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## Structural Violence and Illicit Drug Use Among Youth Living under Occupation in Palestine

Lian Buwadi

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# **Structural Violence and Illicit Drug Use Among Youth Living under Occupation in Palestine**

## **Abstract**

There is no doubt that Palestinians are living in a politically and economically repressive sociopolitical context, due to the brutal Israeli military occupation. As stated in a report by the Palestinian National Institute of Health (PNIH), “Palestinians face political violence, house demolitions, arrests, restrictions to movement, and encroachment on their land” (2017). Moreover, “civilians suffer during conflict and war from destruction of the community infrastructure and from personal stress due to disruption of services and the non-fulfillment of basic human needs” (Giacaman et al., 2004). This often leads to severe mental duress and a higher prevalence of post-traumatic stress disorder, generalized anxiety disorder, and depression among young Palestinians (Wagner et al., 2020). As a result, many Palestinian youth have turned to illicit drug use to cope with their circumstances and escape their current reality (PNIH, 2017). In this paper, I will explore the relationship between structural military violence and illicit drug use among youth living under occupation in Palestine. More particularly, I hope to examine the consequences of structural violence on mental health, and in turn, on drug use as a form of self-medication and escapism. The methodology used will consist of a secondary literature review of relevant research in the fields of anthropology, sociology, and health sciences.

**Keywords:** Palestinian occupation, mental health, childhood and adolescent health, mental health, PTSD, social determinants of health, drugs, teenage drug abuse

## **Introduction**

There is no doubt that Palestinians are living within a politically and economically stressful and violent sociopolitical context, due to the brutal Israeli military occupation. As stated in a report by the Palestinian National Institute of Health (PNIH), “Palestinians face political violence, house demolitions, arrests, restrictions to movement, and encroachment on their land” (2017). Moreover, “civilians suffer during conflict and war from destruction of the community infrastructure and from personal stress due to disruption of services and the non-fulfilment of basic human needs” (Giacaman et al., 2004). Overtime, these conditions have resulted in severe mental duress leading to a higher prevalence of post-traumatic stress disorder, generalized anxiety disorder, and depression, especially among Palestinian youth (Wagner et al., 2020). As a result, many Palestinian youth have turned to illicit drug use in order to cope with their circumstances (PNIH, 2017). Environmental factors such as the absence of a unified Palestinian police system, weak legal enforcement, and limited border control to combat the trafficking of illicit drugs further exasperate the issue (PNIH, 2017). In this paper, I will explore the relationship between structural military violence and illicit drug use among youth living under occupation in Palestine. More particularly, I hope to examine the consequences of structural violence on mental health, and in turn, on drug use as a form of self-medication and escapism. The methodology used will consist of a secondary literature review of relevant research in the fields of anthropology, sociology, and health sciences.

## **Abridged History of The Occupation of Palestine**

The regions that will be discussed in this paper are the areas known collectively as the Occupied Territories of Palestine, consisting of the West Bank (including East Jerusalem), and

the Gaza Strip. These areas are densely populated with approximately five million Palestinians living in the Occupied Territories of Palestine (Van Hout et al., 2019). About 2 million people live in Gaza and approximately 3 million people live in the West Bank and Jerusalem (Van Hout et al., 2019). Many Palestinians are also displaced into neighbouring countries like Jordan, Syria, and Lebanon (Van Hout et al., 2019). There are about 2,175,000 refugees living in Jordan, 552,000 in Syria and 450,000 in Lebanon. About 40% of these refugees are children (Van Hout et al., 2019).

These territories were not always under Israeli occupation. Prior to 1948, the area known as Palestine consisted of the entire geographical area on which Israel was established (Giacaman, 2009). In 1917, the British Government issued the Balfour Declaration which stated that the British government supports a home for the Jewish people in Palestine, and the country was under British Mandate from 1920 to 1948 (Giacaman, 2009). Between 1947 and 1949, more than three quarters of the Palestinian population was displaced and exiled in an event known as *Al-Nakba* or the catastrophe (Giacaman, 2009). The majority ended up in neighbouring Arabic countries and in diaspora around the world (Giacaman, 2009). In 1967, the Arab-Israeli war broke out and Israel occupied the rest of Palestine including the West Bank and Gaza (Giacaman, 2009). In 1987 and 2000, Palestinian uprisings took place against the Israeli military occupation. This resulted in the accelerated Israeli confiscation and colonization of Palestinian lands, breaking international law (Giacaman, 2009). In 2005, Israel withdrew from the Gaza Strip but maintained control and access to the Gaza strip by land, air, and sea (Giacaman, 2009). A few years later between 2008 and 2009, Israel invaded the Gaza strip and destroyed infrastructure like homes, universities, schools, clinics, and welfare organizations and thousands were killed and injured (Giacaman, 2009). In 2014, Israel launched a major attack against Gaza, committing

several war crimes and killing and injuring thousands of civilians (Hasan, 2018). Throughout their occupation of Palestine, Israel has been accused by the United Nations and other global entities of breaking human rights conventions and committing war crimes such as building illegal settlements, killing innocent civilians, and restricting the freedom of speech and freedom of movement (Amnesty International, 2020). Consequently, many generations of Palestinians have experienced structural violence and institutional discrimination under the brutal Israeli military occupation which continues to this day.

### **Human Rights Violations and Unethical Practices by The Israeli Military**

Palestinians living under Israeli occupation are subject to harsh institutional and political violence by the Israeli military (Human Rights Watch, 2019). According to the Human Rights Watch (HRW), the Israeli government continues to enforce “severe and discriminatory restrictions on Palestinians’ human rights; restrict the movement of people and goods into and out of the Gaza Strip; and facilitate the transfer of Israeli citizens to settlements in the occupied West Bank, an illegal practice under international humanitarian law” (2019). In addition, the Israeli military often employs cruel measures and policies against the Palestinians (HRW, 2019). One such measure is demolishing homes and/or neighbourhoods as a form of collective punishment (HRW, 2019). Just recently in November 2020, the UN Office for Coordination of Humanitarian Affairs reported that 76 homes and other infrastructure were destroyed in one single event, the highest single demolition in the past decade (2020). This is a highly traumatic experience for most Palestinians as “home is not only a shelter, but also the heart of family life filled with memories and attachment to familiar objects and feelings of security and consolation” (Quota et al., 2008, p. 314). Yet another means of military harassment is intentional sonic booms

which are caused by Israeli jets breaking the sound barrier and create supersonic booms over Gaza (Quota et al., 2008, p. 314). They produce extremely loud noises and are often deployed at night and on random days of the week (Quota et al., 2008, p. 314). They severely deteriorate sleep and cause fear, anxiety, panic attacks, and poor concentration, among other things (Quota et al., 2008, p. 314). Other cruel military methods of enforcement and or human rights violations include child arrests and unlawful arrests, physical abuse and violence against Palestinians, suppression of free speech, night raids, illegal settlements and public humiliation (Amnesty International, 2020; Quota et al., 2008). These unethical measures can cause lifelong mental health issues and have been associated with an increase in risk-taking behaviours such as drug use, binge-drinking, street violence, and so on (Massad et al., 2016).

### **Impact of the Military Occupation on the Mental Health of Palestinian Youth**

As previously mentioned, the Palestinian territories have been under Israeli occupation for a long time, with the conflict dating back much earlier (Giacaman, 2009). The occupation has resulted in material losses, economic disaster, and a lack of autonomy and freedom for the Palestinians living in the occupied territories (Quota et al., 2008). Unfortunately, many children and youth are also mentally and emotionally impacted, resulting in lifelong issues. As stated by Quota et al.:

In prolonged military conflict children experience both dramatic traumatic events and chronic adversities and stressors. Terr (1991) has conceptualized them as Type I and Type II trauma exposures that demand specific responses, coping processes and adaptation skills (2008, p. 311).

Quota et al. elaborate by identifying how each trauma applies to the Palestinian context. They claim that “Type I trauma refers to a onetime, horrific and clear-cut life-endangering experience

that ...would most likely be witnessing killing, being wounded and experiencing destruction of the home” (2008, p. 311). They add that “Type II trauma refers to chronic stress and adversities that are a part of children’s daily life. In the Palestinian context these are poverty, social inequality and dangerous living conditions” (2008, p. 311). This suggests that young Palestinians living under occupation are susceptible to experiencing both Type I and Type II trauma, leading to a higher risk of developing mental health issues. In a survey conducted by the Gaza Community Mental Health Programme during the first Intifada, 1323 children were recruited to research Type I traumatic experiences (Quota et al., 2008). The results revealed that 74% of the children had experienced assaults towards family members and 38% had a close family member in prison (Quota et al., 2008). In addition, 88% children reported experiencing night raids at home and 51% reported having been physically assaulted by the soldiers (Quota et al., 2008). During the Al Aqsa Intifada, studies show that 52–77% of the children had witnessed killing, 88% had experienced night raids, and 30% witnessed a family member getting injured (Quota et al., 2008). Moreover, Quota et al. applied other mental health research to the Palestinian situation, like Yehuda and McEwen’s 2004 study which classified traumatic events according to their content, physical and emotional proximity, and frequency. Quota et al. state that in Palestinian context, physical proximity refers to witnessing street fighting, nightly air raids, and destruction. Meanwhile, emotional proximity refers to things like the death and injury of family members and friends, and degrading treatment and humiliation by the Israeli army (Quota et al., 2008). It is evident that Palestinian children and youth often face traumatic experiences which can result in issues with mental and somatic health, family relations, world view, attributions and emotions (Quota et al., 2008). Furthermore, Quota et al. argue that war and military violence profoundly impact children’s cognitive development, including memory, problem solving and

moral reasoning, emotional expression and recognition and social development, hormonal and psychophysiological regulation and brain anatomy and functioning (2008). This in turn alters the child's development. Some of the mental health issues children living in conditions of war and military violence include post-traumatic stress disorder (PTSD), depression, sleeping difficulties, and anxiety (Quota et al., 2008). The political violence adolescents experience can have long-term emotional effects and often foster risky behaviors, including illegal substance use (Massad et al., 2016).

### **Drug Use Among Youth in Palestine**

In Palestine, drug use among youth is relatively high and is rapidly increasing (Massad et al., 2016). While there are religious, legal, and cultural constraints, it appears that drug use is still prevalent, especially in areas like Palestinian East Jerusalem where the presence of alcohol and other drugs is especially high (Massad et al., 2016). According to Massad et al., the most common drug used by Palestinian youth is hashish/marijuana, followed by cocaine and heroin, then ecstasy, trip pills, and synthetic LSD (2016). In 2007, The United Nations estimated that there were around 10,000 drug users in the West Bank and Gaza Strip, and about 15,000 in East Jerusalem (Massad et al., 2016). A 2017 report published by the Palestinian National Institute of Public Health in collaboration with the United Nations and the World Health Organization indicates that there are 26,500 high risk drug users in Palestine, demonstrating that the number of drug use is on the rise. The report also states that drug use is used as a means of escapism from humiliation and from the structurally imposed violence by the Israeli military:

In Palestine, the unique socioeconomic context...has created conditions that facilitate the spread of illicit drug use. Palestinians face political violence, house demolitions, arrests, restrictions on movement, and encroachment on their land. Illicit drug use is used by

Palestinians as a coping mechanism while living under these harsh, and often humiliating, conditions (PNIH, 2017, p. 12).

Evidently, this suggests that drug use can be triggered by traumatic events associated with the occupation and used as a way to escape the stressful situation. This is supported by Kalmar (2020) who states, “addiction can be regarded as a symptom of distress...similar to most escapist practices, [it] is a desperate response to distress...which, on closer inspection, reveal deeply rooted social and cultural issues. Thus, addiction is also a symptom of social problems.” In a study conducted by Damiri (2019), she claims that “teenagers may be particularly vulnerable to [psychoactive substance] use for different reasons, including coping with traumatic experiences and social and economic inequality.” Massad et al. (2016) state that “stress [is] one of the main causes cited for substance use,” and that “there is evidence of a high prevalence of depression and hopelessness among Palestinian youth and younger adolescents” which may lead to an increased susceptibility to drug use. Therefore, there is strong evidence that suggests that the stressful situations caused by the occupation, combined with possible mental health issues like PTSD and anxiety, can lead young people to partake in illicit drug use as a way of coping with and “escaping” their stressful reality. The lack of sufficient social supports and the widespread availability of drugs also contributes to the growing rate of young Palestinians who find that drugs are a more accessible way to cope with their stressful situation— albeit in very dangerous way (PNIH, 2017).

### **Access to Illicit Drugs in Palestine**

As Van Hout et al. (2019) state when discussing drug use among young Palestinians, “factors contributing to such high-risk behaviours, in addition to easy access to alcohol and

drugs, are poor social services, social and political tensions and the inability of the Palestinian law enforcement to police the influx of drugs into the West Bank, East Jerusalem and Gaza.”

Similarly, in a study by Massad et al. (2016), young Palestinians were interviewed about their experiences with drug use, and Israel was cited most frequently as the source of illicit drug use in Palestine. As Massad et al. claim:

It is a widely held belief among Palestinians that Israel encourages substance use among Palestinians, especially youth, to destroy their future. This belief is supported by the fact that the Israeli police makes little effort to halt the drug supply to Arabs. The regular dealers can be seen in broad daylight day after day (2016).

Moreover, most interview participants indicated that most drugs come from Israel, with some people even bringing marijuana seeds from Israel and planting it around their houses (Massad et al., 2016). One participant stated that “the main sources are Israeli. Israel gives drugs to collaborators, who distribute it to young Palestinians” (Massad et al., 2016). Another person claimed that “the majority of drugs come from Israel. I know guys from the West Bank who work in Israel and got seeds to sell to others in the West Bank” (Massad et al., 2016).

Furthermore, many of the participants cited other sources for obtaining drugs, stating that “drugs are easily accessible; they access drugs through friends, drug dealers, and also prepare it at home” (Massad et al., 2016). Another way in which young Palestinians obtain drugs includes purchasing smuggled prescription drugs like Tramadol (Diab et al., 2020). According to Diab et al. (2020), “Tramadol’s low cost and availability without prescription as a result of illegal smuggling has made it accessible and popular among the Gaza population over the last 15 years.” Tramadol is a particularly dangerous drug as it is an opioid analgesic pharmacological agent that can cause extreme dependence leading to seizures and possible death (Diab et al., 2020). Alarming, as Diab et al. note, there has been a general increase of consumption of illegal drugs, including tramadol, following the major Israeli offensive on Gaza in 2008, especially among young people

(2020). This is in line with other drug use trends and suggests a growing problem that must be addressed.

## **Conclusion**

Evidently, there is a drug use epidemic currently afflicting thousands of Palestinians living under occupation. The structural violence imposed by the Israeli military, the poor living situation, and the widespread availability of drugs contribute to the growing problem (PNIH, 2017). In addition, the political violence young Palestinians experience increases their susceptibility to long-term mental disorders and psychological issues (Quota et al., 2008). This, combined with the lack of availability to adequate social services and support, increases the risk of partaking in drug use and other risky behaviours as a form of self-medication and escapism (Massad et al., 2016). In this paper, the conditions which contribute to drug use, mainly being the military occupation, were discussed. In addition, the consequences of the occupation on mental health were examined. Finally, drug use and accessibility were considered. Further research on drug accessibility and long-term life course research may be helpful for policymaking measures. Although there were many other dimensions to this issue, this is beyond the scope of this paper. Ultimately, there is an alarming trend of drug use among young Palestinians that must be urgently addressed, with the occupation being at the center of the issue. On a more hopeful note, many countries around the world are beginning to take notice of the situation in Palestine, with Ireland becoming a trailblazer as the first EU country to pass a motion in May of this year condemning Israel's crimes and their de facto annexation of Palestinian land.

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