

# Drug Addiction in Syria: A Decades-Long Disease

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## ABOUT THE AUTHORS

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Emad Bouzo is a Syrian-American doctor and writer, interested in cultural and historical realities in the Middle East and international politics. He has published several pieces in newspapers across the region.



Brief Analysis

**Syria's rise in the world of drug trafficking has only exacerbated the preexisting drug crisis inside its borders, as a lack of opportunities leaves many vulnerable.**

Numerous articles have recently appeared in international media about confiscated shipments of Captagon coming from Syria into various countries in the Middle East. Recent research has examined how Syria turned into a regional center for drug trafficking. Yet media interest appears comparatively silent about the spread of drug abuse inside Syria itself. According to available reports, domestic drug abuse has reached dangerous levels.

While such a crisis has no doubt increased, the roots of this issue are decades old. Through my work as a doctor in Damascus from 1980 until September 2011, I witnessed how drug abuse spread during this period. My private clinic was located in one of the most significantly affected neighborhoods, and some of my personal observations from my time as a clinician may help shed light on the deeper origins of Syria's current drug crisis and perhaps shed light on potential avenues to address it.

Initially, the Lebanese civil war served as the main factor in the spread of drugs. Several militias exploited the collapse of state institutions in Lebanon to carry out drug cultivation, manufacturing, and drug trafficking within its borders. The Syrian military intervention in Lebanon in the mid-seventies and the establishment of partnerships between the leaders of these militias and Syrian officers that secured the drug trade with more protection allowed its revitalization and prosperity, as [documented](#)

[\(https://www.washingtonpost.com/archive/opinions/1990/11/18/lebanons-valley-of-drugs/9cca8a22-5a60-4529-9d5c-cfedf083af4f/\)](https://www.washingtonpost.com/archive/opinions/1990/11/18/lebanons-valley-of-drugs/9cca8a22-5a60-4529-9d5c-cfedf083af4f/) in a Washington Post article from that period. Tons of heroin were produced annually in Lebanon, and Syrian officers subsequently trafficked large quantities into Syria.

This new ease of access captured the attention of numerous Syrian youth, who began using these highly addictive drugs. Their interest in drugs was often initially driven by being forced to leave education to enter the labor market at an early age and experiencing a sense of a bleak future. And whereas Syrian teenagers used to rebel by smoking or

consuming alcohol, peer use of opioids—such as the proximal “dextropoxyphene” that became popular globally in the sixties—opened the door to growing usage due to the drug’s quick tolerance. Some patients moved rapidly from two capsules to the entire envelope of ten capsules in order to obtain the same sense of euphoria, ultimately leading the user to try other drugs to experience the same high. Young Syrians also took to abusing codeine-containing cough syrup.

In response to growing numbers of addicted Syrians, the Syrian Ministry of Health began to restrict its use, preventing its disbursement unless it was obtained through an official medical prescription signed by the doctor. Before this point, pharmacists were in most cases able to dispense medicines independent of any doctor’s prescription. Despite the ban, these medicines continued to reach addicts through various methods.

As clinicians, we became familiar with the signs and symptoms of drug abuse. The first step to combating the spread of drugs is to monitor young people while they are in their formative period of life. Treatment at this point is much easier, but requires parents to monitor their children and the child’s social circle. If they notice physical signs of addiction or a tendency to isolate and simultaneously constantly leave the house, or if they find drugs in his possession, they must act quickly.

Quickly addressing addiction was key, since drugs were often obtained from those addicted to heroin. Consequently, sooner or later those who used other drugs would eventually be offered heroin, either to inhale directly as a powder or inhale the vapor caused by burning it. Notably, the first offer of heroin was often free despite its exorbitant price, suggesting that dealers encouraged addiction deliberately to secure new clients. Moreover, those who became addicted quickly moved from inhaling powder to intravenous injections, which in Syria led to a high death rate due to the likelihood of adulteration with toxic substances to increase the weight.

Once addicted to heroin, the likelihood of recovery became slim, especially among youth. Throughout the years that I worked in Syria, I saw only a few cases of success in recovering from heroin addiction, including two men over fifty years of age and two or three women.

During the decade before I left Syria, it was rare for two or three weeks to pass without the death of someone from heroin addiction in the neighbourhood in which I worked. Death occurred quietly and without being properly announced, and even in some cases without new mourning—the family had often suffered long before the death, with some even coming to hope for it.

And just as drugs were fatal to those who abused them, they had a devastating effect on society as a whole. With drug addiction, crime spread. Criminal activity usually began with theft to secure the price of drugs, and the first victims were generally close relatives, then expanding to more distant relatives and neighbors. Addiction also helped prompt the formation of gangs to rob shops and homes in the neighborhood. Some women were led to heroin addiction by their husbands and were subsequently pushed to prostitution. Murders were also driven by addiction, including one horrible case in which a man killed his mother due to addiction.

As the situation worsened, the Syrian Ministry of Health allocated a department for the treatment of addiction within one of the public hospitals, although the department could only accommodate dozens of people when the crisis included tens of thousands of addicts. Even those who were able to obtain a spot were discharged after a week at most—nowhere near enough time to treat heroin addiction.

In most of the cases that I witnessed, the parents had no choice but to report their addicted children to anti-drug police, which would lead to their imprisonment. In prison, they would be exposed to symptoms of sudden heroin withdrawal, which could lead to seizures. Upon leaving prison, some would go directly to their friends to get heroin, while others would live for several days, but in most cases quickly relapsed.

A few weeks after protests broke out in early 2011, the Syrian government released its non-political prisoners, most

of whom were addicted to drugs. They appeared on the streets in force, and the number of those previously imprisoned standing around in squares or on street corners in their accustomed gathering places increased. Their actions became more brazen, with some standing around with arms already tied as if they were waiting for an injection. They knew that in those days, the security forces' priority was political activists.

### **From Bad to Worse**

The news that has come out since I left Syria suggests that the crisis of previous decades was nothing compared to what is happening now. The center of the drug trade has shifted from Lebanon to Syria. Expertly-managed factories equipped with everything needed to make various kinds of drugs have proliferated. Warehouses have been set up where the product can be prepared and hidden inside shipments of industrial or agricultural products for smuggling. Ports are used to export drugs to other countries around the Mediterranean and further afield, while border crossings on land send them to the Gulf via Jordan and Iraq. All this has taken place under the protection of military and security forces connected to the top levels of the Syrian leadership. Last March, the United States sanctioned two of Bashar al-Assad's cousins for their role in the drug trade. Most international assessments agree that Syria has moved from being a regional to a global center of the drug trade. The German paper *Der Spiegel* estimates (<https://www.spiegel.de/international/world/syrian-drug-smuggling-the-assad-regime-would-not-survive-loss-of-captagon-revenues-a-b4302356-e562-4088-95a1-45d557a3952a>) that in 2021, the Syrian regime made as much as \$5.7 billion off its operations in this area.

It is only natural that this activity be mirrored by a rise in drug consumption inside Syria, particularly given the absence of any serious state efforts to counteract this catastrophic phenomenon. Indeed, the Syrian government has made it very difficult to access information on anything related to drug addiction in the country for fear that attention might be drawn to its own role in the global trade. There are no reliable official statistics showing the real scale of the addiction problem, and local testimony has continued to be the main source on the extent of drug use in Syria.

In Daraa in the south of the country, which sits on the border with Jordan, there have been many complaints about rising levels of drug-related crime— theft, especially car theft, kidnapping for ransom, and murder. The Daraa Criminal Security Directorate has reported that this small governorate witnessed more than 940 incidents of this kind in 2021 alone. The crimes were carried out by gangs, including numerous teenagers and minors as well as women between the ages of 15 and 40. According to one local doctor, drugs are so common in the governorate because their low quality makes them cheap. However, this lower quality also leads to serious physical and mental health complications for users. Even more seriously, he says that the age at which people start taking drugs has gotten increasingly younger, with some users as young as 11-14 years old.

A 2022 study by the Syrian Center for Dialogue in the northern city of Aleppo similarly noted that many drugs are now manufactured locally and cheaply, a development which has coincided with widespread economic, social, and psychological difficulties among young people. This has created the perfect environment for a rise in drug consumption. As a result, an estimated 8% of 15-64-year-olds now use drugs—more in some areas—which is a very high rate by global standards. The study also notes rising drug consumption among women. This is the product of a deliberate targeting of women, children, and teenagers by drug networks, who ultimately hope to recruit them as dealers because they can move about more easily and are more easily controlled. In order to target these populations, drugs are sometimes added secretly to food or tea, and sometimes by the victim's own family members.

Most studies agree that rates of drug use are higher in regime-controlled areas than in other parts of the country and that it is particularly common among school and university students. Reports have also noted the spread of new types of drug that were not common previously, including crystal meth, an amphetamine derivative. The British newspaper *The Independent* had already reported (<https://www.independent.co.uk/news/world/middle->

[east/iraq-crystal-meth-drugs-epidemic-b1828463.html](https://www.aljazeera.com/news/2023/04/28/iraq-crystal-meth-drugs-epidemic-b1828463.html)) a crystal meth epidemic in Iraq fueled by drugs from Iran a few years ago, suggesting that it is Iranian and Iraqi militia groups that have brought the drug into Syria.

It is an urgent moral and humanitarian necessity for us to take on the problem of rising drug use in Syria. The first step would be for the Syrian government to recognize just how widespread drug use has become in the country and produce reliable statistics indicating the real scale of the problem, the types of drugs used, and the areas that are most affected. This would allow those concerned—including doctors and other healthcare professionals—to put in place a comprehensive strategy for confronting the crisis. Moreover, Syria needs to request support from international organizations with the resources and experience necessary to deal with the complicated situation of drug-use and abuse in Syria. While such efforts are unlikely to occur, even the most basic steps cannot be taken until the scope of the matter is understood. Otherwise, Syria's addiction problem will only continue to grow, even as the state seeks to fund itself by exporting these drugs abroad. ❖

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