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Attitudes among young adults in Palestine about peers with substance use problems: Challenges and opportunities for community intervention design

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Abstract
Social reintegration is necessary to support people in recovery from addiction, but it is often difficult in Palestine due to stigma. Bin Hussein's instrument for measuring receptivity to social reintegration in various contexts in Saudi Arabia was employed for comparison in the West Bank. Data were collected in 2013 at Al-Quds University at the Abu Dis campus. More than half of the respondents have moderate attitudes toward social reintegration of people in recovery. There were no significant relationships between perceptions about social reintegration and gender, age, year in college, area of academic focus, and form of residence. Implications are discussed.

Keywords
Drug use, Palestine, recovery, social reintegration, stigma

Introduction

Much has been made in the media of escalating rates of substance use among young people in Palestine in the past decade (Monks, 2011; Nofal, 2015). Substance use has traditionally been

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highly stigmatized in Palestine and other Muslim-majority countries, in part due to religious doctrine forbidding use of alcohol and other mind-altering substances (Michalak and Trocki, 2006). In Palestine, this stigma is further entrenched by the political context of the Israeli occupation because substance use has historically been considered an Israeli and Western problem (Thabet and Dajani, 2012).

People in Palestine with substance use and dependency problems are likely to experience rejection and shunning by their families, communities, schools, and workplaces (Massad et al., 2016). These effects of stigma can interfere with recovery for individuals affected by addiction and can separate them from resources of community and economic support, often seen as necessary for maintaining recovery (Bin Hussein, 2004; Cohen and Willis, 1985; Dobkin et al., 2002; Kemp and Neale, 2005; Klee, McLean, and Yavorsky, 2002; Sumnall and Brotherhood, 2012; Tracy et al., 2010). The degree to which young people in Palestine can navigate stigma to access social support and reintegrate into their families, communities, schools, and workplaces may predict their ability to maintain recovery.

The aim of this study was to examine the willingness of young people in Palestine to allow others identified as previously using drugs to reintegrate into their families and communities. Findings will help to develop community education strategies and more effective, culturally responsive, and community-based treatment strategies that support people in recovery in Palestine.

Literature review

Recovery from drug use

A mainstay in the treatment of substance use is teaching and supporting skills for recovery, including ways of coping with the pressures of life that can lead to relapses (Marlatt and George, 1984). One of the fundamental concerns in treatment is identifying an individual's sources of motivation that can help to change addictive behavior (Masharqa, 2007). Social reintegration of people in recovery from substance use can be an especially important motivation in societies like Palestine that have a high degree of social cohesion (Batniji et al., 2009), and therefore may be crucial to enhancing the effectiveness of interventions and to sustaining recovery in these contexts. The cultural and political contexts of substance use are rarely acknowledged in the treatment literatures (Wilton and Moreno, 2012), which tend to privilege conceptions of individualistic actors in substance use behavior over ecological perspectives (Duff, 2012). This point may be especially important in Palestine and societies where identities tend to be organized around collective units, such as the family, mosque, and community, rather than only the individual self. Supportive networks, relationships with significant people, community ties, and employment are all important spheres of social reintegration in many Western and non-Western contexts (Sumnall and Brotherhood, 2012), but may have particular cultural and political significance in Palestine and other societies with more collectivized identifications.

Causes of the spread of drug use in Palestine

Suweif (1999) claimed nearly two decades ago that drug use in Egypt was spreading due to social, economic, and political shifts in the region and because young people were increasingly seeking adventures in other countries where substance use is traditionally more widespread. The recent escalation of the drug problem in Palestine may be attributable to many factors, including the continuous undermining of Palestinian governing structures by Israeli military aggression (International Narcotics Control Board (INCB), 2014) and the increase in drug trafficking across the border with

Lebanon (Robins, 2016). The recent increase in substance use among young people in Palestine should also be seen in the context of trauma. Traumatic reactions have been consistently correlated with and often shown to precede substance use and dependence (Jacobsen et al., 2001). Young people in Palestine – including the college students sampled for this study – have grown up witnessing and often directly affected by constant violence.

Stigma and perceptions of social integration of people in recovery from addictions

A few surveys have been conducted to examine public attitudes toward people with substance use problems in different contexts. In the United Kingdom, over half of respondents believed that drug users deserve their sympathy (59%), society is responsible for providing the best services for drug users (68%), and drug dependence is an illness like any health problem (58%) (Singleton, 2010). The survey showed positive public attitudes toward social reintegration. Most respondents believed that it is important for people recovering from drug use to be part of the community (81%) and to have the same rights to a job as everyone else (73%). In terms of age, the statistics have indicated that middle-aged respondents are more likely to show sympathy and care, and less accepting attitudes. For gender, the differences in attitude between men and women were small: 61 percent of women believed that drug dependence is an illness like any other health problem compared to 58 percent of men (Singleton, 2010).

In the United States, Broadus et al. (2010) found that more than half of the respondents (57.5%) were in the neutral range, less than 20 percent of respondents believed that addiction is a disease, and most respondents (93.3%) believed that people living with addictions are responsible for their recovery. There was also an association between attaining a college degree and views about addiction as a disease. There were no significant differences between women and men in their attitudes toward addiction as a disease (Broadus et al., 2010).

There are some potential differences in perceptions about substance use in British and American samples compared with samples from predominantly Muslim countries and communities. In Iran, in a similar survey, most respondents had negative attitudes toward drug users (Jodati et al., 2007): 25 percent of respondents believed that drug users were sick, 56 percent believed they had mental problems, 10 percent believed that they should be punished by government, and only 6 percent believed that society should help the drug users with recovery. These findings may relate to cultural, religious, and political differences in Iran and potentially suggest differences for other Muslim-majority places in the Middle East as well.

There is also, however, great diversity within and among Muslim-majority countries and places. In Saudi Arabia, Al-Gharib (2008) examined the effect of social acceptance of people in recovery, finding that more than half of the respondents believed that society has a duty to accept people after their rehabilitation and recovery. Also, this study revealed that respondents have positive perceptions of people in recovery; more than half of the respondents reported that people in recovery from addiction can bear the responsibility of marriage. Al-Gharib (2008) also found that monthly income was associated with social reintegration at the community level; those with low incomes were more likely to have a positive perception toward social reintegration of people in recovery from addiction. Finally, Al-Gharib (2008) reported that there was no association, or little significant association, between social integration and age, gender, level of education, and social status.

While cultural factors are important considerations for supporting people in recovery in seeking social support, the cultural differences can be subtle and complex and – as with Palestine – may also relate to political dynamics and stressors stemming as much from oppression and disenfranchisement

of communities and countries (Park, 2005). Clinical treatments in Palestine must take these specific political and historical factors into account (Byers et al., 2015; Kokaliari et al., 2016).

Social reintegration of recovered drug users

Scholars have emphasized that 'social reintegration' of people in recovery is associated with better outcomes (Sumnall and Brotherhood, 2012). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines social reintegration as follows:

> Social reintegration is defined as 'any social intervention with the aim of integrating former or current problem drug users into the community'. The three 'pillars' of social reintegration are (1) housing, (2) education, and (3) employment (including vocational training). Other measures, such as counselling and leisure activities, may also be used. (As cited in Sumnall and Brotherhood, 2012: 28)

More specifically, positive relationships with friends and family, and connections to resources of social capital, can be used to support recovery efforts (Granfield and Cloud, 2001; Sumnall and Brotherhood, 2012). People in recovery who are employed also report better drug treatment outcomes compared to unemployed people (Keane, 2007). However, at the same time, people in recovery face real obstacles to reintegration into society, which can relate to cultural, religious, and political factors. These consequences may include refusal of families and friends to accept them, refusal of employers to employ them, negative attitudes of doctors and practitioners toward people in recovery (Bin Hussein, 2004), and related economic and social consequences, for example, difficulty getting married.

These prior studies highlight the importance of social reintegration of people in recovery at the community, personal, and employment level. Lack of social support and acceptance of people in recovery might lead to relapse and return to drug use. Financial support is also important to help people in recovery to meet their needs and the needs of their families. Specific attention to social reintegration in Palestine is now urgently needed, given escalating rates of substance use and dependence problems and the persistence of stigma – an obstacle to reintegration.

Research question

This study focuses on one main research question: Are there statistical differences in the perceptions of students about social integration of people in recovery from addiction given the following variables: (a) gender, (b) age, (c) year in college, (d) area of academic focus, and (e) type of residence? This design was employed by Bin Hussein (2002) in Saudi Arabia, finding no statistical differences among these independent variables, and re-applied here for comparison. Our research team hypothesized that the findings in the Palestinian West Bank would be similar, again with no significant differences in gender, age, year in college, area of academic focus, or form of residence.

The question further helps to refine initial findings from a prior qualitative needs assessment study with 65 college-age social work students in the West Bank, identifying the spread of substance use and stigma about substance use as critical and unacknowledged problems in the region linked to poverty, violence, trauma, and the occupation (Byers et al., 2014, 2015; Kokaliari et al., 2016). Testing the relevance of these independent variables will allow consideration of targeted psychoeducation to typically socially stratified groups within Palestine (e.g. gender identities, age cohorts) or a broader and more inclusive approach. Findings will be used

Table 1. Demographic characteristics of the sample.

Variable	Levels	Number	Percentage
Gender	Males	218	43.6
	Females	282	56.4
Age	Up to 20 years	325	65
	21–23 years	150	30
	24 years and above	25	5
Specialization	Medicine	101	20.2
	Humanities	188	37.6
	Geometry	118	23.6
	Da'wa (religion)	13	2.6
	Law	67	13.4
	Shari'a (Islamic law)	13	2.6
Academic year of study	First	120	24
	Second	151	30.2
	Third	110	22
	Fourth	119	23.8
Residence/accommodation	City/Town	248	49.6
	Village	222	44.4
	Camp	30	6

to develop a psychoeducational intervention model with sensitivity to the complexity and groups within Palestine and other societies with resonant cultural, political, and religious dynamics.

Method

The study was reviewed and approved by the Research Ethics Committee (REC) of Al-Quds University. Data were collected between August and October 2013 using a questionnaire that was developed by Bin Hussein (2002). Although an older tool, Bin Hussein's (2002) instrument provides an especially useful framework for comparison of data because it was developed and tested in another Muslim-majority context. The population of this study consisted of BA students at Al-Quds University in Abu Dis, in the Palestinian West Bank. Students invited to participate in this study were enrolled in all fields in the university for the academic year 2013–2014. The study was conducted with a sample of 500 students (218 males and 282 females) (for details, see Table 1). Students at Al-Quds University in some ways are a representative cross-section of Palestinian young adults – including economic and geographic diversity, with students commuting to school from a variety of settings, including cities, small villages, rural settings, and refugee camps. Palestine – like other countries in the Middle East and North Africa – also currently has a disproportionate number of young people aged between 18 and 24 years (Assaad and Roudi-Fahimi, 2007), so this sample of college students can be used as one indicator of some views present in Palestinian society more broadly.

The instrument of the study

The study employed a questionnaire developed by Bin Hussein (2002) and contained two parts. The first part included the independent variables: gender, age, year in college, area of academic

focus, and form of residence. The second part consisted of three sections about social integration of people in recovery from addiction. In the three sections, participants were asked to respond to various questions by rating on a Likert scale of 1–5: 'strongly do not agree' (1), 'do not agree' (2), 'neutral' (3), 'agree' (4), and 'strongly agree' (5).

The first section contained 12 items of students' perception of social integration at the community level, such as the person in recovery is unacceptable 'even if he abstained and kept away from drugs completely' and is someone 'who needs my care or the care of society'. It also asks respondents to reflect on whether 'It is wrong for me to treat a person who recovered from drug addiction differently if he decided to abstain from drug use completely'.

The second section contained 11 items related to students' perception of social integration at personal levels, such as 'I have no problem in dealing with a person who has used drugs and then abstained from them completely', and 'It is impossible that I would deal with a person who had used drugs even if he abstained from taking drugs completely'.

The third section contained 12 items related to social integration at work, including the following: 'If I were in charge of an institute or a company, I would not agree to employ someone who used some drugs but abstained, even in the simplest jobs', and 'I see that it is possible for someone who recovered from drug use to contribute to serving his society'.

Validity and reliability of the instrument

Bin Hussein (2002) checked the suitability and validity of the vocabulary of the questionnaire for the measurement of the subjects for which it was prepared. He submitted the instrument to a number of specialist referees. Bin Hussein (2002) found that the percentage of the referee's agreement to the validity of the paragraphs of the questionnaire ranges from 85.7 to 100 percent. Cronbach's alpha showed that the instrument has an acceptable level of reliability ($\alpha = 0.85$).

Statistical procedure

The t-test analysis and analysis of variance (ANOVA) were employed to examine the differences in the perception of students about social integration of people in recovery from addiction related to the following independent variables: gender, age, year in college, area of academic focus, and form of residence.

Findings

Findings show that 65.2 percent of respondents have moderate attitudes toward social reintegration at the community-level scale. The moderate level suggests unformed or mixed views and feelings about acceptance of reintegration of peers in recovery from substance use, in this case in the context of community-level structures (e.g. mosques, schools). In all, 64.8 percent of respondents reported similar moderate attitudes toward social reintegration in occupational settings; 51.8 percent of respondents reported positive attitudes toward social reintegration at the personal level, suggestive of relatively higher receptivity and openness to peers in recovery in interpersonal interactions apart from community and occupational settings, with a greater chance of behavioral and affective responses that convey acceptance.

The hypothesis was confirmed. As with Bin Hussein (2002), none of the independent variables tested revealed significant differences.

The results of the t-test reveal no statistical differences in the students' perceptions about the social reintegration of those in recovery from drug addiction attributed to gender ($F = 1.16$, $p > 0.05$; Table 2).

Table 2. Openness to social reintegration of those in drug use recovery attributed to participants' gender.

Field	Gender	Repetition/ frequency	Mathematical mean	Standard deviation	Mean of square of errors	F value	p value
Social integration	Males	205	3.0715	0.30555	0.02134	1.160	0.282
	Females	263	3.0807	0.28274	0.01743		

Table 3. Openness to social reintegration of those in drug use recovery attributed to participants' age.

Field	Levels	Repetition/ frequency	Mathematical mean	Standard deviation	Standard error	F value	p value
Social integration	Up to 20 years	300	3.0912	0.30384	300	0.813	0.517
	21–23 years	141	3.0511	0.27667	141		
	24 years and above	25	3.0651	0.24167	25		

Table 4. Openness to social reintegration of those in drug use recovery attributed to participants' area of academic focus.

Field	Levels	Repetition	Mathematical mean	Standard deviation	F value	p value
Social integration	Medicine	97	3.0630	0.22261	2.273	0.046
	Humanities	183	3.1085	0.31749		
	Geometry	102	3.0339	0.28638		
	Da'wa (religion)	13	3.1451	0.22390		
	Law	60	3.1010	0.32353		
	Shari'a (Islamic law)	13	2.8857	0.27030		
	Total	468	3.0767	0.29267		

Table 5. Openness to social reintegration of those in drug use recovery attributed to year in college.

Field	Levels	Repetition/ frequency	Mathematical mean	Standard deviation	Average of square errors	F value	p value
Integration in social life	First	112	3.0582	0.28940	0.02735	1.688	0.169
	Second	137	3.1239	0.27119	0.02317		
	Third	107	3.0569	0.35440	0.03426		
	Fourth	112	3.0564	0.25036	0.02366		

The results of the ANOVA indicate no statistical differences in the students' perceptions about the social reintegration of those in recovery from drug addiction attributed to age ($F = 0.813$, $p > 0.05$; Table 3).

There are no statistical differences in the students' perceptions about social reintegration of those in recovery from drug addiction attributed to the participant's area of academic focus ($F = 2.273$, $p > 0.05$; Table 4).

Table 6. Openness to social reintegration of those in drug use recovery attributed to type of residence.

Field	Levels	Repetition/ frequency	Mathematical mean	Standard deviation	Average of square of errors	F value	p value
Integration in social life	City	234	3.0714	0.29546	0.01931	0.470	0.703
	Village	208	3.0745	0.28562	0.01980		
	Camp	25	3.1394	0.33251	0.06650		

The findings indicate no statistical differences in the students' perceptions about social reintegration of those in recovery from drug addiction attributed to year in college ($F = 1.688$, $p > 0.05$; Table 5).

Finally, there are no statistical differences in the students' perceptions about social integration of those in recovery from drug addiction attributed to form of residence ($F = 0.470$, $p > 0.05$; Table 6).

Discussion

This study was conducted to examine the perceptions of respondents about social reintegration of peers in recovery from substance use in Palestine. The findings are consistent with Bin Hussein's (2002) and Al-Gharib's (2008) studies with Saudi Arabian samples, showing no or little association between perceptions about social reintegration and variables including gender, age, and year of study. Our findings demonstrate notably persistent and consistent levels of social stigma, and rejection of people in recovery from addiction in Palestine, however, unlike Bin Hussein (2002), these findings suggest an opportunity among young adults who may respond with greater openness and receptivity to peers in recovery in interpersonal interactions, apart from community-level and occupational structures. More than half of the respondents have moderate attitudes toward social reintegration of former drug users at community-, personal-, and work-level scales. These results are in line with the results of a number of studies (see, for example Al-Gharib, 2008; Singleton, 2010) and in contrast with other studies (see, for example, Jodati et al., 2007). These findings emphasize the necessity of reducing the obstacles to societal reintegration in culturally affirming ways for people in recovery in Palestinian society (see Bin Hussein, 2004). Treatment through families, friends, and relatives may significantly assist in changing the behavior of people in recovery and their integration within their society (Granfield and Cloud, 2001; Sumnall and Brotherhood, 2012).

Furthermore, the non-significance of the independent variables of gender, age, year in college, area of academic focus, and form of residence – consistent with findings in Saudi Arabia – suggests prevailing stigma and provides a baseline for testing psychoeducation or other research-informed intervention designs. The findings suggest a general and inclusive initial approach for psychoeducational intervention aimed at young adults. Increased receptivity toward peers in an interpersonal context apart from community and occupational structures further suggests that our initial intervention appeals to interpersonal empathy. They also suggest greater stigma at community and occupational levels, with potentially negative consequences for acceptance of peers in recovery. For example, it is possible that young people in Palestine experience concern that demonstrating acceptance toward peers in recovery will lead to formal and/or informal community or occupational sanctions, including being shunned or fired from employment themselves. Simply acknowledging these possible fears in dialogue with young adults may be an important component of initial intervention designs.

Limitations

A number of limitations to the study should also be taken into account. The 2002 instrument provides an important framework for comparison within Muslim-majority contexts, but further variables specific to Palestine and other settings affected by decades of violence and occupation should also be considered. For example, factors including exposure to violence or destruction of housing may affect receptivity by Palestinian young people toward peers in recovery. Furthermore, our deductive methodology did not allow for more holistic analysis of attitudes among young people in Palestine related to substance use. For example, the degree of receptivity toward peers with substance use problems may also suggest broader community empowerment needs to address patriarchal attitudes, oppression of women, children, people with disabilities, and other minorities, which may further inflect attitudes toward perceived outsiders and peers with identified substance use problems. These factors cannot be separated from the ongoing crisis of occupation violence and oppression.

Conclusion and recommendations

The results of the study suggest that people in recovery from addiction in Palestine face possible social rejection from families, communities, and jobs due to prevailing negative views about social reintegration. These types of rejection stem from stigma about substance use and may relate to cultural and religious factors, as well as political factors connected to the occupation. For example, at a community level, people in Palestine may suspect that substance users are collaborating with the Israeli military, demonstrating an understandable erosion of trust toward outsiders and an effect of decades of military occupation and violence.

The findings also point to a number of implications for social work practice in Palestine, and more specifically for intervention design. The study highlights the importance of intervening to change negative attitudes toward people in recovery through community-based psychoeducation. Such changes in attitudes will help to reduce the psychosocial pressure people in recovery may experience and enable greater support in Palestinian society for substance use recovery.

Rehabilitation programs that promote coping with problems and decision-making strategies should also integrate a systems perspective, including family-based counseling and community dialogue about stigma and reintegration when feasible and appropriate. Increasing financial and moral support for people in recovery is also vital in order to support an individual's recovery in Palestine. People in recovery are not presently protected by non-discrimination laws or statutes in Palestine, so it is vital for social workers to help people in recovery to find employment and to advocate for changes in law and policy.

Further studies focused on recovery from addiction in Palestinian society are urgently needed. Scholarship itself has been limited in the region due to prevailing stigma and pervasive lack of acknowledgment of substance use among Palestinian young people. Such studies should bear in mind the context of continuing oppression, violence, and poverty related to the occupation as obstacles to recovery, as well as community resources of resilience (Sousa et al., 2013). Research is needed to examine the efficacy of interventions aimed at lessening stigma and promoting familial and community reconciliation and employment. Intervention designs should build on resources of community resilience, pointing to new (and very old) means of empowerment within our Palestinian communities, to care for and support community members in ongoing, collective recovery efforts.

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Author biographies

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Appendix 1

The questionnaire

The following study is titled *Students' Perceptions about Social Reintegration of Recovered Drug users: Viewpoint of Al-Quds University Students*. The questionnaire below is based on the questionnaire developed by Bin Hussein (2002). We ask you to answer the following questions accurately and objectively by ticking (✓) one of the choices:

1. Do not agree strongly
2. Do not agree
3. Neutral
4. Agree
5. Agree strongly

The information is confidential and will be used for purposes of scientific research:

Part I

Kindly put a circle around the answer that applies to you

Gender

1. Male
2. Female

Age

1. Up to 20 years
2. From 21 to 23 years
3. 24 years and more

College

1. Medical Sciences (professions, health, medicine, general health, dentistry, pharmacy)
2. Humanities (Humanities, College for Education, Media, Preparatory Year)
3. Geometry (Economic Sciences and Administration, Sciences and Technology)
4. Da'wa and Fundamentals of Religion (Koran and Islamic Studies)
5. Law
6. Al-Kulliya al-Sharafiyyah

Academic year

1. First year
2. Second year
3. Third year
4. Fourth Year

Residence

1. City
2. Village
3. Camp

Part II

Kindly tick (✓) one of the alternatives (1–5):

No.	*Section 1: the social factors of the drug phenomenon and the role of social control in recovering from addiction at the community level*	Agree strongly (5)	Agree (4)	Neutral (3)	Do not agree (2)	Do not agree strongly (1)
1	I believe that the addict is an unaccepted person even if he abstained and kept away from drugs completely					
2	The addict is a person who needs my care or the care of society					
3	It is wrong for me to treat a person who recovered from drug addiction differently if he decided to abstain from drug use completely					
4	Drug addiction is an incurable chronic condition, and therefore, the addict will be constantly unaccepted by me					
5	The person who has abstained completely from drug use does not deserve to be looked at negatively					
6	I do not have the ability to deal with a person who had used drugs and abstained even if he proved to be straight and behaved well					
7	I accept the recovering drug users as ordinary people					
8	I see that the recovering drug user has no difficulty in co-existing with the members of society					
9	It is difficult for me to accept people who have been treated against drug use, especially if these people are adults					
10	I think that it is quite possible that an addict adolescent can turn into an ordinary person after treatment of addiction					
11	It is natural that people tolerate with a recovering drug user					
12	I believe that society should participate in directing and treating those addicts who want to receive treatment					

(continued)

No.	*Section 2: The social factors of the phenomenon of drug use and the role of social control in recovering from drug use at the personal-community level*	Agree strongly (5)	Agree (4)	Neutral (3)	Do not agree (2)	Do not agree strongly (1)
13	I have no problem in dealing with a person who had used drugs and then abstained from that completely					
14	It is impossible that I deal with a person who had used drugs even if he abstained from taking drugs completely					
15	It is impossible that I deal with a person who had used some drugs and then abstained from that even if I am in desperate need of his assistance					
16	It is impossible that I deal with a person who had used some drugs and then abstained from that, even if he is one of the closest people to me					
17	I think that the personality of the addict does not change much after his recovery from and abstinence from taking drugs					
18	It is impossible that I deal with a person who had used some drugs even if he abstained from that absolutely					
19	It is easy for me to withdraw from my negative attitude toward a young man who has recovered from drug addiction					
20	I do not trust the person who abstained from taking drugs because he will return to it					
21	In my view, addiction is an incurable chronic condition and therefore, the addict will remain an outcast					
22	I believe that the addicted person harmed himself, and he has to know how to find the way to save himself from drugs by himself.					
23	I see that the addicted person is a rash and unreliable one, even if he abstained completely from drug taking					

(continued)

No.	*Section 3: the social factors of the phenomenon of drugs and the role of social control in recovering at the level of job market*	Agree strongly (5)	Agree (4)	Neutral (3)	Do not agree (2)	Do not agree strongly (1)
24	If I were in charge of an institute or a company, I would not agree to employ someone who used some drugs but abstained, even in the simplest jobs					
25	I see that it is possible for someone who recovered from drug use to contribute to serving his society					
26	I see that it is possible to help a drug user to benefit from the available possibilities of society that help him to take the right way					
27	I see that providing suitable work opportunities to the recovering drug user can achieve professional harmony and integration in society					
28	I see that integrating the recovering drug user in the work market helps him not to return to drug use					
29	It is the right of the recovering drug user to get equal opportunities of work					
30	The recovering drug user should be given special care by the government when the government designs the work plans and policies					
31	A special concentration should be put on recovering drug users at the supporting institutes that provide loans and small projects					
32	I believe that the recovering drug user should be excluded from sensitive jobs that have fateful effects on society					
33	I refuse to employ a recovering drug user even if he agreed to get a lower salary than regular employees					
34	I believe that employing a recovering drug user is a waste of the limited job opportunities in society					
35	Recovering drug users suffer from failure in practicing any economic activity					