

# Alcohol use in Iraq: Perceptions of interviewed students at three Iraqi universities

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## Abstract

**Introduction:** Iraq has faced decades of conflict and increased exposure to alcohol use. While the majority (60%) of Iraq's population is under the age of 24, there is no research examining their views on alcohol use and related factors. This study explores how the individual, interpersonal and social contexts of university students may influence their experiences and perceptions of alcohol use.

**Methods:** We undertook a qualitative study underpinned by a socio-ecological framework and the alcohol use motivational model. Forty students from 11 disciplines at three universities across Iraq were interviewed (45% female). Interviews were conducted in English ( $n = 3$ ) or Arabic ( $n = 37$ ). Template analysis was used to examine the data.

**Results:** Perceptions of the prevalence of alcohol use varied among participants. Perceived motives for drinking included using alcohol to cope with grief, loss, poverty and unemployment; as well as peer pressure, thrill-seeking and social approval. Abstinence was perceived to be associated with knowledge of the adverse effects of alcohol and a commitment to faith. Students reported alcohol use as a clandestine activity. Students suggested education, open communication and employment opportunities as preventative strategies.

**Discussion and Conclusion:** This is the first study to explore young Iraqi perceptions and experiences of peers' alcohol use in the current context of conflict, political instability and globalisation. Young Iraqis are a vulnerable population who may be at risk of alcohol-related harm. Iraq should consider multidimensional preventive approaches that include evidence-based and culturally appropriate interventions that reflect young people's real-life experiences and challenges.

## KEYWORDS

alcohol, Iraq, Muslim majority country, students, youth

## 1 | INTRODUCTION

Alcohol is the leading risk factor for burden of disease globally in people aged 15–49 years [1]. However, half

of the world's population is abstinent (last 12-months: 57%, lifetime: 44.5%). Muslim-majority countries (MMC) have the highest prevalence of abstinence, largely attributable to the Islamic prohibition [2].

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However, globalisation and local changes in some MMCs can influence drinking [3].

Iraq is an upper-middle-income MMC in the Eastern Mediterranean Region with an estimated population of 38 million (60% under 24 years) [4]. The World Health Organization estimates that 93.8% of Iraqis are lifetime abstainers [2]. Although a ban on alcohol was imposed in 2016 [5], this law was not implemented, and Iraq nationally recognises the 2001 laws regarding alcohol licencing and consumption. These laws allow alcohol sales to adults by non-Muslims at given distances from religious and public places. However, some provincial bans on sale and consumption of alcohol have been introduced [6].

The unstable political and economic context in Iraq may place populations, such as young people, at risk of substance use disorders. Iraq has been exposed to war, terrorism and civil unrest since 1980. No studies have examined the impact of conflict on alcohol in the Iraqi civilian population. However, the 2009 Iraqi Mental Health Survey identified that increased exposure to traumatic events was associated with all mental disorders, including substance misuse [7]. An association between conflict exposure and substance use disorders has also been noted among soldiers returning from Iraq [8]. This association has been noted in other conflict-affected civilian populations, including displaced populations in MMCs [9–12].

Globally, university students drink more than their non-student peers and are vulnerable to harms from alcohol [13–15]. In Iraq, universities are secure dry campuses separated from outside life, providing a safe space for friendships to flourish and for opposite sexes to interact.

Young Iraqis have access to all forms of media including platforms that market alcohol [6]. Evidence, mainly from non-MMCs, indicates that alcohol promotion, including indirect exposure, is linked to initiation of drinking among young abstainers and increased consumption among drinkers [16]. University students in the region mainly consume English language media [17], putting Iraqi students at higher exposure to alcohol promotion than the general community.

There are limited quantitative studies regarding alcohol in Iraq, and there is no peer-reviewed qualitative research about the experiences and perceptions of Iraqis on drinking [18]. Internationally, experts have called for research to explore the micro and macro characteristics of drinking in cultures outside European and Anglophone countries [19, 20]. A need for qualitative research to explore patterns of consumption and factors influencing substance use in Arabic countries has also been identified [21].

Our study addresses this gap by exploring attitudes of young Iraqi university students towards alcohol. We sought to understand students' perceptions of why young Iraqis drink, how prevalent they perceive alcohol use to be and

how they view drinkers and alcohol-related harms. Finally, we aimed to understand students' perspectives about the role of health policy in reducing alcohol-related health risks.

## 2 | METHODS

We applied a constructivist descriptive approach to explore the factors that underpin current attitudes towards alcohol and how these may influence young people's decisions to consume or abstain from alcohol in their current environment.

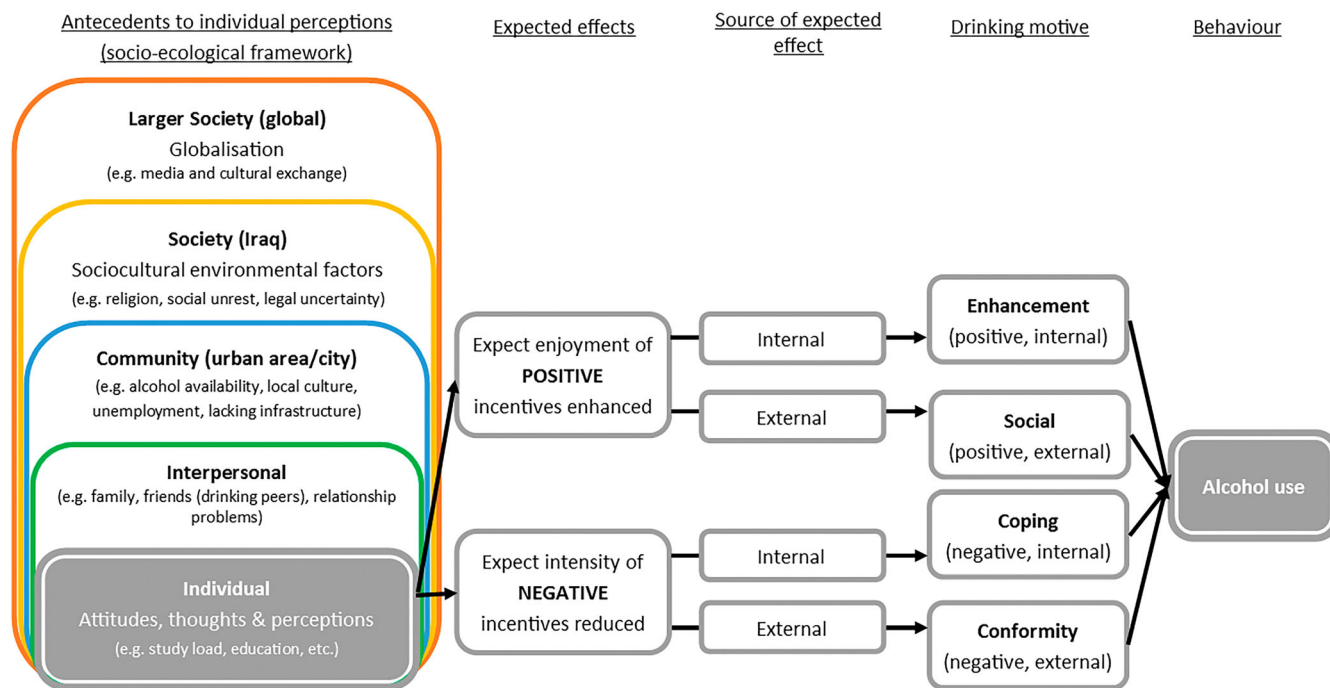
We adopted a social-ecological model [22] to explore the relationship between the individual student's experiences and perceptions of alcohol use and that of the environment that hosts the individual, family, community, society and beyond. We complemented this framework with work by Kuntsche et al. that examines positive/negative internal/external factors influencing alcohol use [23]. Our model combines aspects of this model with the socio-ecological framework to assess current factors with socio-cultural and environmental dynamics. We adapted this model to the Iraqi context—assessing macro and micro antecedents to perceived attitudes and behaviours around alcohol use. In this way, the possible chain of influencing factors from the global to the individual level can be constructed. Previous literature indicates that students in non-MMCs drink for social and enhancement reasons [23–25]. We hypothesise that while this may also be true in Iraq, students would perceive coping and conformity as the main motives for drinking (Figure 1).

### 2.1 | Settings

To ensure diversity, four universities in different regions of Iraq were invited to participate in this study, including three universities in Arabic-speaking regions and one in autonomous Kurdistan. The latter did not respond to invitations and was not included. The participating universities were in diverse urban settings including a conservative religious city (University A), a large metropolitan city (University B) and a port city (University C). These settings have varied provincial policies regarding alcohol (regulatory policy: University B; prohibition: Universities A and C).

### 2.2 | Recruitment

A leader in the faculty of medicine was approached at each university, who assigned a staff or student representative to assist with recruitment. The interviewer, staff or student representative approached students in university common areas to invite participation. Students were



**FIGURE 1** Socio-ecological framework for alcohol use in Iraq complemented by aspects of the motivational model as presented in Kuntsche et al. [23].

provided information about the study and that participation is voluntary and they can withdraw without consequences. Verbal consent was sought for participation and recording. As alcohol is a sensitive topic, written consent was not sought, providing confidentiality and safety for participants. The first author, a male Iraqi Australian PhD candidate trained in qualitative research methods, conducted interviews in Arabic or English according to the participant's preference.

Interviews were conducted in a casual and private environment between 8 and 19 March 2017. However, as the interviewer was a male, for cultural reasons, it was not possible to interview female participants in a closed space unless the door was open. Even when interviews took place in common spaces, some females requested the presence of a fellow female. All interviews were conducted on campus except for one interview held at a nearby café upon the participant's request. Interviews were audio recorded. Field notes were taken following the interview to record non-verbal interactions or reflections. To build rapport, the interviewer engaged in general conversations with participants before the interview.

### 2.3 | Qualitative interviews

Qualitative interviewing was used to obtain descriptions of the lived experiences of interviewees and how these impacted their attitudes [26]. Semi-structured

interviews, guided by five questions (Appendix), ensured uniformity in questioning while providing flexibility for the participant to answer freely [27]. No questions were asked about the participant's alcohol consumption. Instead, we enquired about university students as a collective.

Following verbal consent, participants were asked about alcohol use and attitudes in pre-2003 Iraq. Students were asked about the influence of sanctions, war and terrorism on attitudes towards alcohol. They were asked about how common they thought drinking was among students in Iraq. Participants were invited to comment on the 'openness' of Iraq towards the outside world (e.g., media, economy, culture), and if this affected students' attitudes towards alcohol. Lastly, participants were asked about tolerance towards minorities and the ideal alcohol policy for Iraq.

### 2.4 | Translation and transcription

Transcripts were de-identified, and pseudonyms assigned. One participant did not disclose their name and is called 'undisclosed'. Transcription and translation were conducted by the first author (Mustafa Al Ansari), who is fluent in Arabic and English, in a single step method (Arabic audio to English text). The first 12 recorded audio files were translated and transcribed verbatim. Due to time constraints, only interviewee responses were transcribed for the remaining interviews.

## 2.5 | Analysis

We applied King's template analysis [28]. Coding was derived from a priori themes informed by the conceptual framework (Figure 1) and revised by new data-driven themes.

Mustafa Al Ansari created a priori template of codes using field exposure and the first eight transcripts. These transcripts were circulated to the other authors (Angela Dawson and Katherine Conigrave) for independent scrutiny. The authors jointly discussed and refined the template. Mustafa Al Ansari used a revised template to analyse data from Universities A and C. These findings were presented and discussed with Angela Dawson and Katherine Conigrave. Mustafa Al Ansari used the further revised template to analyse data from University B. The authors again discussed the findings. An audit trail was maintained. NVivo 12 software was used for analysis.

A reflexivity statement is included in the discussion to identify the possible influence of the researcher on the study [29]. Local collaborators, medical graduates and student representatives were consulted in the study design, piloting, implementation and dissemination.

## 2.6 | Ethics

Ethics approval granted by the Medical Ethics Committee at the College of Medicine at the University of Kufa, Iraq (MECCM-0028).

## 3 | RESULTS

Forty interviews, lasting between 8 min and an hour, were conducted. The gender and faculty mix of participants are shown in Table 1.

Findings are presented in five themes: perceived prevalence of drinking, perceived motives for abstinence or drinking, attitudes towards those who drink, perceived harms from alcohol use and views on alcohol policy in Iraq. Although participants were asked about student drinking, most answered about drinking among all young Iraqis. Students spoke about drinking in men and only one student mentioned drug use by women.

### 3.1 | Perceived prevalence of drinking

Several students ( $n = 14$ ) reported increased drinking prevalence since the 2003 war. In contrast, seven students reported that drinking had reduced, and others did not report on prevalence but mentioned that patterns of drinking have

**TABLE 1** Gender and faculty of participants ( $n = 40$ ).

	Uni. A (n)	Uni. B (n)	Uni. C (n)	Total (n)
Gender				
Male	10	3	9	22
Female	6	4	8	18
Faculty				
Medicine	4	2	6	12
Science <sup>a</sup>	7	2	4	13
Humanities <sup>b</sup>	2	0	1	3
Engineering <sup>c</sup>	3	1	2	6
Social Sciences <sup>d</sup>	0	2	4	6
Total (n)	16	7	17	40

<sup>a</sup>Science includes faculties of science, nursing, geography.

<sup>b</sup>Humanities include faculties of languages and visual arts.

<sup>c</sup>Engineering includes faculties of engineering and planning.

<sup>d</sup>Social Sciences include faculties of law, education, political science and media.

worsened. Compared to others, female students and those in University A reported increased drinking prevalence.

Students from all three sites said drinking is a clandestine activity.

'Here ... alcohol is ... present, but it's hidden. In other provinces it's present, it's normal, people go, hang out and drink'.

Said, male, University A

However, students in University B reported that drinking has become more visible over time:

'Now ... it's different. Before, in all honesty, there was none of this, now it's public'.

Undisclosed, female, University B

### 3.2 | Why people drink

Participants reported diverse reasons for alcohol abstinence or consumption. One student said that decisions are based on worldviews:

'It's natural for there to be various views. Firstly, those that outright reject [drinking] from a religious view ... Secondly, those that see themselves free from religion, but refuse [drinking] for a personal belief ... those that are known for alcohol are those leaning towards the secular view ... religion ensures

that most people stay away from [drinking]’.  
Hisham, male, University A

The following results are presented according to the perceived drivers of alcohol use (Figure 1). They start from perceived individual motives, through to those associated with social, national or global influences.

### 3.2.1 | Perceived individual motives

Students reported on perceived motives for young people’s drinking. For example, enhancement motives, including curiosity, were associated with students who travelled abroad.

‘Even when they travel, they’re thinking “I am only going to enter this place to have a bit of fun and while I am at it, might as well drink a bit”’.

Hasan, male, University C

Inquisitiveness was also connected to a pre-conception of alcohol use as appearing sophisticated or reaching another side of one’s personality.

‘I am a very curious person, and I tried it ... as a joke we say, there are people that think ‘[alcohol] adds genius to you!’ ... Alcohol of course gives a strong relaxation to the body. Through this relaxation, someone can reach their brain ...’

Bilal, male, University C

Although trying alcohol out of curiosity or adventure was condoned, participants feared that drinking for enhancement may lead to ongoing consumption. One participant, Batoul (female, University A), described that ‘when they try it out once, twice or thrice, they’ll fall for it’.

### 3.2.2 | Interpersonal motives and influences

Students described ‘bad’ friends and peer pressure as encouraging a mixture of social, enhancement and conformity motives for drinking. For example, Bilal (male, University C) said:

‘What would my friends think if I rejected their invite? They’d say, “I am not a man”’.

Others indicated that young Iraqis drink to boast about it.

‘People drink and then boast about their drinking saying “I drank in this place and this funny thing happened to me”’.

Ibrahim, male, University C

Students described the important role of families in young people’s choices about alcohol. Parenting, they argued, was either careless or authoritarian, with high expectations, placing pressure on young people without impacting long-term behaviours. For example, one participant said:

‘There was a student with us ... he is now dead ... he went to study in Russia. His religiosity wasn’t strong ... there he was drinking and having illegitimate sex then he returned ... started being regretful ... started living righteously ... His family were very strict ... increased pressure eventually causes an explosion’.

Reda, male, University A

Students indicated that young people found it difficult to talk to their parents about drinking or other culturally and religiously sensitive topics. For example, a female student (University A) explained that young Iraqis either did not want to disappoint their parents or were afraid to lose parental financial support, risking being ‘kicked out’ if exposed. Other students argued that cultural differences affected the ability of parents to address their child’s drinking. For example, a mother would hide the son’s drinking for fear of the child being punished by the father—or would not reach out for help from others in fear of long-term social consequences.

‘His mother might have seen some things that are worrying about him but didn’t inform his father, so that was the wrong choice, and so there was no discipline’.

Manal, female, University C

A small number of students ( $n = 3$ ) disclosed that their father or close male relative was a drinker. Two of these students suggested that they themselves had consumed alcohol in the past. Students also reported that family attitudes to alcohol or a father’s drinking influenced the son’s alcohol use.

‘Families are strict and religious ... [the son] only drinks when he sleeps over at his

friends' place ... If he drinks, he drinks very little ... [so] he can go back home, and his family will not know. But the person whose father drinks, he drinks as much as he wants and gets drunk'.

Ali, male, University B

Students preferred that parents and teachers provide education about the harms of alcohol so that young people develop long-term 'immunity' against such harms.

### 3.2.3 | Community-related motives and influences

Availability of alcohol was reported to influence its uptake. Participants from Universities B and C reported that alcohol was easily available and some alleged that illegal alcohol trade was protected by security forces. Participants said alcohol (and illicit drugs) are sold in commonly known locations.

Unemployment and lack of alternative recreational activities were mentioned as possible reasons for increased drinking.

'As soon as it's sunset, go past the bars where they sell alcohol, you'll see masses of people there ... Why? ... There is no alternative. Where should a young person go?'

Ali, male, University B

Although many students stated that graduands seldom find employment, some denied this was linked to increased alcohol consumption. However, participants shared their concern about drinking among unemployed young people with limited educational opportunities.

'It is unlikely a university student would drink ... it's impossible, because he has ... intellectual immunity, he says, 'I have learnt and struggled—why would I destroy myself?' But as for other young people ... even the smallest upset in life ... he will go [drinking]. There is no lack of bad friends [too]'.  
Mahmoud, male, University C

### 3.2.4 | Society-related motives and influences

Several students ( $n = 12$ ) reported that instability in Iraq triggered drinking as a coping mechanism. At least three

described stories of friends who used alcohol to cope after losing a loved one.

'This person, before the fall of Saddam, he was [wealthy] ... After the fall, in 2004, there was killing by identity [sectarianism]. They took his properties and killed his wife ... He started drinking daily under the bridge [homeless] to lessen his suffering'.

Adam, male, University A

Students spoke of Iraq's post-war situation and how this influenced people's perceptions of alcohol. While participants reported limited direct exposure to war, their words often alluded to the post-conflict situation.

'They give up on life, or some, their father left them and separated, or as I said, some experience poverty, and others face social pressures. They are not in similar situation to young people in other countries, especially Europe. That's why we see they head towards [alcohol]'.  
Zaman, female, University C

In contrast, three students from Universities B and C denied the post-conflict situation led to drinking. They argued that young Iraqis are familiar with their reality and have become resilient. Interestingly, these students shared that their father or male relative used to drink.

'When I wake up in the morning, I am exactly like you ... as young people ... we see the situation of Iraq as normal. When we come to drink, we don't drink because of the Iraqi situation, because ... it is our reality. It is us'.

Sam, male, University B

One student felt that although religion was currently the strongest deterrent to drinking, this was changing in reaction to perceived corruption and hypocrisy in government.

'They consider that terrorism ... [and] limiting of freedoms is religious. Most of the corrupt thieving politicians have a religious side ... The student just wants to escape to anything, as long as it's not Islam'.

Hisham, male, University A

Other students believed that political parties and militias have financial interest in alcohol and entertainment

industries. They gave examples of venues that were attacked by Islamist militias then became protected by the same militia following payment of bribes and loyalties.

### 3.2.5 | Globalisation and greater/external societal influences and motives

All students acknowledged the benefits of traditional and social media, especially for facilitating interactions with the outside world. However, there were diverse views on its impact on drinking.

‘Maybe, [openness] will increase [consumption]. Because people will see others seek [alcohol], it will impact them ... It could also increase awareness ... It really depends on the person’.

Huda, female, University A

Students feared that young people only absorbed ‘negative’ influences, such as drinking. They shared that young Iraqis were increasingly ‘mimicking’ what they see in media, where alcohol is presented positively.

‘We say we like to see the outside world ... we will mimic them, we will become the same as them. But no, this is not true, [we will not become the same as them], everything is different here, we have religion, culture, traditions and for sure these are different from the outside world’.

Ahlam, female, University B

Prior to 2003, there was suppression of non-state actors including global media and local religious/cultural activities. Changes in Iraq since the fall of Saddam were noted.

‘In 2003, [Iraq] opened to the outside world. This openness wasn’t just cultural and technological—it was also religious ... even those who drink, started drinking secretly or at least started drinking in a way that emphasises that it’s not permissible’.

Ibrahim, male, University C

Five students inferred that overseas travel was connected to drinking due to reduced risk of reputational damage and family scrutiny. One student described a friend who returned to Iraq with an alcohol problem,

and another narrated a story of colleagues who drank while travelling together.

‘When I travelled, I had friends that would say “Why shouldn’t I try [alcohol], it’s once in a lifetime. It won’t impact anything, so let me try and see.” Here in Iraq, obviously he can’t do it, because he is afraid that his family or someone else sees him’.

Adam, male, University A

In contrast, other students did not believe that overseas travel would influence young Muslim Iraqis to try alcohol.

‘If they got a chance to travel outside ... I don’t think they will [drink] ... because it’s kind of a stigma and people think that it’s very hard to drink in public ... most of us, as Muslims we are very convinced and ... we don’t take these actions lightly’.

Mahdi, male, University A

Interestingly, students did not emphasise the risk of prosecution for drinking in Iraq, even in provinces with alcohol prohibition.

## 3.3 | Perceptions about those who drink

### 3.3.1 | A person to be avoided and stigma

One student differentiated between the attitudes of university students towards drinkers and the attitudes of young people in wider society.

‘[At] the university ... they couldn’t ... [have] a drinker and put a tick on him. No, there’s a big X on him. But if you walk outside the university ... then yes, a drinker is seen as normal and accepted’.

Mahmoud, male, University C

Students in Universities B and C stated that before Iraq’s political instability, conflicts and sanctions, drinkers were more tolerated. However, the instability and introduction of religious militia has led to tension between Iraqis, especially towards minorities. One student was discouraged from interacting with non-Muslims whose religion allowed drinking:

‘Our families don’t allow us to mix with people from other religions ... because they have

more drinking. So, their assumption is that this will negatively impact us’.

Manal, female, University C

Excluding drinkers from social interactions was a consistent theme. Students described drinkers as people whom one would not want to associate with. This appears to be the case even among non-Muslims in Iraq, with one female student sharing that ‘not even Christian girls like drinkers’.

‘It’s impossible for a girl to say, “oh it’s okay, I will have a relationship with a drinker” and same with boys, they’ll say, I will stay away from him and leave’.

Zahra, female, University B

Some students considered any drinker to be an ‘alcoholic’, while others only used this label for those drinking excessively or are dependent on alcohol. Two students reported that if a male student tries alcohol for curiosity, this would be tolerated but noted that alcohol is usually consumed in intoxicating amounts.

‘In eastern societies ... they don’t have a culture of drinking ... In the west, there are people that drink for a reason, there are people that stay awake all night drinking ... but they drink little. But us, here, you won’t be called a drinker unless you’re intoxicated’.

Sam, male, University B

### 3.3.2 | Blame

Students perceived that young Iraqis’ choices around alcohol weren’t made consciously—they saw that people were drinking (or abstaining) to conform to outside pressure—be that ‘traditional’ or ‘western’ culture. Some students associated this conformity with a ‘weak’ personality in young Iraqis who had become mere ‘imitators’.

Students viewed drinkers as lacking religious conviction, education and/or wealth. Although students described ‘alcoholics’ in a negative tone (‘uneducated’, ‘poor’, etc.), they often blamed the underlying social, political and economic environment rather than the individuals. One student, who shared that he and his relatives drink, praised young people who can stay away from alcohol, despite peer pressure.

### 3.3.3 | Admiration

Some students shared that drinkers are increasingly perceived positively, which may encourage drinking. Firstly, by traditional people who associate alcohol with masculinity and refer to alcohol as ‘the milk of lions’ and secondly, by students who want to break free from current social and religious values and beliefs.

‘The person that drinks is considered a lion ... instead of people detesting him, he became liked ... bad things like fornication, drinking and all these things—they grouped these and called them “galaat,” essentially negative [traits] that are now used to praise someone’.

Yacoub, Male, University A

### 3.3.4 | Sympathy

Despite their negative views, students suggested that Iraq’s political instability was the primary reason for drinking. Students emphasised that young people should be more tolerant towards others who hold different views regarding alcohol.

‘We need people that don’t interfere in other people’s business ... People must respect our opinion, respect the differences among us, we aren’t all from the same religion, nor all have a single opinion ... someone must respect diversity’.

Naeema, female, University C

## 3.4 | Consequences of drinking

Individual and interpersonal alcohol-related harms were frequently mentioned. One person shared that his friend died from liver cirrhosis, while others knew people who lost consciousness, memory or other intellectual abilities due to alcohol.

At least one student in each of the settings reported that a friend or relative was either a perpetrator or victim of alcohol-related harms. Two female students from University A spoke about alcohol-related domestic violence affecting someone they know. They both shared the limited ability of women to respond to such violence due to fear of losing their children or their child losing a father.

‘One of my relatives ... it gets to the point of hitting her ... he was addicted to alcohol and

he brings his friends home and one thing leads to another ... she had no solution, she had children, so she couldn't do anything'.

Zaman, female, University A

One woman in University C also perceived that females were the main target of alcohol-related violence, even in the streets. Students in University B did not share specific stories but said that alcohol-related street violence and car crashes were a daily occurrence.

Two male students in University C shared specific stories of how drinking harmed their friends. One of them, Mahmoud, was tearful when mentioning a friend who died in a car crash: 'I was his only friend that didn't drink, so had I given up some of my time that night, he'd still be here'.

### 3.5 | View of policies towards alcohol

Students were unaware of Iraq's current alcohol policy, especially since the 2016 ban. Students' views on an ideal alcohol policy for Iraq varied significantly. Students ( $n = 12$ ) stated that immediate or phased prohibition was the most appropriate policy. Students argued this for religious reasons or because they believe prohibition protects health and ensures positive social outcomes.

However, others ( $n = 7$ ) believed that if social harms are controlled, people should be free to drink. They suggested regulations, such as taxes and restricted hours and venues. Some described drinking as a 'right', stating that people should make their own choices. Regulation was seen as a better approach because 'that which is forbidden is attractive' (al-mamnü' marghüb).

Almost all students suggested governmental preventative and health promotional efforts—some directly blaming the state for increased drinking and lack of alcohol awareness. Students suggested introducing health-related educational programs, improving employment opportunities and increasing sport and recreational activities.

## 4 | DISCUSSION

This study highlights the experiences of young Iraqis and their views on how exposure to war and to western culture through globalisation may have influenced perceptions towards alcohol use. Drinking in Iraq is a clandestine activity, and alcohol remains a sensitive topic [30, 31]. Students had varying views on the prevalence of drinking and on possible motives of young Iraqis who drink. There was a mix of attitudes to drinkers, including ostracism, criticism, admiration or sympathy for those

who drank to cope with traumas. There was agreement that drinking is uncommon among women and that family has significant influence on drinking—whether that be through strict or lax parenting, or modelling of consumption. Students commented that living away from home or travelling overseas exposed students to alcohol. A spectrum of opinions on future policies in Iraq were shared—ranging from complete prohibition to a free-for-all approach. This diversity of perceptions aligns with Iraq's evolving context: Islamic prohibition and traditional culture on one hand and increased exposure to global influences, including promotion of alcohol, on the other.

A visible increase in the availability and affordability of alcohol was reported, including in provinces with alcohol prohibition—consistent with student reports of 'easy' access to alcohol across Iraq [32]. Online sources also indicate the affordability of alcohol. For example, a 500 mL can of imported beer in post-ISIS (Islamic State of Iraq and Syria) Mosul is 2000 dinars (~1.5 USD) and a 1 L bottle of whisky (43% alc/vol) costs 12,000 dinars (~10 USD) [33], equivalent in cost to a meal (10–20 USD).

Young people's motives for drinking influence initiation and outcomes of drinking [23]. Students reported a range of perceived 'internal' (coping/enhancement) and 'external' (social/conformity) motives for drinking. Participants perceived that drinking was linked to coping with exposure to war, grief, poverty, loss and unemployment as well as a way of rejecting traditional culture and religion.

Students perceived that social motives were linked to drinking by previous generations, drinking in small groups, or drinking outside of Iraq. 'Enhancement' motives were associated with both traditional and modern perspectives on alcohol. Traditionally, drinking was synonymous with a feeling of invincibility or being a 'lion', and more recently alcohol has become a sign of sophistication and modernity—associated with young Iraqis exposure to positive images of alcohol in global media. In non-MMCs, exposure to alcohol, including via movies, has been linked to increased likelihood of alcohol initiation [16].

In line with international literature [23, 25], students perceived that consumption for coping purposes was associated with heavier drinking and more adverse personal and social outcomes. Students knew individuals who used alcohol to cope with experiences of war or displacement—consistent with increases in substance use/misuse in non-Iraqi displaced and post-conflict populations [10]. Post-traumatic stress disorder and trauma exposure, both prevalent among young Iraqis, are associated with alcohol misuse [34]. Iraqi refugees elsewhere

have shared that they drink to cope with past trauma [35]. In 2019, at least 6.7 million Iraqis were displaced or in need of urgent assistance [36] and Iraq is increasingly hosting refugees from Syria, Lebanon and Palestine. Students often sympathised with people drinking to cope, and blamed external factors such as social, economic or familial context.

Iraq is experiencing an economic crisis that, coupled with trauma experience, could put young people at increased risk of alcohol harms [37]. Students saw drinking disproportionately affecting unemployed and poverty-stricken young people who had no educational opportunities. In non-MMCs, alcohol use and misuse is associated with poverty [38] and long-term unemployment [39]. Nationally, over a third (36%) of Iraqi youth are unemployed with one fifth (22%) experiencing poverty, including nearly half of those in former ISIS-controlled regions (44%) [40]. Long-term planning to address the underlying social, economic and political issues may address alcohol use for coping purposes.

#### 4.1 | Preventing alcohol misuse in Iraq

By observation, alcohol prevention in Iraq is conducted by religious figures and health professionals. Since the 2016 alcohol ban, no clear or centralised Iraqi alcohol policy exists, with current policy focused on application for and operation of licenced outlets. These policies ban marketing, limit operation hours and regulate labelling [6]. International evidence shows the effectiveness of such supply control measures, if applied consistently [2]. There is limited research on alcohol policy in Iraq, including on its implementation or effectiveness.

While taxation can be effective in reducing alcohol use [41], Iraq lacks the infrastructure to implement sale taxes or levies on retail products. The current taxation model has no firm legal or financial structure. In 2016 a government plan to charge a 300% levy on importation and sale of alcohol was not implemented. Even if import taxes are imposed, the Iraqi cash-based economy is not monitored adequately, with smuggling and illegal sales widespread [42].

Universal alcohol prevention efforts typically aim to reduce overall use, problematic use and/or related harms [41]. Given the reportedly low prevalence of alcohol use in Iraq [7, 43], the appropriateness of a universal alcohol prevention strategy has been questioned [44]. However, the vulnerability of young people in Iraq suggests that a long-term, culturally-sensitive strategy that keeps prevalence of consumption low while introducing harm reduction and treatment strategies may be required.

While some students preferred a policy of prohibition with severe consequences, they shared that banning

alcohol may increase desire for drinking. Evidence on drug prohibition in non-MMCs suggests that such bans may decrease use but result in limited reduction of harms, and may result in adverse health and social effects [41]. Those adverse effects include increased illegal markets for that substance. In our study, students in Iraqi provinces with prohibition noted that policies are not enforced, and alcohol is readily accessible. They suggested alcohol use should be regulated and that a non-prohibition approach would lead to 'informed' abstinence.

Iraqis typically view addiction as a moral rather than a medical issue [44, 45]. Students perceived 'weakness' or lack of 'religiosity' as common reasons for drinking. Health promotion approaches should consider this moral worldview [41]. Currently, the biggest deterrent of alcohol use in Iraq and other MMCs is the Islamic prohibition. For example, most Turks (89.1%) report lifetime abstinence [2], despite Türkiye's secular non-prohibition policy since 1924 [46]. However, students in our study reported an increasing anti-Islamic sentiment among educated young Iraqis, who blame conservative Islamists for political and social concerns. Accordingly, religious intervention may not deter increases in prevalence or harms for the entire population.

In some MMCs including Iraq, alcohol is more stigmatised than other drugs [47, 48]. Students in our sample reported that families often hide an individual's drinking for fear of isolation and life-long stigma. While this stigma may deter alcohol use, it also limits access to treatment and re-integration into society for those affected by alcohol use disorders.

Broad community-based interventions may be useful in preventing alcohol misuse by young Iraqis. However, substance-specific education programs have typically been shown to be ineffective [41] and conversations specifically about alcohol may not be culturally sensitive. Alternatively, conversations about alcohol could be incorporated into youth development and health promotion approaches. Promising prevention programs elsewhere focus on psychosocial and life skills to reduce drinking, rather than specifically focusing on alcohol [41]. Programs that address socioeconomic determinants, increase resilience and connection, and help individuals cope with the after-effects of psychological trauma may also be useful [49].

Students emphasised the importance of parenting style in influencing alcohol-related behaviour, and the fear of young Iraqis to discuss taboo topics with their parents. Programs like Positive Youth Development attempt to build parenting skills and parent-child communication. Positive Youth Development had promising results in diverse settings in high, middle- and low-income countries [50, 51], including in preventing anti-social behaviour and delaying onset and frequency of alcohol

use [41]. Given that young people often live at home until marriage in Iraq, a program to enhance parents' interaction with young adults has potential value.

As with previous studies, students framed drinking as a male behaviour, while illustrating that women are the primary victims of alcohol-related harms [18]. Reports of gendered domestic and sexual violence underscore the need for programs that target male perpetrators, as well as offering support to victims and their families to mitigate social stigma and isolation.

Interviewees pointed to limited alternative opportunities for entertainment and social interaction. Strategies to address these should be part of holistic prevention, which supports young Iraqis to build resilience. Any approaches to address alcohol must consider the diverse needs of young Iraqis and be sensitive to Iraq's socio-cultural context and its already stretched health and economic system.

## 4.2 | Limitations

The security situation and funding limitations meant that interviews were conducted over 2 days at each site, limiting targeted recruitment of minorities or internally displaced peoples. Sampling was convenience and interviews took place in staff rooms or public spaces around campus. While care was taken to not be overheard, this setting may have inhibited some participants. Culturally the male interviewer could not directly approach female students, so most were recruited through university staff in formal settings. This was evident in 10 female rejections (compared to two male) and females providing generic answers while distancing themselves from alcohol-related settings.

Transcription and translation was conducted in a one-step process due to funding limitations, potentially impacting accuracy of transcripts. Snippets of a few interviews were back translated to Arabic for verification by a second translator as a random checking process.

Recruitment was confined to university students, a priority population vulnerable to alcohol-related harms. Drinking prevalence, patterns and motives may differ among other young Iraqis. Due to cultural sensitivity, we avoided asking interviewees about their own drinking, motivations or attitudes. Instead, we asked about perceived attitudes towards alcohol use among others.

## 4.3 | Reflexivity

The first author (Mustafa Al Ansari) is a non-drinking Muslim Australian Iraqi male. Being an insider allowed

students to identify with his age and thinking. However, some interviewees may have felt judged or restricted. For example, one participant took a smoking break when he identified, by accident, that Mustafa Al Ansari was related to a university staff member. Being an outsider may have made students feel at ease but potentially influenced them to project a progressive approach. Mustafa Al Ansari's impression was that some students and staff concluded that he was either attempting to promote or prohibit alcohol. This polarisation of views is commonly observed in Iraq. During some interviews, Mustafa Al Ansari felt that students answered what they thought he wanted to hear.

In several interviews, once the participants' view of alcohol became clear—this may have impacted Mustafa Al Ansari's understanding of the remainder of the interview. For example, if a student appeared to be a devout Muslim, Mustafa Al Ansari may have unintentionally understood what he said differently to the same words from a person who appeared irreligious.

## 5 | CONCLUSION

Alcohol is a multi-dimensional commodity in Iraq: to some, it represents the difficulties, conflict and loss Iraq has endured and to others, it represents progression towards a modern Iraq. Predominantly, Iraqi university students had a negative perception towards alcohol consumption and desired a plan towards community abstinence. However, students with a positive attitude to alcohol shared that heavy drinking is common and stressed a need for harm prevention.

Currently, prevention centres on religious prohibition and social stigma—methods less relevant to some young Iraqis who reportedly initiate or increase drinking when away from scrutiny. To future-proof the prevention of alcohol-related harms, Iraq's economic and health infrastructure must be strengthened. This includes providing increased opportunities to young people, enforcing alcohol pricing and taxation policies, and initiating youth and parenting development programs. These programs should consider young people's lived experiences and their religious, cultural, health (physical and mental), economic and recreational needs.

## AUTHOR CONTRIBUTIONS

MA, AD and KC conceived and designed the study in consultation with MSA. As the primary in-country collaborator, MSA played a key-role in organising study sites and ensuring cultural sensitivity. MA conducted the data collection, translation, and transcription. MA, AD and KC analysed the data and wrote the final manuscript. All

authors contributed to manuscript revision; and have read and approved the submitted version. Each author certifies that their contribution to this work meets the standards of the International Committee of Medical Journal Editors.

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## CONFLICT OF INTEREST STATEMENT

No conflicts of interest.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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## APPENDIX

### INTERVIEW GUIDE

#### Introduction

As you know Iraq is a nation in a state of change. The country has experienced some difficult times. I would like to talk with you about the role of alcohol and possibly other drugs in Iraq and your experiences and views.

#### Question 1

Have attitudes changed towards alcohol in society over the generations? Can you give some examples of this i.e. in relation to your friends and family? What has changed and why do you think this is?

#### Question 2

Iraq has suffered from sanctions, wars, terrorism and political instability. Do you have any stories to share where alcohol or other drugs have played a role in the lives of today's university students who have lived most of their lives under these conditions? (start with alcohol, then ask about other drugs if no story).

#### Question 3

Since 2003, Iraq has been at increased exposure to the international world. How do you think Iraqi students have been influenced by this exposure and how are they conflicted with traditional values – with specific mention about attitudes towards alcohol.

#### Question 4

One interesting point about Iraq that is overlooked is the diversity that exists within this country – religious, ethnic, social, and cultural. Do the different groups in Iraq think about and use alcohol differently? Can you give me some examples?

#### Question 5

Imagine an Iraq where there was the best public health policy related to alcohol; What would it look like?

#### Question 6

Would you like to add anything else?