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## Palestinian children's experiences of drug abuse in the home in the Occupied Territories of Palestine: A scoping review of extant literature

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# Palestinian children's experiences of drug abuse in the home in the Occupied Territories of Palestine: A scoping review of extant literature

## **Abstract**

The Occupied Territories of Palestine (OtP) consists of the non-contiguous West Bank including East Jerusalem, and the Gaza Strip. Its dense population with political and economic tensions is affected by a rise in drug trafficking, abuse and addiction. A scoping review mapped what is known about Palestinian children's experiences of drug abuse in the home. Following application of exclusion measures, six records remained. Charting and analysis resulted in three themes; The consequences of being a child with a drug using parent; Causal factors of drug use in Palestinian families; and Prevalence rates of parental drug use are unknown. The review paints a concerning picture of stigma, family dysfunction, school drop-out, child and family isolation and maladaptive child development. Exposure to drugs, trauma and abuse contributes to strong potential for Palestinian child drug use, sexual exploitation, overdose, psychiatric illness, and infectious diseases acquisition. The review will inform the urgent strategic response.

## **Key Words**

Alcohol, Children, Drugs, Gaza, Jerusalem, Palestine, Parents, Siblings, Substance Abuse, West Bank

## **Background**

The Occupied Territories of Palestine (OtP) consists of the non-contiguous West Bank including East Jerusalem, and the Gaza Strip. It is densely populated within these confines, and has a unique

socio-economic context characterized by political and economic tensions. Approximately five million Palestinians live in the OtP (about 2 million in Gaza with 66.2% refugees living in eight camps, and about 3 million in the West Bank and Jerusalem with 26.6% refugees living in 19 camps). Palestinians are also displaced into neighbouring Jordan where there are about 2,175,000 registered refugees living in ten camps, into Syria with about 552,000 in nine camps, and into Lebanon with about 450,000 living in 12 camps. About 40% of these refugees are children (Waterston & Nasser, 2017). Substance use by Palestinian youth and their families is present, despite religious, legal, and cultural constraints even in socially conservative communities, and is underpinned by stress, economic hardship, the repeated exposure to political violence and the Israeli occupation, school closures and travel restrictions (Massad et al., 2016). These conditions have facilitated a rise in drug trafficking, drug abuse and addiction amongst Palestinian communities, with increasing prevalence of illicit, over the counter (OTC) and prescription drug use observed among young Palestinians, Palestinian women and family members of current drug users (Palestinian National Institute of Public Health,2017b; Palestinian National Institute of Public Health,2017a; Damiri et al., 2018b). Abuse of OTC drugs has been reported in Palestine since 2004 (Sweileh et al., 2004) as well as proportionately high rates of cigarette smoking amongst young Palestinians (Jawad et al., 2016). Most recent situational assessments conducted in 2017 have reported that drug trends include marijuana, prescription medications (antidepressants, Z-hypnotics, benzodiazepines and analgesics), and novel psychoactive substances

(NPS) (*'Sintetique Marijuana'*), with reported high dose use of methadone, morphine, phencyclidine, barbiturates, benzodiazepines, synthetic opioids such as tramadol, and gabapentinoid drugs such as Pregabalin (Palestinian National Institute of Public Health, 2017a).

Damiri et al., reported in 2018, on the rise since 2013 of trafficking and use of NPS, particularly synthetic cannabinoids, the manufacture of liquid amphetamine, and the cultivation of marijuana in the OtP (B. Damiri et al., 2018b). Most recent estimations in 2018 indicate that there are now over 80,000 drug users in the OtP. There are now an estimated 26,500 high-risk drug users (HDU) in Palestine, consisting of 1.8% of the male population aged over 15 years, with over 80% reporting use before the age of 17 years, and of which 4.2% report injecting use of heroin or cocaine (Palestinian National Institute of Public Health, 2017a). Risk behaviours are higher among males, older youth, in urban areas and refugee camps (Thabet & Dajani, 2012; Glick et al., 2018). Most HDUs live in the north and south of the West Bank, and Gaza. Prevalence of hepatitis C (and human immunodeficiency virus, HIV to a lesser extent) has increased and is associated with sharing of needles and other equipment between the injectors of heroin and cocaine (Palestinian National Institute of Public Health, 2017a). Factors contributing to such high risk behaviours in addition to easy access to alcohol and drugs, centre on poor social services, social and political tensions, and inability of the Palestinian law enforcement to police the influx of drugs into the West Bank, East Jerusalem and Gaza (Massad et al., 2016). There is also a widespread held belief among Palestinians that Israel makes little effort to deter the supply of drugs into the OtP, and this facilitates the spread of substance abuse among the Palestinian people, especially youth in order to destroy their future (Massad et al., 2016). Most recently in 2019, the Palestinian Ministry of Health with technical support from the United Nations Office on Drugs and Crime Programme Office in the OtP (UNODC-POPSE) has responded to the problem of drug dependence and HIV and has established the Palestinian National Rehabilitation Centre (United Nations Office for Drugs and Crime (UNODC), 2019). Occupation by the Israeli state is a significant determinant of Palestinian children's' health situation (Giacaman et al., 2009; Horton, 2009). Very little is known

about Palestinian children's experiences of substance abuse in the home, and the related impacts, with Massad et al., 2016 underscoring the need to further understand and respond (Massad et al., 2016). There has been little research on or indeed response to Palestinian children's unique and urgent needs relating to trauma and vulnerabilities caused by drug abuse in the home. Their situation is exacerbated by the hidden nature of drug abuse within their families. Hence a scoping review was undertaken to map and describe what is known about Palestinian children's experiences of sibling and parental drug abuse.

## Methods

Scoping reviews are defined by Tricco et al. in 2016 (2016) as *“a type of knowledge synthesis, follow a systematic approach to map evidence on a topic and identify main concepts, theories, sources, and knowledge gaps.”* They are an independent research methodology proposed by Arksey and O'Malley (Arksey & O'Malley, 2005) and further advanced by Levac et al. (2010) and others (Peters et al., 2015; Khalil et al., 2016). Scoping reviews address broader questions than systematic reviews and are usually conducted to identify gaps in knowledge, examine the extent (i.e.- size), range (i.e.- variety), and nature (i.e.-characteristics) of the evidence on a certain topic or question; summarize findings from a body of knowledge that is heterogeneous in methods or discipline; or set agendas for future research (Tricco et al., 2016). The review adopted the five stage scoping review method as developed by Arksey and O'Malley (Arksey & O'Malley, 2005). These stages included: (1) identifying the essential research question, (2) searching for similar studies, (3) study selection, (4) charting the data, and (5) collecting, summarizing, and recording the results. The research team identified the underpinning research question (*What do we know about Palestinian children's experience of alcohol or drug abuse*

*at home?*) and reviewed all available published literature on this topic. A mapping exercise was conducted and included all published studies of Palestinian children (under 18 years of age) of both genders, with no date or methodological restriction. To enable the broadest picture of current knowledge and perceptions relating to the issue of Palestinian children's experiences of substance abuse in the home, we included international and national policy documents and reports, academic theses, online reports, conference proceedings, commentary pieces and editorials, in addition to articles in scholarly peer reviewed journals. The search was implemented in January 2019 in the University of Jordan and Liverpool John Moores University Library catalogues, using the following databases: Science Direct, Electronic Library of Medicine, Hinari, Google Scholar, Cochrane Library, and PubMed. A thorough list of search terms was compiled by the team who had pharmacy, public health, addiction, forensic science and clinical specialisms. The search combined the terms "*Palestine*" OR "*West Bank*" OR "*Gaza*" with "*abuse*," "*misuse*," "*dependence*," "*addiction*," "*alcohol*," "*drugs*," "*substance use*," "*children*," "*youth*" and "*adolescents*".

Four researchers screened literature titles and abstracts to determine their inclusion status. Full text articles were reviewed and screened by four additional independent researchers to ensure that they met the inclusion criteria. Full text articles were compiled in a shared file by the author, year, and title of the study to avoid duplication. References were managed by the citation manager Endnote<sup>®</sup>. This software promoted the recording and organization of all related literature. This allowed crossmonitoring of data records, removal of duplicates, and extraction of information from the papers contained in the review. Follow-up search strategies included website searches of international aid, human rights and development organisations, health, medical and human rights-related databases, websites of Palestinian government and



non-governmental organisations (NGOs) and investigative news reports. Reference lists in reports, investigative news articles, journal papers and academic theses were also manually searched by the team to identify any additional relevant literature not captured. The disagreements of the relevance of data were resolved through discussion.

The initial search identified 1,397 articles, with no duplicates. After the exclusion of articles where full text was not available, and lack of relevance specifically to Palestine or alcohol or drug abuse; a total of 6 records were identified to directly relate to the experience of Palestinian children's exposure to alcohol or drug abuse at home. (Figure 1). The six records were charted and thematically analysed, as per Levac et al (2010).

*Insert Figure. 1 about here*

This process of documentation and analysis of information generated specific themes pertaining to Palestinian children's experiences of parental or sibling substance use and abuse in the home. A spreadsheet was created to chart relevant data (data collection categories, year of publication, author, location, method and aim, key findings and conclusion) and identify commonalities, themes, and gaps in the literature. A trial charting exercise of several records was conducted by the team as recommended by Daudt et al. (2013), followed by a joint consultation to ensure consistency with the research question and the purpose of the scoping review. Based on this preliminary exercise, the team developed prior categories which guided the subsequent extraction and charting of the data from the records. All records were charted and analysed by four reviewers in consultation, with disagreements around theme allocation

resolved through discussion. Where additional data extraction categories emerged, consultation guided decisions around allocation and reporting.

## Results

In our examination of the extant literature we found six articles documenting Palestinian children's experiences of alcohol or drug abuse in the home. *Table 1* summarises each of these documents; two of which are media articles, two are studies from the Defence for Children International (a not for profit organisation campaigning for children's rights across the world); one study by the Palestinian National Institute of Public Health (and UNODC/KOICA/WHO); and one peer reviewed academic study.

*Insert Table 1 about here*

In collecting, summarising, charting and analysing the results of the search, three themes emerged. These include: '*The consequences of being a child with a drug using parent*'; '*Causal factors of drug use in Palestinian families*'; and '*Prevalence rates of parental drug use are unknown*'.

### **Theme One: The consequences of being a child with a drug using parent**

Across the whole sample of records, this underpinning theme was by far the most frequently discussed.

#### *Addiction in children/subsequent criminalisation*

One of the consequences of children living with addicted parents (or family members) is the increased likelihood that they themselves become addicted to drugs and alcohol. A

combination of ease of access, normalisation, and a means of escape were cited in three of the six papers (Defence for Children International/Palestine Section, 2006; Palestinian National Institute of Public Health, 2017b; Damiri et al., 2018a) as reasons why Palestinian children of addicted parents themselves begin to use drugs. Access to drugs, alcohol, and tobacco are reported as being readily available through a range of sources, one of which is access in the home (Damiri et al., 2018a). Palestinian children with an ease of access to illicit substances are themselves more vulnerable to future addiction and behavioural issues. The consequences of being a child with a drug using parent are discussed here, but it is worth noting that the psychological, social, and health consequences to a Palestinian child using drugs and alcohol during the early developmental stages of adolescence, are substantial. Drug taking at a young age can have long-lasting effects on the person's psychological and social functioning.

### *Stigma*

The stigma of addiction across the OtP is significant. One aspect of this social construction is that the stigma spreads beyond the addict themselves, branding their family members with the same label (Palestinian National Institute of Public Health, 2017b; Damiri et al., 2018a). The consequences for Palestinian children of addicted parents are, therefore, important to note because within their community, they too become marked and rejected. The result of such stigma causes not only a breakdown within families of addicted parents, but also amongst children's wider friendships circles. Without access to developing healthy supportive non-drug using relationships, these Palestinian children lack the opportunities provided by social and support networks, such as increasing social capital, as well as having their developmental skills compromised.

### *Educational drop outs*

While not explicitly connected to parental addiction, studies in this review indicate problems experienced by children accessing and continuing with their education as a result of problems within the home. In one study “*children in the street*” completed questionnaires exploring how and why children as young as five years old in Palestine were living and working out on the streets (Ramahi, 2014). One of the contributing factors to children dropping out of education was that they were needed to financially support their family. This was a result of at least one parent being addicted to drugs or alcohol and therefore, unemployed, and unable to support the family. In another report (Palestinian National Institute of Public Health, 2017b) (that does not overtly highlight the educational problems within these children), it highlights that Palestinian children running away from home do so to protect themselves from drug using fathers, it is likely to assume these children also drop out of education.

### *Neglect, malnutrition, disease, and physical violence*

In half of the studies included in this review attention is given to the harms experienced by children of addicted parents (Ramahi, 2014; Palestinian National Institute of Public Health, 2017b; Shani, 2017). Children living and working out on the street report the physical conditions in which they are required to work, these often result in having to work in extremely cold or very hot conditions, often for long periods of time, without adequate food and water. These children are exposed to physical violence from several sources including other children competing for work; officials such as law enforcement; and passers-by who target these children’s vulnerability. Likewise, drug addicted parents are more likely to

contribute to spreading infectious diseases and sexually transmitted infections within their family (Defense for Children International/Palestine Section, 2007), and as such, children living and caring for family members in these conditions, are more susceptible to disease. Around 90% of the counsellors interviewed in one study (Defense for Children International/Palestine Section, 2006) reported that addicted parents are responsible for the physical harms and assaults inflicted on their children.

### *Sexual abuse*

Four of the six studies reported a growing concern of sexual abuse on children of addicted parents (Ramahi, 2014; Defense for Children International/Palestine Section, 2006; Palestinian National Institute of Public Health, 2017b; Shani, 2017). Sexual abuse of these children occurs both within and outside of the family home. In some cases Palestinian children who are out working on the street, runaway to escape their abuser (Palestinian National Institute of Public Health, 2017b) or are forced into the sex trade (Defense for Children International/Palestine Section, 2006) and thus, experience sexual abuse by people outside of the family. These children are unprotected by authorities as many of the abusers include law enforcement themselves, or if children are arrested (perhaps for their own drug use) they are incarcerated and exposed to adult prisoners who perceive them as defenceless targets; as a result, they are further sexually exploited. Palestinian children also face an increased risk of sexual abuse by a family member when at least one parent is addicted to drugs (Shani, 2017).

Abuse may be perpetrated by the addicted parent, or the child's brothers or uncles within the family. One report included the issue of the silence and lack of action from child protection services in the OtP. It noted how the abuse and trauma experienced by children living in these conditions is ignored by professional services. A final area identified by Palestinian children who are sexually abused as a result of living in an addicted household, is that they themselves are more vulnerable to becoming perpetrators of sexual abuse to other children. It is thought that these children learn maladaptive

coping strategies and one way to self-soothe their trauma is to seek sexual intimacy from other children.

### *Breakdown of social and relational bonds*

A final consequence identified in three of the six studies (Ramahi, 2014; Defense for Children International/Palestine Section, 2007; Shani, 2017) is the significant breakdown of family and social bonds. Children of addicted parents in the OtP experience fractured family units, this fracturing impacts on the ability of children to develop close social relationships as children but also meaningful and strong relationships as adults. The development needs of children are such that they require a family environment that is nurturing, loving, and safe; they require the development of secure parental attachments, from which the child learns how to develop healthy relationships with others. Given the political and socio-economic situation in the OtP, this is even more important. Where Palestinian children become the main source of economic stability in the family (perhaps because they are set out to work (Ramahi, 2014; Defense for Children International/Palestine Section, 2007) rather than attend school and have opportunities to play) they inevitably fail to develop friendships and bonds with others their own age. Not having the capacity to develop healthy functioning relationships, result in these Palestinian children developing dysfunctional relationships and maladaptive and even harmful strategies (such as drug use, sexually abusing others, and prostitution) to cope.

## **Theme Two: Causal factors of drug use in Palestinian families**

### *Political and socio-economic context*

All six sources document the continuing political and economic tensions that have “*created conditions that facilitate the spread of illicit drug use*” (Palestinian National Institute of Public Health, 2017b, p. 9). This review finds Palestinians homeless, without work, having to live in restricted zones and areas, often facing political violence and threats, resulting in an environment of disorder and chaos. One solution some Palestinians use to survive and cope, is to self-medicate using illegal drugs and alcohol. It is reported that the use of such substances helps them relax, sleep, and escape life’s problems (Palestinian National Institute of Public Health, 2017b). The daily conflict and struggle in which Palestinians exist, cannot be underestimated or ignored when understanding some of the factors that contribute to Palestinian family members use of drugs, even when they have the responsibility to care for children.

*Stigma associated with drug use results in a lack of early treatment and prevention*

In addition to the political and socio-economic strain in the OtP, there exists a social construction that condemns drug addicts and drug use. Findings in this review ought to be considered an under estimation of the prevalence of the issue, as self-reports are likely to be subject to some bias. The condemnation of drug addiction and drug use is so strong in the OtP, particularly against child drug addiction, that the community response is often one of rejection, verbal, physical, and sexual assaults (Damiri et al., 2018a). While the stigma is projected onto individuals, it often resonates to those associated with the addict. Therefore, Palestinian children whose parents are drug addicts are likely to be stigmatised. This results in children being rejected by friends, future partners, and future employers (Palestinian National Institute of Public Health, 2017b). A further consequence of the social stigma around drug addiction, is

that it prevents users seeking help and support. People fear being exposed as a drug user, and Palestinian women, due to cultural expectations lack the opportunity and appropriate treatment to support their needs. As a result, drug use within the Palestinian family is kept hidden, help is not sought, thus, the problem continues, and sometimes through to the next generation.

#### *Legal system or authorities ignoring the problem*

A final sub-theme that enables the continuation of drug use and abuse within the home is the lack of interest by law enforcement agents to tackle drug dealers within the area. In one report (Ramahi, 2014) drug dealers appear free to sell illegal substances to Palestinian communities; the author claims that local law enforcement is unconcerned because end users are Palestinians. Likewise, child protection agencies, it is alleged (Shani, 2017) are aware of cases where Palestinian children are sexually abused by their fathers and brothers, but do not act to protect children because the law requires the victim to prove the assault took place. Hence, Palestinian children caught up in the criminal justice system, find themselves vulnerable to assaults, with reports of young people being sexually and physically assaulted by law enforcement officials, or adult prisoners while in jail (Ramahi, 2014).

#### **Theme Three: Prevalence rates of parental drug use are unknown**

Sources in this review indicate a clear problem with drug addiction in the OtP. Drug use amongst young Palestinians is a significant concern as young people between the ages of 14 and 25 years are at greatest risk of drug abuse and addiction (Defense for Children International/Palestine Section, 2007). The detailed 2017 survey of the prevalence and nature of drug use amongst Palestinians in the OtP provides an important picture regarding the issues



for young people and drug abuse in this area (Palestinian National Institute of Public Health, 2017b). Studies included in this review however, do not provide prevalence rates of drug using parents and the numbers of children they are responsible for. Studies report the detrimental consequences of parents using drugs, for example, there has been an observed increase in violence (Defense for Children International/Palestine Section, 2006), sexual abuse (Shani, 2017), poverty (Defense for Children International/Palestine Section, 2007) and childhood addiction (Damiri et al., 2018), yet it remains unknown how prevalent parental drug use is and how many Palestinian children are affected. While the findings from media sources and NGO reports cannot be underestimated nor ignored, they do not stand up to the rigours and critique of empirical research.

## **Discussion**

We have presented here the first known mapping exercise on extant literature on the issue of Palestinian children affected by familial, parental or sibling drug abuse in the home in the OtP. This work builds on the recent increase in research and surveillance activity on drug abuse in the OtP (Palestinian National Institute of Public Health, 2017b; Palestinian National Institute of Public Health, 2017a; Damiri et al., 2018a; United Nations Office for Drugs and Crime (UNODC), 2019; Thabet & Dajani, 2012; Glick et al., 2018; Massad et al., 2016). Whilst our review is small-scale, the analysis of records reveals a concerning picture of stigma, family dysfunction, school dropout, child and family isolation, risks and harms, and maladaptive child development experienced by Palestinian children affected by drug abuse in their homes. Exposure to drugs, trauma and a myriad of abuse (physical, emotional and sexual) contribute to a high risk of Palestinian child and youth drug use, sexual exploitation, overdose and

witnessing of overdose, psychiatric illness, and infectious diseases acquisition. The review is intended to inform a timely strategic response to the needs of Palestinian children exposed to drug abuse by family members in the home.

Štulhofer et al. in (2012) have underscored how present and worsening conditions relating to the Israeli military occupation of Palestine are likely to generate conditions conducive to drug abuse and addiction. This recent and continuing rise in drug availability and drug abuse has severe social, psychological, economic and health impacts on Palestinian communities, and most particularly children and young people (United Nations Office for Drugs and Crime (UNODC), 2019). Studies in recent times have underscored the grave situation for Palestinian children in terms of malnutrition, mental health issues, exposure to violence and discrimination, accidents, violation of children's rights, and barriers to access and restricted access to healthcare, particularly in Gaza which is experiencing a health crisis, checkpoints for ambulance transit, requirements for permits to travel into Jerusalem for specialised care, weak health infrastructure and medical training, and medicines shortages and off label use (Waterston & Nasser, 2017; Khdour et al., 2011). There is evidence of an association between Palestinian children's experiences of political and community level violence and poor mental health (depression, anxiety and hopelessness), post-traumatic stress disorder (PTSD), stress and externalising symptoms including violent aggression (Abdeen et al., 2008; Garbarino & Kostelny, 1996; Sharek Youth Forum, 2008; Giacaman et al., 2011).

Our review further highlights Palestinian children's compounded situation if affected by parental drug abuse in the home. Stigma of addiction in Arab society is significant, with drug

abuse in the home causing family breakdown and dysfunction, community rejection of whole family units, a multiplicity of adverse childhood experiences (ACES) for those children affected, educational drop out of children in order to care and financially provide for the family, and with resultant severe isolation of these children from their wider social and friendship networks ( Damiri et al., 2018a). Overall this destructive effect creates isolation, experience of wide ranging traumas and unsafe living environments, and results in maladaptive child coping measures and even harmful strategies (such as drug use, sexually abusing others, and prostitution (Defense for Children International/Palestine Section, 2006; Shani, 2017; Defense for Children International/Palestine Section, 2007; (Damiri et al., 2018a). Equally concerning is the underlying inferred prevalence and risk of child sexual abuse and exploitation by family members and the lack of law enforcement response to sexual abuse and indeed drug trafficking in the OtP (Ramahi, 2014; Defense for Children International/Palestine Section, 2006; Palestinian National Institute of Public Health, 2017b; Shani, 2017). Hence, there is strong potential for drug exposed and traumatised Palestinian children to use drugs themselves, become dependent and with risk of overdose, psychiatric events, and infectious disease (HIV, Hepatitis C, and sexual transmitted infection) acquisition (Palestinian National Institute of Public Health, 2017b; Palestinian National Institute of Public Health, 2017a; Damiri et al., 2018b; Massad et al., 2016). Of note is the commendable efforts to pilot counselling and parenting programmes in Palestine in order to reduce childhood trauma, improving levels of self-awareness and reducing PTSD symptoms for children experiencing symptoms of trauma and support parenting skills among Palestinians affected by considerable stress, and serious illness as consequence of unsafe drug injection and sexual activity (Murphy, 2016; Mahamid

et al., 2015). Lastly we recognise the unique vulnerabilities of Palestinian women in the home, alongside their stigmatisation if affected by drug abuse, or engaging in drug abuse themselves.

### Limitations

We observe the limitations of our current knowledge of Palestinian children affected by drug abuse in the home based upon this small review. Despite conducting a robust search in English and Arabic, and searching the grey literature in addition to peer review publications, a limitation of this scoping review is the small number of records found which refer to or illustrate the complexities of children affected by parental or sibling drug abuse in the home. The area is under researched. Studies included in this review did not explicitly set out to capture the essence of Palestinian children's experiences living with drug using parents and siblings. When exploring unknown territories and experiences that are highly sensitive, subjective, covert and complex, a cross sectional questionnaire is unlikely to capture lived experience and meaning, particularly in children. However, by conducting detailed narrative and content analysis of these records, in examining drug and alcohol use in young people in Palestine, this review has managed to extract some sense of children's experiences where parents and siblings are drug users, and how this impacts their mental and social states. It has further described significant and concerning harms for those children concerned. Hence we recommend further investigation of the issue in order to better understand the phenomenon, and to inform targeted gender specific, family and addiction support measures in the OtP.

### Conclusion

The issue of rising drug abuse in the OtP given the wider Arab Israeli conflict requires an international, strategic and long-term inter-disciplinary, cross-sectoral and trauma-informed community partnership approach. The impact of familial and sibling drug abuse on Palestinian

children is potentially significant and far reaching, notwithstanding their experience of existing traumas, instability and conflict in the OtP. The prevalence of parental drug use and how many Palestinian children are affected remains unknown despite media and anecdotal reporting by community services. Dedicated measures are warranted to reduce risk and support vulnerable children, children living in homes where familial drug abuse occurs; and children living in homes where parents or siblings are in recovery. We call on the international community to support increased surveillance of the issue in the OtP and implementation of dedicated law enforcement, social support, mental health and community drug measures.

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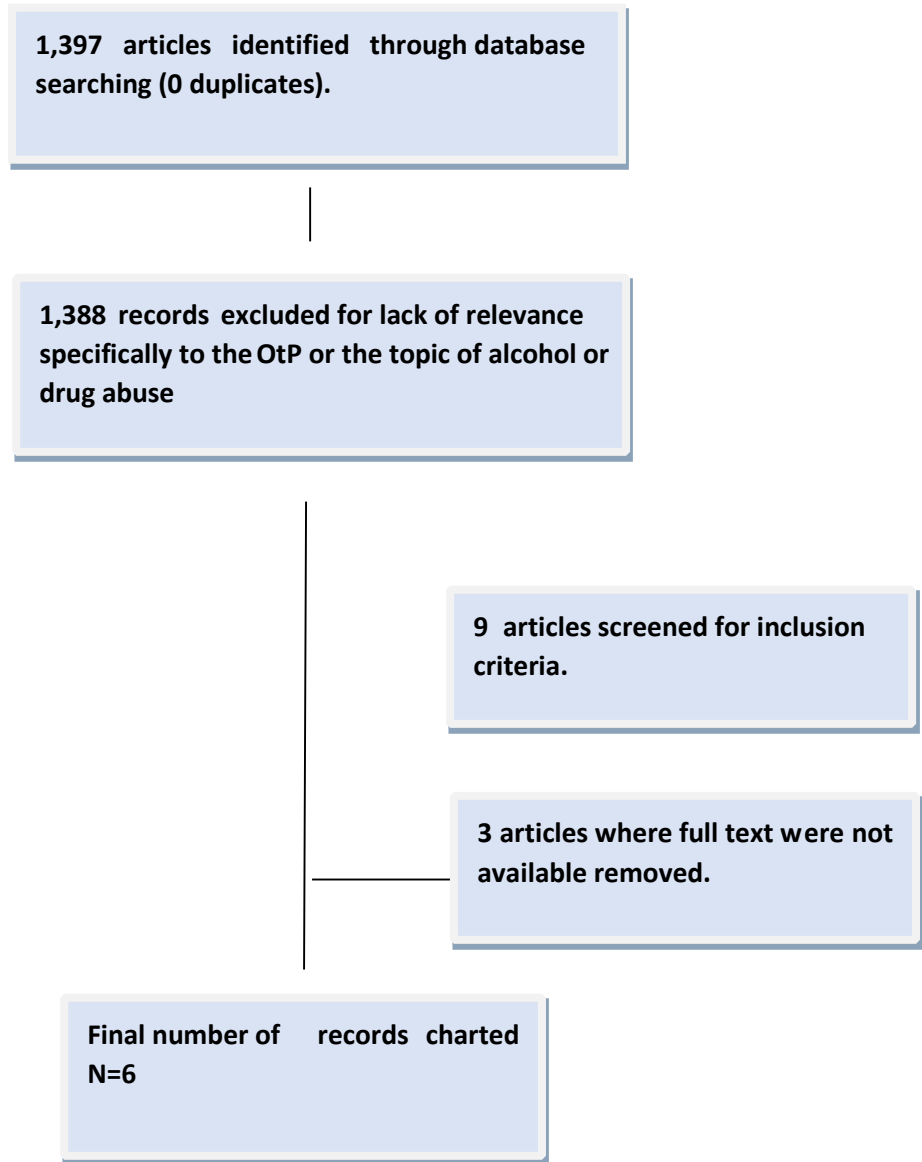


Figure. 1: Flow chart of the search strategy used during the scoping review of Palestinian children experience of alcohol or drug abuse.

**Table 1. Summary of sources included in scoping review**

Authors	Title (Year)	Language	Method of Study	Summary	Findings related to Children of Addicted Parents
Defense for Children International. Palestine Section	Children in the Street. The Palestinian case (2007)	English	Cross sectional mixed methods approach. Interview with Palestinian officials and a survey of 120 children under the age of 18 working in the streets across West Bank and Gaza Strip	Study found “street children” tend not to be homeless per se but their street experiences includes dealing with poor weather and ‘work’ conditions, as well as, physical, psychological and sexual abuse, and harassment.	It was because of a parent’s addiction that contributed to problems within the family, which in turn, renders Palestin children as a “child in street.’ Many of these children are classified as those in most assistance from child protection services.
Ramahi, S	The scourge of drugs in Jerusalem (2014)	English	Media Monitoring	The article reported on the prevalence and increase in drug addiction across East Jerusalem. The reporter noted this issue affects the family of those addicted, including the stigma associated with drug use, and that young people between ages 14-25 are at greatest risk of addiction.	For children of an addicted parent the consequences are significant in terms of family breakdown, economic and s breakdown. The stigma associated with a family member using drugs is a concern as the stigma extends beyond the individual and onto other family members. In addition, pa using drugs and not seeking help (due to stigma) are likely contribute to the spread of infectious disease within the fam affecting further on health, social, and economic survival o family unit.

<p>Defense for Children International. Palestine Section</p>	<p>Attitudes of Educational Counselors on Child Abuse: A Field Study in Palestinian National Authority Schools (2006)</p>	<p>Arabic</p>	<p>Cross sectional mixed methods approach including interview and survey. 742 Palestinian students and 35 educational counselors/teachers in public schools</p>	<p>This study reported that around 90% of counselors stated that addicted parents assault their children leading to behavioral problems including the risk of becoming addicts themselves or developing weak personalities.</p>	<p>Most educators reported the prevalence of physical and emotional abuse of children of addicted parents. The risk o harm increases when a child lives within an addicted household. Risks include physical, emotional and sexual. Children risk psychical injury, addiction themselves, or be sold into the sex trade.</p>
<p>Palestinian National Institute of Public Health,</p>	<p>Illicit drug use in Palestine: A qualitative investigation (2017)</p>	<p>English</p>	<p>As part of a larger quantitative study, this qualitative study</p>	<p>This study found that children and young people start to use drugs at various ages and</p>	<p>When a parent in the family uses drugs, an increased risk t their children will use drugs is noted. In addition to this, children of drug users are at a risk of abuse, economic</p>

Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory			included 13 focus groups and 52 interviews with people who used (currently and previous) drugs and their families in both the West Bank and Gaza.	places, including the family home, when other family members use drugs. The most likely group of people to start to use drugs are children of drug users.	challenges, breakdown of relationships and social stigma among the community. Sexual and physical abuse is also a and as a result, children of drug users (usually girls) run away from drug using fathers for their own protection.
Damiri, B R, Salahat, I A, and Aghbar M H	Pattern of substance use among schoolchildren in Palestine: a cross-sectional study (2018)	English	Cross-sectional study of 870 children sampled from across 16 schools in the West Bank, of which 828 completed a modified version of the Monitoring the Future Study questionnaire	The study found that where there are substances used in the family (alcohol, tobacco, and drugs), children have greater access to these substances and thus have a greater risk of addiction themselves.	Where there is access to drugs, and an increased vulnerability (i.e. child of drug users), children risk addiction themselves. Addiction has a range of health, social, and economic consequences, but the additional factor that the addict is a child means they are also exposed to sexual exploitation
Shani, A	Gaza kids live in hell: A psychologist tells of rampant sexual abuse, drugs and despair (2017)	English	Media interview with Palestinian psychologist	The psychologist reports how the Gaza strip is a place of despair with increased reports of child sexual abuse. The interviewee notes that the poverty and trauma families experience are ignored or at least silenced by professionals	The addiction of a parent or a family member increases the likelihood children becoming a target for sexual abuse or indeed it contributes to harmful sexual behaviors in children who sexually abuse other children.

Disclosure of Interest Form

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**Manuscript Title:** Palestinian children's experiences of drug abuse in the home in the Occupied Territories of Palestine: A scoping review of extant literature

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