, were males compared to 37% of which were females. The percentage of female addiction to prescription drugs appears to be higher than the percentage addicted to other substances. Additionally, a vast majority of those using prescription drugs (63%) were between 18-29 years, while 37% were between 30-40 years. 48% of the answers were concentrated in Syrian opposition areas, followed by the areas of the government and countries of asylum with 26% each.



What I noticed during my work is that many drug users take more than one kind. I have been visited by many addicts who take stimulants, and then have to take “alprazolam”, which is an anti-anxiety drug in order to help them sleep. It is remarkable that this drug was found in light doses on the market, then the markets were invaded with the high-titer doses that accelerate the process of dependence and addiction.

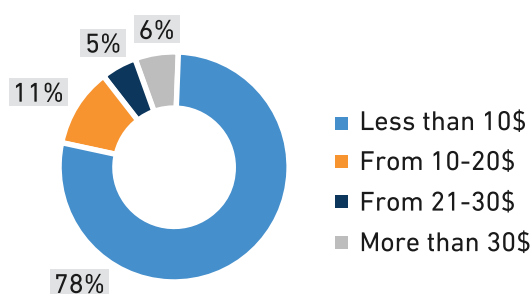
*A doctor who worked in an addiction treatment center in Idlib*



Figure 17 indicates that among those who use prescription drugs, 78% were spending less than \$10 on them per month, while 16% of them were spending between \$10-30 per month, and 6% of this segment was spending more than \$30 per month. 59% of those using prescription drugs indicated their desire to recover and eliminate the addiction. In comparison, 34% of the respondents were hesitant in their decision, compared to 7% who refused to recover (Figure 18).

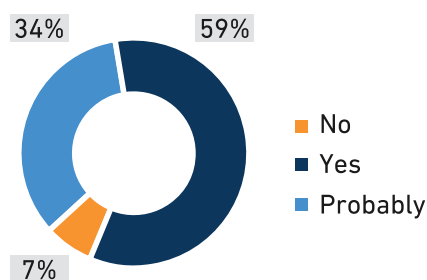
**Figure 17: The percentage of spending on drugs that cause dependence**

**Do you know addiction rehabilitation centers in your region?**



**Figure 18: Desire to recover from pharmacological addiction**

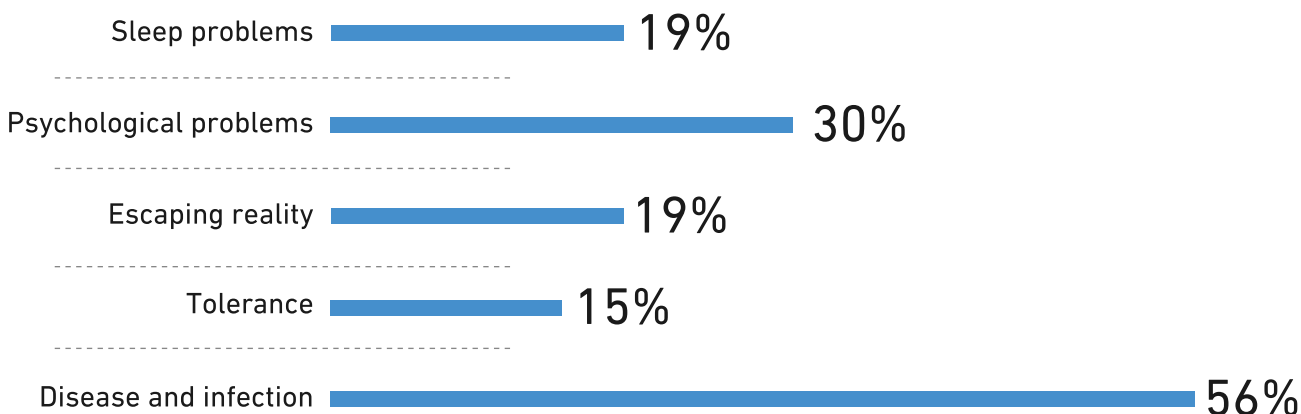
**Do you have the intention to recover from medicine addiction?**



Illnesses and injuries appear to be the most prominent cause of addiction to prescription medications, at about 56%. This is followed by psychological problems with a percentage of 30%, then habituation and the desire to escape from reality, and sleep problems by 19% (Figure 19).

*Figure 19: Causes of substance use disorders from the point of view of the those using substances*

### what are the reasons behind medicines addiction?



Meanwhile, the causes of substance use are equal between disease, habituation, psychological problems, and sleep problems among the segments residing in the areas of the government.

### 3-3 Socio-Legal Effects of Substance Use in Opposition Areas:

The answers in the questionnaire indicate that 27 people have reported that they have addiction to prescription medications, which constitutes 6% of the total sample studied. The vast majority of these, 63%, were males compared to 37% of which were females. The percentage of female addiction to prescription drugs appears to be higher than the percentage addicted to other substances. Additionally, a vast majority of those using prescription drugs (63%) were between 18-29 years, while 37% were between 30-40 years. 48% of the answers were concentrated in Syrian opposition areas, followed by the areas of the government and countries of asylum with 26% each.



I know a person who suddenly killed his cousin, who was his close friend, with 13 bullets without any reason. He shot instantly, and it turned out later that the killer was under the influence of drugs and was not conscious.

*A doctor working in the Directorate of Health in the Idlib region*



It is noted that many of the cases that are currently brought before the courts are usually because of drugs. Half of the murder cases in the forensic medicine department, which I personally examined, were the result of drug use.

*A doctor from Aleppo, expert in forensic sciences and director of forensic medicine in Aleppo governorate*





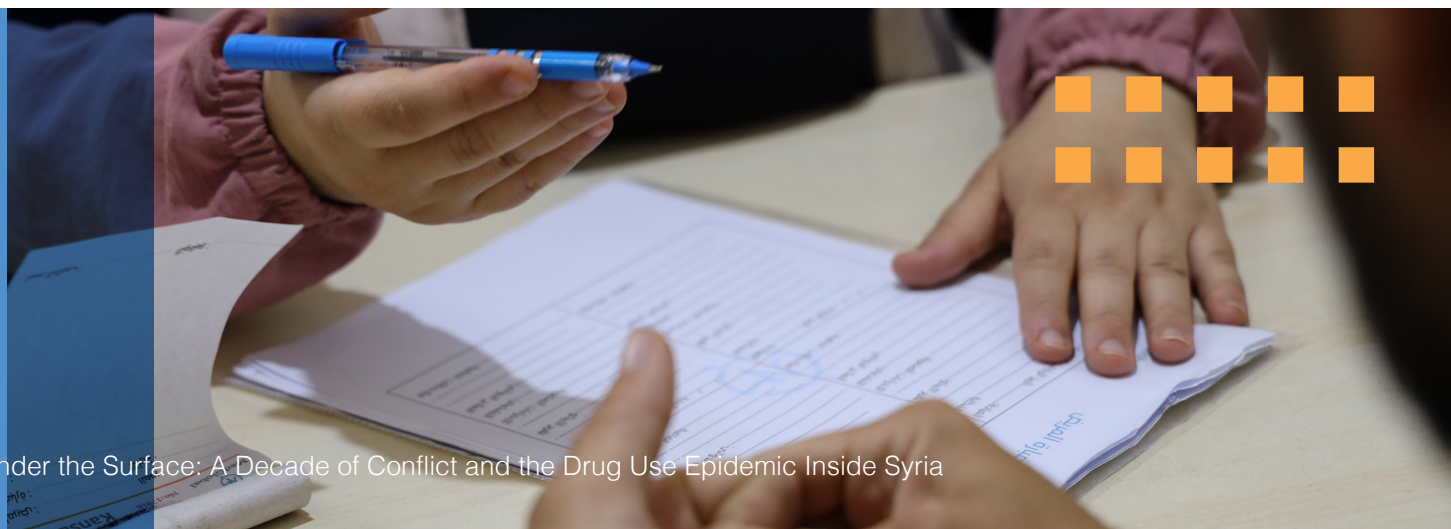
## Current Efforts to Deter Substance Use

With growing drug use and drug trafficking, especially in recent years, some societal and civil bodies have started projects to confront this phenomenon. In this section, current efforts including awareness campaigns, existing rehabilitation centers, and legal actions to deter substance abuse will be summarized

### 4-1. Awareness-raising campaigns:



Awareness campaigns highlighting the perils of drug use were initiated in the early years of the Syrian revolution. However, due to the precarious situation in opposition-controlled regions and restrictions on organizations addressing critical issues, these initiatives were not amplified. The awareness efforts remained relatively subdued despite the growing prevalence of the issue, until around 2020. At that point, factions of the National Army initiated security operations targeting drug dealers. These enforcement efforts were supplemented by various awareness campaigns directed at both faction fighters and the civilian population (Munasaha Center, 2022). In further attempts of the government to distance itself from the drug trade, the Interior Ministry also launched a “No to drugs, Yes to Life!” public awareness campaign, mostly on social media, warnings of the perils of substance use (Ministry of Interior, 2021), marking June 26 as World Anti-Drug Day with a national seminar. The regime also, as part of the United Arab Emirates - Syria rapprochement in 2021, participated in an international Interpol-backed meeting to combat drug trafficking where the Syrian regime was invited to participate in Operation Lionfish for counter-drug operations (Rose, 2022).

The awareness campaigns, anchored by the security initiatives, have played a crucial role in garnering community backing and fostering a sense of trust between civilians and those leading these efforts. Some civil, community, and educational bodies, in coordination with concerned authorities such as the Directorate of Health, the Directorate of Endowments, and some agencies in charge of security operations, have initiated local awareness campaigns targeting Marea and Azaz. These campaigns included distributing posters, spreading banners, and holding seminars targeting schools and universities run by a group of specialists in the medical, judicial, educational, social, psychological, and legal fields. Each presented their view of the impact of drugs to create full awareness in the community from a variety of standpoints. Although this type of campaign generally suffers from a lack of support and continuity, according to those interviewed by the research team, it does create a strengthened relationship between civilians and enforcement bodies that has subsequently facilitated the gathering of information on smaller distributors, who served as conduits leading to some of the traders in the region. There are no comprehensive figures yet on the exact volume of drug shipments that have been seized, nor on the backgrounds of those involved, nor on the penalties they received. However, societal awareness as to the ills of substance use and its effect on society are increasing.





**Figure 20. Stages of Recovery**

Treatment journey		Recovery from dependency	
	Stage of withdrawal symptoms and detoxification 	Behavior modification and rehabilitation stage 	
<b>Period</b>	<ul style="list-style-type: none"> <li>▫ Differs from one case to another</li> </ul>	<ul style="list-style-type: none"> <li>▫ From one to three weeks</li> </ul>	
<b>Place</b>	<ul style="list-style-type: none"> <li>▫ Inside or outside hospital in a protected place where he cant reach narcotice</li> </ul>	<ul style="list-style-type: none"> <li>▫ Part of it can be Inside the hospital and the other part outside the hosoital</li> </ul>	
<b>Treatment method</b>	<ul style="list-style-type: none"> <li>▫ Pharmacological treatment</li> <li>▫ Individual treatment</li> </ul>	<ul style="list-style-type: none"> <li>▫ Medical behaviorral psychological social guiding religious and professional</li> <li>▫ Treatment night be individually or in a group</li> </ul>	
<b>Treatment purpose</b>	<ul style="list-style-type: none"> <li>▫ Treating withdrawal symptoms of theaddictive substance</li> <li>▫ Enhancing the patients motive to continue treatment in its following stages</li> </ul>	<ul style="list-style-type: none"> <li>▫ Changing negative thoughts</li> <li>▫ Changing the unhealthy patterns that might take him back to addiction</li> <li>▫ Giving the patient the psychological social and behavioral skills necessary to prevent a relapse</li> </ul>	

During the study, the research team was able to reach a few centers and sanatoriums that worked in the field of combating addiction to learn about their experience in developing centers for recovery. Most of these centers are no longer operational for a variety of different reasons: In some cases, their closure reflects the lack of priority by international governmental organizations in supporting these initiatives and in other cases, the closures are a direct result of the destruction of infrastructure caused by the conflict.

Interviews with workers in the medical sector indicate that supporting drug rehabilitation centers is also not of importance to the people in opposition areas. Obstacles include various issues, such as security chaos, the lack of specialists, and the high cost of financing such projects. However, there are many local attempts to establish such centers, which provide services to several patients despite their limited capacity.



**During the interviews, the researchers came to know about the following places for recovery, many of which are no longer operational:**

### **Sanatorium in the currently regime-controlled area in Aleppo:**

Established in 2014 at the initiative of the Forensic Medicine Department, the sanatorium aimed to provide treatment and psychological support to substance users, especially those arrested for drug abuse or trafficking. Additionally, those in charge of this work have had a significant role in raising awareness, providing advice, and protecting society, as they launched several awareness campaigns under the title “Help me to Heal” (Help me to heal, 2016). These campaigns continued until those working there were displaced, and were thus, halted.

### **Eshraq Center:**

It was established in Idlib at the beginning of 2018, and its work lasted for nearly a year ( Eshraq Addiction Treatment Center Facebook page). It received patients with neurological problems and those suffering from addiction, and started with a capacity of ten beds. A doctor, two nurses, a pharmacist, and six other employees worked in this center. However, the center faced many problems, the most important of which were the region’s lack of support and instability. It was closed after a year, although it provided services to more than 50 beneficiaries during its time in operation. Despite insignificant operational costs according to those interviewed, it was able to serve many patients from opposition-controlled areas.





### **“Save a Soul” Medical Group:**

“Save a Soul” is a medical group that was established at the beginning of the revolution in 2011 in Eastern Ghouta ( Save a Soul Medical Group page on Facebook.). In 2017, the group established a mental health and addiction treatment department. However, it was targeted, bombed and stopped working due to the military campaign against Eastern Ghouta in 2018, according to a physician interviewed by the research team.

With the waves of displacement, those working in the center moved to the northern regions of Syria. Some gathered in the Salqin area, where those in charge of the project resumed their work by renting a private hospital and converting it into a general hospital in July 2018. This hospital had many departments, including a special department for treating psychological diseases and addiction. It continued operating until the end of 2020 when support for the mental health department ceased, while the rest of the hospital departments continued to provide their services.

The psychological and addiction treatment departments were able to provide services to approximately 300 people within two years. According to those who worked there, the estimated percentage of complete recovery from addiction ranged between 65-70%, while the rate of relapses for patients ranged between 30-35%.

### **Addiction treatment center of the Third Corps & HTS:**

According to an interview with a previous Third Corps army official, this center was established in late 2021, with a small initial capacity. The center aims to treat dependent drug users among the ranks of the Third Corps division of the Syrian National Army and drug users who are arrested during security operations. It may also receive civil cases soon.

There is also a treatment and rehabilitation center affiliated with Hay’at Tahrir al-Sham (HTS) in Idlib, where they treat only their recruits.

### **Some private centers and clinics:**

There were some private centers and clinics that provided addiction treatment; however, many had closed down during military operations. Of note, one of the physicians interviewed, indicated that some private centers had started working in the realm of addiction treatment without formal training and were charging upwards of \$3000 USD.





A study issued by the Assistance Coordination Unit indicated that there are eleven centers referred to by the respondents that provide psychological treatment services. Some of these facilities include a specialized department for treatment, while the service provided in some is limited to the presence of a doctor specializing in general psychological health. These centers are geographically distributed with eight in the Idlib governorate and three in the northern countryside of Aleppo (Assistance Coordination Unit, 2022).

According to MHPSS technical working group and the substance abuse thematic group in Northwest Syria, verified by organizations working in this area:

Among the centers that provide psychological services in Idlib governorate: The psychiatric clinic in Salah al-Din camp in the Khirbet al-Juz community, which is supported by the Revival of Hope Organization, the central hospital in Idlib, Save the Soul Hospital, the reassuring soul center for psychological treatment (Dana), and the al-Hidaya center in Qah town (the latter providing solely psychosocial support with no physician supervision), and the acute psychiatric unit supported by UOSSM Organization. As for the centers located in the northern countryside of Aleppo, according to the statements of the respondents, they are: Azaz National Hospital, Psychological Support Center (Souran), a PAC Addiction Treatment Center and a Green Crescent Addiction Treatment Center.

At this time, the fate of many of the places mentioned by interviewers remains uncertain. However, the need as indicated by the interviews below continues.



**From my experience: In northern Syria - the opposition areas - we need 5-7 addiction treatment centers with a large capacity ranging from 50-70 beds at least, including qualified and trained staff, and this solution may be more economical and more feasible in the long run than establishing small centers with small capacities.**

*A doctor who established an addiction control center in Ghouta and then Idlib*





In northern Syria, we do not have the luxury of receiving patients for long periods of time. Therefore, at this stage, we resort to involving the family in the stage of treatment, careful monitoring, and continuous communication with the doctor, with periodic weekly visits to the patient to attend individual and group psychological and behavioral therapy sessions that extend for about two months.

In these periodic visits, the patient also undergoes a weekly psychological evaluation session. He also undergoes a comprehensive medical examination and blood tests to ascertain whether the patient has returned to drug abuse or not. The sessions also include a meeting with his family to closely examine his activities and behavior during this period. After that we move on to the follow-up phase, which extends for up to six months, where the visit rates are periodically reduced while maintaining it to become an average of one visit per month, with continued effective communication with the family and careful monitoring of his behavior, for fear of a relapse, and when the recovering person spends a whole year without drug use or setbacks, and his behavior is acceptable or good, it can be said: That this patient has recovered greatly, and the rate of his return to drugs does not exceed 10%.

*A doctor who established an addiction control center in Ghouta and then Idlib*



### 4-3. Legal Actions:

Anti-drug campaigns began in the areas controlled by the Syrian opposition in 2019. These initial campaigns resulted in the arrests of small traders and promoters. In 2020, according to a member of the Third Corps, the Syrian Army Third Corps was able to arrest the largest batch of drugs that had ever been detected entering the Syrian north. There were more than a million pills.

According to that interview, the army factions took definitive action to control commercial crossings, including bringing in trained dogs, specialized in detecting shipments of explosives and drugs, as well as importing test strips to detect the presence of substances.

They have also taken security measures that force cars carrying commercial goods to unload their cargo and transfer it to another car, unloaded cargo is subjected to random inspections. During this process, many smuggled shipments have discovered some goods, such as firewood, stoves, and olive shipments.

As for shipments that enter through smuggling routes, it is not easy to control them unless they are detected by the security apparatus. Security campaigns against drug dealers and sellers increased in 2022, in part to combat smuggling. A security campaign was launched in March of 2022 by the opposition military forces. As a result, it was able to arrest more than 40 people involved in narcotics production and smuggling and seize several narcotic manufacturing facilities in the vicinity of Azaz and Afrin. The “Taheroon Organization for Liberation” factions affiliated with the National Army also carried out a second campaign in May 2022, in which they arrested dozens of those involved in Jarabulus, Marea, Azaz, and Afrin (Noon Post, 2022).

Despite the lack of comprehensive statistics on the outcomes of all of these operations, news on official websites suggests that these efforts have led to the seizure of no less than 6 million pills (Al-Mashareq and Associated Foreign Press, 2023). They were confiscated in the areas controlled by the Syrian opposition between 2020 and August 2022, in addition to no less than 100,000 pills of other types of drugs inside and varying amounts of cannabis.

In conjunction with these efforts, the Third Corps and the Department of Moral Guidance in the National Army started awareness campaigns targeting the ranks of its fighters, then developed into community campaigns aimed at educating people about the dangers of substance use and establishing community partnerships for support on this issue. The campaign also targeted substance users in prisons, for whom a medical treatment plan and behavioral treatment plan were designed.

In the context of combating drug trafficking, the Idlib Health Directorate, in cooperation with the medical faculties at Idlib University, has established a drug control department to ration the dispensing of substances that cause dependence. They register prescriptions and follow up on beneficiaries, establishing a special register that includes the names of these substances, whether scientific or commercial. This type of medicine is dispensed exclusively according to a sealed medical prescription. Some restrictions are also placed on the delivery of new prescriptions. This section also helps monitor medical departments that dispense medicines that cause dependency.

Anti-drug operations have expanded to include many corps, factions, security agencies, and civil and military police agencies. Operations have begun to take place in joint coordination. The security operations that took place in the first quarter of 2022 were substantial; the heads of drug dealers in the region were arrested (Nedaa Post, 2022), and some agencies working in the field of drug control announced that they destroyed what was confiscated. The Military Police branch in the city of Al-Bab published a video recording showing the destruction of 100,000 narcotic pills of the "" type, following a raid on one of the dens promoting and selling these narcotic pills.

Legal efforts to combat the current rise in smuggling and drug trading activity have included these increases in surveillance at specific points along trafficking routes. These additional security measures have provided valuable information about the scale and scope of current trafficking operations. Future efforts may focus on bolstering resources to monitor the trafficking of goods in and out of the country. A particular emerging area in disrupting drug supply dynamics may include targeting precursor supply with the rise of synthetic substances (US Department of State, 2023). Additionally, the scale of current activity suggests the need for increased collaboration between domestic and international stakeholders to assess fully the current scope of activity and appropriate countermeasures.



Some criticize control campaigns involving drug users and petty promoters as ineffective. However, these campaigns are often the tip of the thread that connects to the entire network, which takes long and hard work to catch.

*A leader in one of the factions of the National Army that carries out operations to combat drug traffickers*



The multiplicity of authorities in the region negatively affects control operations as the conflict of powers between the factions operating in this file and the military or civilian police may cause failure to many operations, allow smuggling and promotion gangs to escape, and waste months of attempts to track them down.

*A leader in one of the factions of the National Army that carries out operations to combat drug traffickers*



## 5. Policy Recommendations:

### Recommendations to Governmental Organizations:

The following recommendations emphasize the importance of international cooperation, maritime security, intelligence sharing, and a holistic approach that addresses both the criminal and public health aspects of the substance use trade, dominated by . They also consider the specific role of the U.S. and its partners in disrupting these illicit activities.

#### 1. Establish a Regional Mediterranean-Gulf Forum:

a. Encourage the formation of a regional task force involving Mediterranean and Gulf countries to facilitate collaboration on countering the illicit drug trade. This forum can serve as a platform for sharing intelligence, coordinating efforts, and developing a joint response strategy.

#### 2. Enhance Maritime Security:

a. Focus on containerized shipments of substances on maritime commercial routes, especially in anticipation of potential expansion into new areas like Africa and Europe.  
b. Strengthen maritime law enforcement efforts to intercept and investigate drug shipments along key maritime routes.

#### 3. Improve Law Enforcement Monitoring:

a. Identify and target key nodes in overall substance and namely trafficking networks, including illicit channels, informal maritime and overland routes, and major ports of entry.  
b. Enhance law enforcement monitoring and interdiction efforts at these key nodes to disrupt trafficking operations.

#### 4. Track Street-Level Interdiction and Forensic Profiling:

a. Monitor street-level interdiction of substances trafficked ( and others) in transit and destination countries to track the emergence of new consumer markets.  
b. Develop a systematic forensic profiling system for seized batches to create a database that can link individual batches to specific production sites in Syria, aiding law enforcement investigations.

#### 5. Assess Trade Developments and Stakeholders:

a. Assess how drug trade stakeholders, including state actors like the Syrian government, are preparing for the long-term development of the trade.  
b. Investigate how port development projects, collaboration with organized crime networks, and the involvement of private-sector entities impact the drug trade.  
c. Identify the nexus of and methamphetamine production and distribution in Syria.

#### 6. Disrupt Criminal Networks:

a. Develop and implement a strategy to disrupt the criminal networks involved in the drug and trade.  
b. Collaborate with international partners to target the entire supply chain, from production to distribution.  
c. Employ intelligence sharing and joint operations to dismantle trafficking networks effectively.  
d. Identify sources of precursor chemical acquisition for industrial-scale producers, such as government-aligned actors, and impose regulations on pharmaceutical and biotechnology companies that play a role in precursor supply.



## **7. Sanctions and Trade Assessment:**

- a. Conduct an internal, interagency review to assess the participation of individuals, entities, and state actors in the drug trade.
- b. Determine how to incorporate the and drug trade into existing sanctions campaigns, if applicable, to exert additional pressure on those involved.

## **Recommendations to Non-Governmental Organizations:**

The following recommendations emphasize the importance of NGOs working to provide and promote alternative livelihoods, as drug trafficking can often be a significant economic opportunity for individuals in war-torn countries. It introduces the importance of public awareness and education as well as opportunities for treatment and rehabilitation.

### **1. Promote Alternative Livelihoods:**

- a. Develop and implement programs that provide alternative livelihoods for individuals involved in the drug trade, such as farmers who grow precursor plants.
- b. Support vocational training and job creation initiatives to reduce economic dependence on drug production and trafficking.
- c. Addressing poverty alleviation as an essential component of rehabilitation for both users and traffickers.

### **2. Public Awareness and Education:**

- a. Launch public awareness campaigns to educate the population about the dangers of drug use and the consequences of drug trafficking.
- b. Collaborate with local organizations and schools to incorporate drug education into the curriculum.
- c. Collaborate with influential actors within society, such as elders, religious figures, and others to spread education about the ills of substance use.
- d. Collaborate with religious figures and community leaders to address substance use as a curable disease.

### **3. Rehabilitation and Treatment:**

- a. Expand access to drug addiction treatment and rehabilitation services, including both outpatient and inpatient facilities.
- b. Implement harm reduction strategies, such as needle exchange programs, to reduce the health risks associated with drug use.
- c. Addressing drug related crime as an opportunity for recovery - particularly with juvenile offenses
- d. Train primary care providers in routine screening for substance use whether cannabis, synthetic drugs, , alcohol or prescription medications.
- e. Train primary care providers in integrating substance use management into their regimen.
- f. Train healthcare workers in addressing comorbid psychiatric symptoms present with substance use.

### **4. Youth- focused Engagement:**

- a. Targeting young adolescents that may be prone to “gateway” drugs, commonly cannabis and at a younger age, inhalants.
- b. Funding school-based and family-based interventions as proven prevention strategies.
- c. Leveraging social media to create youth digital platforms that provide anonymity and awareness.

## TO READ THE SURVEY

## أسئلة الاستبانة الالكترونية والمقابلات المعبقة

الاستبانة الالكترونية

[https://docs.google.com/forms/d/e/1FAIpQLScPz56tK8NYYZCn6d85y6vXhNQUd4tXmssuQL4SQ1gU3p4/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLScPz56tK8NYYZCn6d85y6vXhNQUd4tXmssuQL4SQ1gU3p4/viewform?usp=sf_link)

الجنسية:

- أحمّل الجنسية السورية فقط
- أحمّل الجنسية السورية وجنسية أخرى
- فلسطيني / سوري
- أخرى

تقديم التوقيع للمنظمة

1. هل ازادت تجارة الخدمات في منطقتك مقارنة بالفترة قبل 2011

حسب تقديرك، هل ازادت حجم تجارة الخدمات في منطقتك مقارنة بالفترة قبل 2011\* ؟

☐ نعم ، ازادت بشكل كبير.

☐ نعم، ازادت بشكل متوسط

☐ لم يتغير

☐ لا م زيادة، بل تناقص بشكل ملحوظ.

☐ لا م زيادة، بل تناقص بشكل كبير.

☐ لا أعرف

2. هل سبق وتعاقدت أي نوع من أنواع الخدمات الوضعية قبل 2011 ؟



## CONTACT US

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