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Substance abuse and the radicalisation process

Abstract

Previous research on radicalisation suggests that this process is the result of an accumulation of factors that generate a person's susceptibility to extremist narratives. The authors of this article analysed the biographies of the perpetrators of terrorist attacks and, given the frequent references in these biographies to the abuse of various stimulants by the attackers, attempted to summarise the available knowledge on the relationship between psychoactive substance addiction and radicalisation. Although no simple causal relationship between addictions and radicalisation was found, the effects of addictions partly overlap with identified vulnerabilities to extremist narratives. A comprehensive approach to terrorism prevention should therefore take into account that addictions may contribute to increasing the vulnerability of some individuals to radicalisation leading to terrorism.

Keywords:

radicalisation,
extremism,
terrorism,
psychoactive
substances,
stimulants,
alcohol, drugs,
vulnerability,
prevention

Anders Behring Breivik, a 32-year-old Norwegian, killed 77 people on 22 July 2011 during attacks in Oslo and on the island of Utøya. Anis Amri, a 24-year-old Tunisian, drove a truck into a Christmas market in Berlin on

19 December 2016 and took the lives of 12 people. Alexandre Bissonnette, a 27-year-old Canadian, shot dead six people at a mosque in Québec on 29 January 2017. Safiyya Amira Shaikh, a 37-year-old British woman, was sentenced to life imprisonment in July 2020 for attempting to carry out a bombing at St Paul's Cathedral in London. What do the individuals mentioned above have in common, apart from the fact that they have become radicalised and can be labelled terrorists? Their backgrounds, life histories, psychological and social substrates of radicalisation, as well as their motivations for committing a violent crime seem quite different. A common factor appears to be the use of psychoactive substances.

In media reports, alcohol and drugs are often linked to terrorism. Alongside suggestions of religion and ethnicity, illness and mental disorders, this is one of the most common associations concerning the perpetrator or perpetrators of terrorist attacks. Harmful stereotypes are perpetuated by both traditional media and Internet users. In the absence of verified information about the perpetrator, it is not uncommon in comments made in the first hours after the attack to suggest that a Muslim, a mentally ill person or a person under the influence of psychoactive substances is responsible for the attack. The origins of the last two stereotypes reproduced by the European media are to be found in psychological mechanisms. As American researcher Nour Kteily points out¹, when the act is committed by a person from a group with which we identify, we tend to distance ourselves from the perpetrator and explain his motivation by attributing insanity to him².

The use of psychoactive substances is most often portrayed as a circumstance that impairs the psychoactive person's sanity or removes the ideological motivation of the attacker. Terrorists are thus equated with common criminals and their acts are downplayed. The operation of such stereotypes can lead, among other things, to a disregard for the potential threat posed by those who abuse or traffic in psychoactive substances. The story of Amri is a case in point. German services removed him from their list of monitored persons on the grounds that he might pose a terrorist threat, not least because his strong drug addiction and involvement in drug

¹ M. Noor et al., 'Terrorist' or 'mentally ill': motivated biases rooted in partisanship shape attributions about violent actors, "Social Psychological and Personality Science" 2019, vol. 10, no. 4, pp. 485–493.

² "New York Times" sought to demonstrate Anders Breivik's links to al-Qa'ida even after he was detained by the services. See: G. Terzis, *Media Stereotypes of Terrorism*, in: *Exchanging Terrorism Oxygen for Media Airwaves: The Age of Terroredia*, M. Eid (ed.), Ottawa 2014, p. 101.

trafficking appeared to contradict information about his commitment to the ideology of the Islamic State³.

The background to this text was an expert seminar organised by the Centre for Security Studies and Education at the University of Wrocław and ABW's Terrorism Prevention Centre of Excellence (TP CoE ABW)⁴ intended for the staff of institutions in Poland dealing with the treatment and therapy of addictions. This meeting sought to identify how addictions to psychoactive substances influence radicalisation and to initiate a discussion on the role of addiction treatment and therapy centres in identifying and counteracting this phenomenon.

According to the definition adopted by the TP CoE ABW, radicalisation should be understood as a complex process of adopting confrontational attitudes towards those perceived as different or hostile, which includes the acceptance of violence and may lead to its use. It is influenced by a number of factors (individual as well as societal), the combination of which may generate an increased vulnerability of a person to radicalisation under the influence of extremist ideologies. Individual factors often cited in the literature include: feelings of injustice and harm, experience of stigma, feelings of instability and insecurity, early experience of abandonment, isolation, emotional deprivation, propensity for violence⁵. Among the social factors contextualising the individual experience are: discrimination, authoritarian systems of power, armed conflict, social polarisation, challenges associated with the development of new technologies⁶. In parallel, radicalisation is influenced by factors

³ R. Basra, *Drugs and Terrorism: The Overlaps in Europe*, ICSR Team, 26 XI 2019, <https://icsr.info/2019/11/26/drugs-and-terrorism-the-overlaps-in-europe/>, p. 26 [accessed: 18 VIII 2022].

⁴ ABW department established in 2018.

⁵ S. Sieckelinck, A. Gielen, *Protective and promotive factors building resilience against violent radicalisation*, Radicalisation Awareness Network, April 2018, https://home-affairs.ec.europa.eu/system/files/en?file=2020-09/ran_paper_protective_factors_042018_en.pdf, p. 2 [accessed: 18 VIII 2022]; D. Pisoiu, A. Zick, F. Srowig, *Factors of Individual Radicalization into Extremism, Violence and Terror – the German Contribution in a Context*, "International Journal of Conflict and Violence" 2020, vol. 14, no. 2, <https://www.ijcv.org/index.php/ijcv/article/view/3803>, pp. 2–5 [accessed: 18 VIII 2022].

⁶ J. Reiter, B. Doosje, A.R. Fedds, *Radicalization and Deradicalization: A qualitative analysis of parallels in relevant risk factors and trigger factors*, 2021, p. 2, 12, 49–50, <https://psyarxiv.com/yne3v/> [accessed: 27 XII 2022]; Y. Litmanovitz et al., *What are the social, economic, psychological and environmental risk factors that lead to radicalization and recruitment to terrorism?*, The Campbell Collaboration, 2017, https://campbellcollaboration.org/media/k2/attachments/CCJG_Litmanovitz_Title.pdf, p. 12 [accessed: 18 VIII 2022].

arising from the way extremist environments and narratives operate, which may seem attractive to some people and resonate with their personal experiences. These include: a sense of community, the presence of strong authority figures, an unambiguous value system and the clear identification of (enemy group) culprits⁷. It should be noted that no single factor explains why some people are more prone to radicalisation and others less so. Similarly, the presence of multiple enabling factors in a person's life does not determine their involvement in extremism.

The understanding of radicalisation presented here is relevant in the context of addressing the problem of substance abuse from the perspective of the disease's potential to generate increased vulnerability to radicalisation. This article adopts two hypotheses. Firstly, the addiction or abuse of psychoactive substances by an individual or by those in their immediate environment may be a risk factor for radicalisation. Secondly, the characteristics of extremist environments and narratives may appear attractive to individuals who struggle with psychoactive substance addiction.

For the purposes of this article, the definition of psychoactive substances adopted by the National Centre for Addiction Prevention (formerly the National Office for Drug Prevention) was used⁸. Substances covered include:

- alcohol, opiates and sedatives (mainly have relaxant, sedative, sleep-inducing effects),
- cannabinoids and other hallucinogens, volatile solvents (produce euphoria, hallucinations, delusions, among other effects),
- cocaine and other stimulants (have a stimulating effect, increase mood)⁹.

⁷ L.E. Lynch, K.V. Mason, N. Rodriguez, *Radicalization and Violent Extremism: Lessons Learned from Canada, the U.K. and the U.S.*, National Institute of Justice, 2015, <https://nij.ojp.gov/library/publications/radicalization-and-violent-extremism-lessons-learned-canada-uk-and-us-meeting>, p. 5 [accessed: 18 VIII 2022].

⁸ It has been assumed that psychoactive drugs are substances that: "affect the central nervous system; are taken for the purpose of experiencing pleasure, altering consciousness, obtaining a certain mood, experiencing extreme sensations; affect the human body, causing varying degrees of psychological changes (e.g. euphoria, altered perception of reality, illusions, hallucinations, memory disorders) and physical changes (e.g. increased blood pressure, accelerated heart rate, agitation); if taken chronically, they can lead to addiction, which is also often referred to as drug addiction or toxicomania; are of natural or synthetic origin". See: *Narkotyki* (Eng. Drugs), Krajowe Biuro do Spraw Przeciwdziałania Narkomanii, 25 X 2010, <https://www.kbpn.gov.pl/portal?id=112184> [accessed: 18 VIII 2022].

⁹ Ibid.

The few studies to date on the impact of psychoactive substance addiction on radicalisation have not provided a clear answer to the nature of these relationships. Some researchers point to the unavailability of data and incomplete diagnostics (both among perpetrators of terrorist attacks and society in general)¹⁰. Many of the factors of radicalisation described earlier are simultaneously identified as a consequence of long-term substance abuse. This article is an attempt to summarise the available knowledge in this area and to identify directions for further research into the impact of addictions on radicalisation.

Based on an analysis of the available literature and a preliminary search of the biographies of dozens of perpetrators of terrorist attacks and radicalised individuals in Europe, North America, Australia and New Zealand, three areas of correlation between psychoactive substance abuse and radicalisation were delineated. First, the issue of not only the existence of addictions among radicalised individuals was discussed, but also how addictions in the immediate family (especially being a childhood experience) can create vulnerability to radicalisation. The issue of the impact of alcohol and psychoactive substance addictions on radicalisation leading to terrorism or violent extremism is then presented, as well as the attitude of terrorist and extremist organisations towards stimulants and the potential vulnerability of alcohol and drug addicts to propaganda and recruitment into such groups. In the following section, the phenomenon of the use of psychoactive drugs by perpetrators of terrorist attacks just before committing an act of violence is discussed.

Literature and research

The impact of psychoactive substance addiction on radicalisation has been analysed by a small number of researchers working on the phenomena of extremism and terrorism. Among the works addressing this topic are studies by the Radicalisation Awareness Network (RAN). One of these is

¹⁰ P. Gill, E. Corner, *There and back again: the study of mental disorder and terrorist involvement*, "American Psychologist" 2017, vol. 72, no. 3, pp. 231–241; B. Misiak et al., *A systematic review on the relationship between mental health, radicalization and mass violence*, "European Psychiatry" 2019, vol. 56, no. 1, pp. 51–59; W. Weenink, *Behavioral Problems and Disorders among Radicals in Police Files*, "Perspectives on Terrorism" 2005, vol. 9, no. 2, p. 17.

*Substance use and violent extremism*¹¹ by Lotta Carlson, which is the most comprehensive attempt to describe the relationship between alcohol and drug abuse and radicalisation. This theme is also addressed in the RAN report *Multi-problem target group: the influence of mental health disorders and substance abuse on Exit work*¹², on the impact of mental disorders and substance abuse by radicalised individuals on the effectiveness of deradicalisation programmes.

In The International Centre for the Study of Radicalisation and Political Violence (ICSR)'s 2019 report *Drugs and Terrorism: the Overlaps in Europe*¹³ the links between terrorism and drug trafficking in the European Union between 2012 and 2017 were in turn analysed. It concludes that it is not possible to speak of a systemic nature of this type of relationship. At the same time, the authors signalled that some personal relationships between drug trafficking and extremist communities existed in the case of perpetrators of attacks motivated by Islamist extremism and paramilitary groups in Northern Ireland.

Among the studies on the impact of psychoactive substances on radicalisation leading to terrorism in Europe, Lewis Herrington's comprehensive publication *Understanding Islamist Terrorism in Europe: Drugs, Jihad and the Pursuit of Martyrdom* published in 2022 occupies a special place. In it, the author analyses the biographies of 80 perpetrators of 48 Islamist terrorist suicide attacks carried out in Europe between 2001 and 2018, reporting that 74 per cent of the attackers had problems with drug abuse even before radicalisation¹⁴.

Zainab Al-Attar, in his article *Severe Mental Disorder and Terrorism: When Psychosis, PTSD and Addictions Become a Vulnerability*, analysed which aspects of selected disorders, i.e. psychosis, post-traumatic stress disorder (PTSD), and addictions can generate increased vulnerability to radicalisation¹⁵.

¹¹ L. Carlsson, *Substance use and violent extremism*, Radicalisation Awareness Network, 2021, https://home-affairs.ec.europa.eu/whats-new/publications/substance-use-and-violent-extremism_en, s. 5 [accessed: 18 VIII 2022].

¹² *Multi-problem target group: the influence of mental health disorders and substance abuse on Exit work*, Radicalisation Awareness Network, 2018, https://home-affairs.ec.europa.eu/system/files/2019-03/exit_hsc_paper_joint_meeting_vienna_07112018_en.pdf [accessed: 18 VIII 2022].

¹³ R. Basra, *Drugs and Terrorism: The Overlaps in Europe...*

¹⁴ L. Herrington, *Understanding Islamist Terrorism in Europe. Drugs, Jihad and the Pursuit of Martyrdom*, London 2022, p. 4.

¹⁵ Z. Al-Attar, *Severe Mental Disorder and Terrorism: When Psychosis, PTSD and Addictions Become a Vulnerability*, "The Journal of Forensic Psychiatry & Psychology" 2020, vol. 31, no. 6, p. 965.

In contrast, a group of researchers associated with The National Consortium for the Study of Terrorism and Responses to Terrorism (START) conducted biographical interviews with 44 former members of the white supremacist movement in 15 states in the US. The study recognises that substance abuse, both by family members and by the extremists themselves, is a frequently noted biographical element¹⁶. Similar conclusions were reached by researchers led by Steven Windisch, who interviewed a group of 91 former extremists from the US and Canada¹⁷. In their publication, Ryan A. Brown and co-authors identified numerous similarities between the neural, psychological and social processes that lead to psychoactive substance dependence and those that lead to radicalisation. They therefore set out to explore the extent to which institutional experiences in public health can be used to prevent and combat radicalisation. In the prevention of both addiction and radicalisation, effectiveness correlates with early recognition of the problem and early implementation of interventions. Effective addiction treatment programmes include medical, psychological and economic support and encouragement to expand contacts in new environments. Analogous interventions are suggested for working with people coming out of extremist environments¹⁸.

Impact of substance abuse among family members of a radicalised person

Although many studies on radicalisation indicate that traumatic experiences in childhood are one of the important drivers of radicalisation, relatively few have been devoted to a detailed analysis of the events that contributed to the emergence of trauma¹⁹. On the basis of the available

¹⁶ P. Simi et al., *Trauma as a precursor to violent extremism*, Start, April 2015, <https://www.start.umd.edu/publication/trauma-precursor-violent-extremism> [accessed: 18 VIII 2022].

¹⁷ S. Windisch et al., *Measuring the Extent and Nature of Adverse Childhood Experiences (ACE) among Former White Supremacists*, "Terrorism and Political Violence" 2020, vol. 34, no. 6, p. 8, https://www.researchgate.net/publication/342052130-Measuring_the_Extent_and_Nature_of_Adverse_Childhood_Experiences_ACE_among_Former_White_Supremacists [accessed: 18 VIII 2022].

¹⁸ R.A. Brown, R. Rajeev, T.C. Helmus, *What Prevention and Treatment of Substance Use Disorder Can Tell Us About Addressing Violent Extremism*, RAND Corporation, 2022, <https://www.rand.org/pubs/perspectives/PEA1071-1.html> [accessed: 18 VIII 2022].

¹⁹ P. Simi et al., *Trauma as a precursor to violent extremism...*; M. Vergani et al., *The three Ps of radicalisation: Push, pull and personal. A systematic scoping review of the scientific evidence*

literature, it can be assumed that traumatic experiences favouring the emergence of vulnerability to radicalisation may also include growing up in an environment affected by addictions. The above thesis is reflected in statistics. In interviews conducted with 44 former members of extremist groups, substance abuse was reported among family members of 49 per cent of those interviewed. In another study involving 91 former white supremacists, the percentage was 66 per cent.²⁰ At the same time, about half of the respondents experienced physical and emotional violence and felt abandoned²¹. A team led by Brown conducted the study through in-depth interviews among 36 former extremists in the US. Four of them pointed to a strong alcohol addiction and two to a strong drug addiction among family members as experiences that influenced their radicalisation²².

The critical period of human development that is childhood and adolescence is, for people from families affected by addiction, associated with the experience of traumatising experiences, including physical violence, psychological abuse or abandonment. This can affect the forming personality and result in maladaptive behavioural and psychological patterns. These result from the adoption of specific behavioural strategies under the difficult or unpredictable conditions of a dysfunctional home²³. Intense or repeated and prolonged exposure to extremely stressful situations can lead to the development of PTSD or complex post-traumatic

about radicalisation into violent extremism, "Studies in Conflict and Terrorism" 2018, vol. 43, no. 10, https://www.researchgate.net/publication/326585283_The_3_Ps_of_radicalisation_push_pull_and_personal_A_systematic_scoping_review_of_the_scientific_evidence_about_radicalisation_into_violent_extremism, p. 13–14 [accessed: 27 XII 2022]; The Center for the Study of Trauma and Radicalization, <https://thecstr.org/mission> [accessed: 18 VIII 2022].

²⁰ S. Windisch et al., *Measuring the Extent...*, p. 8.

²¹ Ibid.

²² R.A. Brown et al., *Violent Extremism in America. Interviews with Former Extremists and Their Families on Radicalization and Deradicalization*, RAND Corporation, 2021, https://www.rand.org/pubs/research_reports/RRA1071-1.html, p. 39 [accessed: 8 VIII 2022].

²³ M. Hohol, B. Brożek, *Homo fundamentalis*, "Znak", February 2016, <https://www.miesiecznik.znak.com.pl/homo-fundamentalis/> [accessed: 18 VIII 2022]; M. Siaw, *Trauma-informed Approach in Countering Violent Extremism*, INITIATE.MY, 1 IV 2022, <https://initiate.my/trauma-informed-approach-in-preventing-violent-extremism-and-rehabilitating-and-reintegrating-violent-extremists/> [accessed: 18 VIII 2022]; D. Koehler, *Violent extremism, mental health and substance abuse among adolescents: towards a trauma psychological perspective on violent radicalization and deradicalization*, "The Journal of Forensic Psychiatry & Psychology" 2020, vol. 31, no. 3.

stress disorder (CPTSD). These disorders are associated with symptoms such as lowered self-esteem, chronic anxiety, feelings of helplessness and loss of control, difficulty managing anger, impulsivity, and emotional dissociation. They correspond to factors identified as vulnerability factors for radicalisation²⁴. Also relevant in this context may be the desire to identify those responsible for the suffering experienced, which may encourage the need to attribute blame to a particular group and seek revenge²⁵.

Particular attention should be paid to emotional dissociation, which can lead to desensitisation to violence and its consequences²⁶. The likelihood of using violence in adulthood is higher for those who were abused or exploited in childhood. This is relevant in the context of both functioning in an extremist environment and mobilising for violence²⁷. Such experiences were often had by offenders who came from dysfunctional families with drug or alcohol problems²⁸.

Among the types of adult children from dysfunctional families are those who have self-destructive tendencies, a disturbed sense of identity, a heightened need for control, are dependent on loved ones, defensive, dependent, adopt a victim identity, persistently seek rules and answers, avoid closeness²⁹. Such people are more likely to develop mental disorders and depression³⁰. Each of the aforementioned types may show increased susceptibility to the propaganda and recruitment efforts of extremist

²⁴ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, pp. 963–966.

²⁵ Ibid, p. 963.

²⁶ Ibid; J. Rolling et al., *Violent Radicalization and Post-traumatic Dissociation: Clinical Case of a Young Adolescent Girl Radicalized*, "Frontiers in Psychiatry", 22 III 2022, <https://www.frontiersin.org/articles/10.3389/fpsy.2022.793291/full> [accessed: 18 VIII 2022].

²⁷ J. Rolling et al., *Violent Radicalization...*; S. Windisch et al., *Measuring the Extent...*, p. 11; G.C. Curtis, *Violence Breeds Violence – Perhaps?*, „American Journal of Psychiatry” 1963, vol. 120, no. 4, pp. 386–387; C. Widom, *Long-term Consequences of Child Maltreatment*, in: *Handbook of Child Maltreatment*, J. Korbin, R. Krugman (eds.), 2014, pp. 225–247.

²⁸ B. Kałdon, *Wybrane aspekty funkcjonowania dorosłych dzieci alkoholików w życiu społecznym* (Eng. Selected aspects of the social functioning of adult children of alcoholics), "Seminare. Poszukiwania naukowe" 2015, vol. 36, no. 3, p. 97.

²⁹ Ibid, p. 96–97.

³⁰ H.H. Lee, J.A. Cranford, *Does resilience moderate the associations between parental problem drinking and adolescents' internalizing and externalizing behaviors? A study of Korean adolescents*, "Drug and Alcohol Dependence" 2008, vol. 96, no. 3, pp. 213–221; V.S.C. Pisinger, K. Bloomfield, J.S. Tolstrup, *Perceived parental alcohol problems, internalizing problems and impaired parent - Child relationships among 71 988 young people in Denmark*, "Addiction" 2016, vol. 111, no. 11, pp. 1966–1974.

groups that promote their agenda under the banners of restoring order, administering justice, and acting on the victimisation of their own group³¹.

People from dysfunctional homes, seeking to reduce negative emotions such as confusion, anxiety, uncertainty or helplessness, and to obtain any lasting answer, may have a high need for cognitive closure, i.e. avoiding potential ambiguity. This is because ambiguity can cause them discomfort³². As such, they may seek order and structure, which encourages the production of stereotypes and thought patterns, the selective selection of information and the construction of a simplified but predictable view of the world. Extremist organisations offer an authoritative view of the world and a clear system of valuing what is wrong and right, which such individuals may find attractive.

Families struggling with addiction often fail to fulfil their caring and nurturing functions, including failing to provide a sense of security for the householder and failing to provide positive role models for responding to difficult experiences. In such a situation, extremist movements can provide a substitute support system to meet universal needs³³, e.g. by compensating for the lack of care or unfair conditions under which a person was brought up³⁴. At the same time, they promote attitudes that reinforce conflict by presenting compromise, dialogue as betrayal and hypocrisy or, at best, as defection and weakness.

Children are influenced not only by the situation at home, but also by the stigma of families where substance abuse has led to dysfunctionality. As Emily Lowthian points out, children can face rejection and ridicule from peer groups. This leads to a worsening of problems in building lasting and close relationships with those around them, a lack of trust in themselves,

³¹ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, p. 966.

³² P. Stańczyk, *Teoria domknięcia poznawczego* (Eng. Cognitive closure theory), psyche. academy, <https://psyche.academy/psychologia-osobowosci/teoria-domknienia-poznawczego/> [accessed: 18 VIII 2022]; M. Kossowska, *Różnice indywidualne w potrzebie poznawczego domknięcia* (Eng. Individual differences in the need for cognitive closure), "Przegląd Psychologiczny" 2003, vol. 46, no. 4, pp. 355–373.

³³ P. Simi, K. Sporer, B. Bubolz, *Narratives of childhood adversity and adolescent misconduct as precursors to violent extremism: a life-course criminological approach*, "Journal of Research in Crime and Delinquency" 2016, vol. 53, no. 4, pp. 1–28, https://www.researchgate.net/publication/291728185_Narratives_of_Childhood_Adversity_and_Adolescent_Misconduct_as_Precursors_to_Violent_Extremism_A_Life-Course_Criminological_Approach [accessed: 18 VIII 2022].

³⁴ S. Windisch et al., *Measuring the Extent...*, p. 15.

the world and others. Children from homes with substance abuse problems statistically have poorer grades at school, are more likely to repeat grades and be suspended, and have problems adapting among peers. This can in turn contribute to problems in finding employment to secure a satisfactory living environment in adulthood, which in turn will exacerbate frustration and negative attitudes towards the environment³⁵.

Prolonged exposure to stress or neglect in early childhood or adolescence increases the risk of alcohol and substance abuse in later life³⁶. Children growing up in homes where negative patterns of alcohol consumption are present are at increased risk of becoming addicted. Traumatic experiences in childhood and early adolescence resulting from, among other things, substance abuse by family members can create a vulnerability to imitate the behaviour of those closest to them and to start taking psychoactive substances early on³⁷.

Safiyya Amira Shaikh (born 1983) is an example of the impact that being raised by a substance-abusing parent can have on radicalisation. The woman started taking drugs in her early teens, which was due to growing up in a family with alcohol and drug problems. Her drug addiction followed her for years to come. In 2007, Shaikh converted to Islam. She cut herself off from her family and connected with a small community of female converts in London who had similar experiences. Shaikh tried to fight her addiction, as evidenced by tutorials and material she viewed on the internet, among other things³⁸. However, she was unable to cope with her addiction. In 2013, she committed theft and burglary to get money for drugs. In 2015, she was convicted of heroin possession. At the same time, she began to maintain contact with extremist individuals and to view Islamic State propaganda material online. In October 2019, she was arrested on suspicion of attempting to commit a terrorist attack. However,

³⁵ E. Lowthian, *The secondary harms of parental substance use on children's educational outcomes: a review*, „Journal of Child and Adolescent Trauma” 2022, vol. 15, p. 513.

³⁶ D. Koehler, *Violent extremism, mental health...*

³⁷ A.M. Hussong et al., *Testing whether and when parent alcoholism uniquely affects various forms of adolescent substance use*, „Journal of Abnormal Child Psychology” 2012, vol. 40, no. 8, pp. 1265–1276; M. Frąckowiak, M. Motyka, *Charakterystyka problemów społecznych związanych z nadużywaniem alkoholu* (Eng. Characteristics of social problems related to alcohol abuse), „Hygeia Public Health” 2015, vol. 50, no. 2, pp. 314–322.

³⁸ Ibid.

she was not questioned immediately due to her poor condition caused by heroin withdrawal³⁹.

It can be assumed that the background to Shaikh's radicalisation was the trauma of growing up in a dysfunctional family where substance abuse was the order of the day. Shaikh was unable to seek help either from family members or from moderate Muslims. Islamist extremism appeared to be the answer to her problems⁴⁰. In 2016, she began contacting members of Al-Muhajiroun⁴¹. During their conversations and in the Islamic State propaganda content they sent, they gave Shaikh clear guidelines and indicated the direction she should take.

During her radicalisation process, Shaikh did not stop using drugs until she was detained by forces before attempting to carry out an attack. Her involvement in extremism did not help her get rid of her addiction, but it can be seen as an expression of her desire to bring order to her life's chaos. Shaikh joined a group with clear goals and defined enemies in which she could play an important role. In the early days of her activity, she watched and distributed propaganda material online, mainly in the form of videos and graphics. Then, on encrypted messengers, she ran groups that brought together extremist individuals and Islamic State sympathisers. Her radicalisation continued - she began encouraging people to carry out attacks in the name of the Islamic State via the internet. Eventually Shaikh came to the conclusion that she had to carry out the attack herself in order, she claimed, to take revenge on the infidels⁴². From the content she uploaded online and from conversations with investigators after her arrest, it appears that by carrying out the attack, she wanted to atone for her sins (drug use and related theft and burglary) and go to heaven because she had had enough of the mortal world⁴³. Shaikh knew she could be killed during

³⁹ D. Casciani, *Safiyya Shaikh: How undercover operation caught a drug addict jihadist*, BBC, 3 VII 2020, <https://www.bbc.com/news/uk-53264640> [accessed: 18 VII 2022].

⁴⁰ The abandonment of the use of the term 'Islamic extremism' in this article in favour of 'Islamist extremism' is a deliberate effort to highlight the links between the said extremist movement and the political interpretation of the religion.

⁴¹ An extremist Islamist movement whose members have been active in the UK, among other places (editor's note).

⁴² *Sentencing remarks: R v Safiyya Shaikh*, <https://www.judiciary.uk/wp-content/uploads/2020/07/Sentencing-Remarks-R-v-Shaikh-FINAL-APPROVED.pdf> [accessed: 18 VII 2022].

⁴³ D. Casciani, *Safiyya Shaikh:...*

the attack, and even considered using a waistcoat filled with explosives in order to be as effective as possible, i.e. to maximise casualties⁴⁴.

Psychoactive substance addiction as a factor generating vulnerability to radicalisation

Substance abuse can generate vulnerability to radicalisation, accelerate and reinforce this process and make a person a target for recruitment by an extremist organisation⁴⁵. The effects of excessive stimulant use on vulnerability to radicalisation may persist even after recovery from addiction⁴⁶. It is therefore not surprising to find frequent references in the biographies of extremists to their abuse of alcohol or drugs before or during radicalisation. In the United States, approximately 23 per cent of hate crime perpetrators have abused psychoactive substances (in the US population as a whole, the figure is 8 per cent)⁴⁷. The research already described, which surveyed 44 white supremacists, found that 72 per cent of them had abused drugs or alcohol and 62 per cent had started experimenting with stimulants before the age of 16⁴⁸.

In the report *Drugs and Terrorism: the Overlaps in Europe*, which analysed the nature of the relationship between drug offences (possession, trafficking, use) and extremism, Rajan Basra pointed out that two-thirds of the 75 perpetrators of Islamist attacks in Europe had used drugs at varying intensities - from occasional intake to addiction - prior to radicalisation. For the rest, addiction also persisted while active in radical movements. Extremists mainly abused soft drugs, less frequently cocaine, heroin or

⁴⁴ Sentencing remarks: *R v Safiyya Shaikh...*

⁴⁵ L. Carlsson, *Substance use and violent extremism...*

⁴⁶ P. Simi et al., *Addicted to hate: identity residual among former white supremacists*, "American Sociological Review" 2017, vol. 82, no. 6, https://www.dhs.gov/sites/default/files/publications/1003_OPSR_TP_Addicted-to-Hate_2017-508.pdf, p. 11 [accessed: 18 VII 2022].

⁴⁷ M. Jensen, E. Yates, *A pathway approach to the study of bias crime offenders*, The National Consortium for the Study of Terrorism and Responses to Terrorism, 2015, <https://www.start.umd.edu/research-projects/pathway-approach-study-bias-crime-offenders>, p. 16 [accessed: 18 VIII 2022].

⁴⁸ P. Simi et al., *Trauma as a precursor...*, p. 1.

ecstasy. Drug addiction was often accompanied by addiction to alcohol, less often to medication⁴⁹.

In the aforementioned Herrington study dedicated to analysing the biographies of 80 perpetrators of Islamist suicide terrorist attacks in Europe⁵⁰ it was shown that 74 per cent of them abused psychoactive substances. If anabolic steroids are also taken into account, the percentage was as high as 80 per cent⁵¹. Significantly, all offenders with a problem with stimulants had started using them before the radicalisation process began. Of the group studied by Herrington, 69 per cent were addicted to cannabis and 31 per cent were regular users of hard drugs, including heroin and cocaine⁵². In an attempt to demonstrate the statistical impact of alcohol and psychoactive substances on radicalisation, a study was also carried out by Marieke Liem, who analysed the CVs of the 98 perpetrators of terrorist attacks carried out in Europe between 2000 and 2016 (including all types of attacks) acting alone. Only 21 per cent⁵³ of them regularly used alcohol or drugs⁵⁴.

Although substance abuse itself does not directly lead to extremism, many of the effects of long-term addiction to stimulants overlap with radicalisation factors. Alcohol and psychoactive substance addiction,

⁴⁹ R. Basra, *Drugs and Terrorism: The Overlaps in Europe...*, p. 18.

⁵⁰ As Herrington notes, suicide terrorism (martyrdom) should be distinguished from 'classic' terrorism, i.e. terrorism in which the perpetrator does not assume that he or she will die in the course of the attack. Some perpetrators of this type of attack have had suicidal thoughts in the past. Such attacks account for a small proportion of terrorist activity in Europe, with 'ordinary' terrorists becoming a small percentage or even a promille of radicalised individuals. Herrington's study therefore does not answer the question of the impact of substance abuse on radicalisation more broadly, but it does show that in recent years the vast majority of radicalised Islamists who have chosen to carry out a suicide attack in Europe have had a history of alcohol or drug abuse problems.

⁵¹ L. Herrington, *Understanding Islamist Terrorism in Europe...*, p. 4.

⁵² *Ibid.*, p. 61.

⁵³ In the control group, which by comparison consisted of perpetrators of 'common' murders, as many as 81 per cent had previous problems with stimulants. Does this mean that terrorists are four times less likely to be addicted to such drugs than murderers? According to the authors of the article, no such conclusions can be drawn from this study. This is because too few biographies of perpetrators of terrorist attacks were analysed, whose full files and data are usually not as readily available as for other criminals. However, it is worth noting that this is another study confirming the link between alcohol and psychoactive substances and radicalisation leading to terrorism.

⁵⁴ M. Liem et al., *European lone actor terrorists versus 'common' homicide offenders: An empirical analysis*, "Homicide Studies" 2018, vol. 22, no. 1, p. 61.

especially long-term addiction, can contribute to the gradual deterioration of the person struggling with addiction. This process can occur on many levels - emotional, mental, intellectual, material - and can cause and exacerbate anxiety, disorientation, social isolation, fears, as well as exacerbating symptoms of mental disorders and illness. Researchers at the University of Sussex, after studying 71 people, found that alcohol abusers statistically showed lower levels of empathy - they may have more difficulty empathising with the pain in others compared to those living in sobriety⁵⁵. Numerous studies confirm that self-destructive tendencies and a propensity towards risky and dangerous behaviour are often reported among addicts⁵⁶. It is worth noting here the increased likelihood of co-occurrence of substance abuse and mental disorders and illnesses - however complex this relationship is (both in a causal context and as a result of the same genetic or environmental risk factors). Research on the relationship between radicalisation and mental health has yielded conflicting conclusions, but it is nevertheless assumed that extremist movements exploit vulnerabilities arising from such illnesses and disorders in order to manipulate the individual more effectively⁵⁷.

Living with an addiction can lead to building dysfunctional relationships with those around you - causing social isolation, loss of livelihoods. The impediment to social functioning exacerbates the emotional and economic deprivation of the addict⁵⁸. The perception of actual deprivation or relative deprivation, both at an individual and collective level, is often the impetus for radicalisation. It is not uncommon for an addict to feel out of control of their own destiny and to see no possibility of change. He or she may begin to perceive their situation through the prism of extremist narratives, i.e. as resulting only from belonging to a particular identity group. This arouses in him or her a sense of injustice, frustration, anger at those he or she perceives as contributing to depriving them of certain

⁵⁵ Ch.L. Rae, *Differential brain responses for perception of pain during empathic response in binge drinkers compared to non-binge drinkers*, "NeuroImage: Clinical" 2020, vol. 27, <https://www.sciencedirect.com/science/article/pii/S2213158220301595> [accessed: 27 XII 2022].

⁵⁶ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, p. 963; R. Durrant et al., *Drug use and addiction: evolutionary perspective*, "Australian and New Zealand Journal of Psychiatry" 2009, vol. 43, no. 11, pp. 1049-1056; M. Galanter, R. Castaneda, *Self-destructive behavior in the substance abuser*, "Psychiatric Clinics of North America" 1985, vol. 8, no. 2, pp. 251-261.

⁵⁷ *Multi-problem target group: the influence of mental health disorders...*

⁵⁸ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, p. 966.

goods⁵⁹. Responding to the needs of those experiencing the negative consequences of addiction, extremist movements use content in their propaganda to suggest that the actions they take are aimed at restoring control, self-discipline, order and security. They point to life in addiction as the domain of the enemy and the result of their hostile actions⁶⁰.

Awareness of the negative consequences of addiction and the difficulties of recovery can create feelings of regret, loss of meaning, identity, purpose and belonging. The heightened need to regain control, meaning and redemption that arises in such a situation can increase a person's vulnerability to extremism⁶¹. Extremism can then act as a form of distraction from addiction, structuring a person's lifestyle and values. Evoking strong emotions, extremist activity provides a sense of meaning, belonging and fighting for higher values, which is an attractive alternative to alcohol or drug addiction. In 75 per cent of the cases (60 out of 80 perpetrators) analysed by Herrington, becoming involved in extremist activity was associated with stopping the use of stimulants⁶². For example, the brothers Said and Chérif Kouachi, who carried out the 2015 attack on the editorial board of the weekly newspaper *Charlie Hebdo*, struggled with trauma caused primarily by drug abuse and criminal activity. They engaged in extremism in order to change their lifestyles and free themselves from addiction⁶³.

Bartosz Łoza and co-authors note that a person recovering from addiction is more likely to be overzealous and missionary in their adherence to certain ideologies, as this compensates for the lack of family and professional support. This is especially true for those ideologies that have contributed to his or her maintenance of sobriety⁶⁴. Essentially, all

⁵⁹ M. Obaidi et al., *Group-Based Relative Deprivation Explains Endorsement of Extremism Among Western-Born Muslims*, "Psychological Science" 2019, vol. 30, no. 4, pp. 596–605; R. Borum, *Understanding the Terrorist Mindset*, "FBI Law Enforcement Bulletin" 2003, vol. 72, no. 7, pp. 7–11.

⁶⁰ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, pp. 963–966.

⁶¹ Ibid, p. 16; K. Jaśko, G. LaFree, A. Kruglański, *Quest for Significance and Violent Extremism: The Case of Domestic Radicalization*, "Political Psychology" 2017, vol. 38, no. 5.

⁶² L. Herrington, *Understanding Islamist Terrorism in Europe...*, p. 78.

⁶³ Ibid., p. 80.

⁶⁴ B. Łoza, P. Smolaga, M. Polikowska, *Zaburzenia psychiczne występujące po długotrwałej ekspozycji na narkotyki i alkohol* (Eng. Mental disorders occurring after prolonged exposure to drugs and alcohol), "Neuropsychiatria. Przegląd Kliniczny" 2017, vol. 9, no. 2, pp. 45–53.

addiction treatment programmes are based on a particular ideology that promotes a life free of stimulants (...) *by stiffening attitudes, establishing boundaries and guarding authorities, and sometimes explicitly through religion*⁶⁵.

Another important issue is the social stigmatisation of addicts, which, on the one hand, intensifies the negative consequences of the disease and, on the other, makes such individuals easier targets for recruitment by extremist movements. The lack of social support is particularly evident in the Muslim community, where the use of and dependence on psychoactive substances is culturally taboo and can lead to complete exclusion from the community. According to the most common interpretations of the Qur'an, alcohol and drugs are prohibited⁶⁶, and research indicates that substance abuse is more common among those who are not religiously committed⁶⁷. Many followers of Islam see addiction as a weakness of the faith, and knowledge that addiction is a disease requiring specialised treatment is not common. A person struggling with addiction is therefore often stigmatised and considered a sinner. The sense of exclusion, lack of belonging and loneliness in everyday life therefore also takes on a spiritual dimension⁶⁸.

In a situation of exclusion by the community, identifying with or joining a radical group may be an attractive alternative. According to most radical Islamist narratives, conversion and redemption of sins is possible, including through armed struggle or martyrdom for the defence of Islam. Extremist Islamist organisations (particularly the Islamic State) are very inclusive in this regard and joining them can be an attractive option for someone seeking help to quit, support and acceptance of the group or redemption of their sins. Herrington argues that in the cases of perpetrators

⁶⁵ Ibid, p. 51.

⁶⁶ Qur'an 5:90-91: "O you who believe! Wine, gambling, idols and arrows of divination are the vitriol of Satan's work. So beware of all of them, so that you may do well". From: *The Holy Qur'an*, Islam International Publications Ltd 1996.

⁶⁷ L.A. Ghandour, E.G. Karam, W.E. Maalouf, *Lifetime alcohol use, abuse and dependence among university students in Lebanon: exploring the role of religiosity in different religious faiths*, "Addiction" 2009, vol. 104, no. 6, p. 104; D.D. Chitwood, M.L. Weiss, C.G. Leukefeld, *A Systematic Review of Recent Literature on Religiosity and Substance Use*, "Journal of Drug Issues" 2008, vol. 38, no. 3, pp. 653-688; Z. Sanchez et al., *God Forbids or Mom Disapproves? Religious Beliefs That Prevent Drug Use Among Youth*, "Journal of Adolescent Research" 2011, vol. 26, no. 5, pp. 591-616.

⁶⁸ L. Herrington, *Understanding Islamist Terrorism in Europe...*, p. 58.

of Islamist suicide attacks in Europe that he analysed, the main reason for radicalisation and involvement in terrorist activity was a desire to escape from addiction - both physical and psychological (a desire to redeem sins or guilt)⁶⁹. The vast majority of people in the study group were not religious prior to their extremist activities within radical Islam⁷⁰. It is worth adding that one of the main symptoms of cPTSD associated with addiction is obsessive-compulsive disorder. Feelings of guilt, shame and remorse about previous behaviours associated with addiction can intensify with immersion in the rhetoric of extremist movements that reject stimulants. The cognitive dissonance between the old and new identities can lead to an emotional crisis and, in extreme cases, acceptance of the idea of martyrdom.

Self-identification with a particular ideological identity can be compared to addiction. Involvement in extremism, like being under the influence of an intoxicating substance, can, consciously or not, be used to drown out difficult emotions⁷¹ or be an expression of the identical need for increased stimulation⁷². Just as the patterns resulting from addiction make it difficult to recover from addiction, the patterns resulting from being active in a particular movement can hinder effective and sustainable deradicalisation. In either case, change is further complicated by social stigma and the associated lack of alternative support groups. Activity in extremist movements also affects cognitive and emotional processes after deradicalisation. Specific life situations (e.g. contact with a representative of a group considered hostile during the period of extremist activity or seeing a symbol) may trigger thoughts and emotions in the former extremist that are consistent with the formerly held ideology. This reaction can also be physiological in nature. In their article, Pete Simi and co-authors cite the story of a former extremist who got goosebumps when watching historical films and seeing flags with swastikas on them. Thoughts of past activity can also cause anxiety, shame and lowered self-esteem⁷³.

At this point, it is worth mentioning the story of Michael Zehaf-Bibeau (born 1982), the perpetrator of the 2014 attack in Ottawa. He was a repeat

⁶⁹ Ibid., p. 115.

⁷⁰ Ibid., p. 57.

⁷¹ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, p. 966.

⁷² Ibid.

⁷³ P. Simi et al., *Addicted to hate...*, p. 11.

offender with multiple records for drug possession, DUI, theft, robbery, threats, use of false documents, and parole violations, among others. Zehaf-Bibeau was a multi-substance addict, had no permanent residence or steady job and borrowed from friends. He frequently verbalised his desire to quit and made numerous but unsuccessful attempts to do so, including attending therapy. Zehaf-Bibeau was brought up in the Catholic faith and converted to Islam in 2004, while in prison. In the years that followed, he attended various mosques across Canada. He attempted to recover from his addiction with the help of religion and communities within the mosques. However, due to his disturbing behaviour, he did not receive help there, and he was even expelled from one mosque for criticising the activities of spiritual leaders⁷⁴. Wanting to wean himself off stimulants, Zehaf-Bibeau was deliberately sent to prison. He received a low sentence for entering a restaurant with a sharpened stick and demanding money. In his own words, his stay in prison was also intended as a form of penance for his drug use and (...) *payment for past sins*⁷⁵. Despite his attempts, Zehaf-Bibeau was unable to rid himself of his addiction and his condition was likely to worsen. As late as 2011, i.e. three years before the attack, a psychiatrist had not diagnosed him with a serious mental illness (only bipolar disorder was suspected), and the court found him sane. Zehaf-Bibeau began to maintain contact via the internet with a man convicted of terrorist offences and with a person who had travelled to Syria. He was interested in the situation in Syria and neighbouring countries. He was even said to be planning to go and join one of the groups fighting against the regime of Bashar al-Assad. Witnesses told of his strange behaviour. Zehaf-Bibeau talked to himself, spoke of supernatural forces, the imminent end of the world and claimed that demons were chasing him⁷⁶. His unsuccessful struggle with his addiction and his increasing mental problems (resulting, among other things, from drug abuse) led him to decide to carry out a terrorist attack. The denial of his Libyan passport (for formal reasons) may also have been a trigger. Fighting in the Middle East proved impossible, so he

⁷⁴ 'He said the devil is after him': What we know about Michael Zehaf-Bibeau, "The Sydney Morning Herald", 23 X 2014, <https://www.smh.com.au/world/he-said-the-devil-is-after-him-what-we-know-about-michael-zehafbibeau-20141023-11alj.html> [accessed: 18 VIII 2022].

⁷⁵ S. Ahmed, G. Botelho, *Who is Michael Zehaf-Bibeau, the man behind the deadly Ottawa attack?*, CNN, 23 X 2014, <https://edition.cnn.com/2014/10/22/world/canada-shooter/index.html> [accessed: 18 VIII 2022].

⁷⁶ Ibid.

decided to take revenge on Canadian citizens, holding them co-responsible for the suffering of Muslims in the Middle East. Just before carrying out the attack, he recorded a short video with his mobile phone in which he stated, among other things, that *Canada has officially become our enemy because it is fighting and bombing our people*⁷⁷.

Attitudes of extremist communities towards psychoactive substances

The vast majority of radical movements present an unequivocally negative attitude towards psychoactive substance use in their official narrative. They use both soft measures (propaganda material) and hard measures (banning the use of psychoactive substances in occupied territories or self-inflicted punishment of dealers) to achieve this. Drugs are identified as contributing to the breakdown of the social order desired by extremists or as a form of sin⁷⁸.

In the Islamic State's propaganda, alcohol and drug addiction is portrayed as a problem affecting members of foreign groups - citizens of Western countries and Muslims who do not adhere to the interpretation of religion promoted by the organisation⁷⁹. Its propaganda is replete with accounts of operations against drug traffickers and executions of drug dealers and users. At the same time, biographies are published of the organisation's fighters who were drug addicts or dealers in the past and then converted. For example, in issue 11 of the *Rumiyah* magazine, the story of Macreme Abrougui aka Abu Mujahid al-Faransi, who is said to have been the leader of a drug gang in the past, was described⁸⁰. The Islamic State has criticised other terrorist organisations for taking too liberal an approach to drugs. For example, issue 12 of the online magazine *Dabiq*, used by the Islamic State for radicalisation and recruitment, mentions that al-Qa'ida has never fully banned khat (a drug popular in the south of the Arabian Peninsula,

⁷⁷ RCMP release video Michael Zehaf Bibeau made before attack on Ottawa, YouTube, <https://www.youtube.com/watch?v=PjHZLWddysA> [accessed: 18 VIII 2022].

⁷⁸ „Dabiq”, vol. 11, p. 22.

⁷⁹ „Dabiq”, vol. 12, p. 31.

⁸⁰ *Among the believers are men: Abu Mujahid al-Faransi*, „Rumiyah”, no. 11, pp. 44–52.

among other places) due to divergent opinions among Islamic scholars and muftis on the appropriate approach to the plant⁸¹.

In his 2011 manifesto *A European Declaration of Independence*, Anders Breivik (published under the pseudonym Andrew Berwick) portrayed drug trafficking as an activity of Muslims and Muslim organisations in Europe to harm non-Muslims and contribute to the weakening of white European communities in this way⁸². He also criticised the democratic system in which drug dealers, in his view, have the same electoral rights as law-abiding citizens, despite being harmful to society⁸³. He was against the regular use of psychoactive substances. Before committing the attack, however, he encouraged potential imitators to take stimulants, as they can positively affect psychophysical processes.

Modelled on Breivik, among others, Brenton Tarrant in his manifesto *The Great Replacement* (2019) also criticised the impact of drugs on European (understood as white) society. According to him, stimulants are used, among other things, to distract their users from nihilism and the gradual decline of what he sees as the values of European culture⁸⁴. He gave examples of international popular music stars (Madonna, Kurt Cobain, Freddie Mercury) who had taken drugs and led or are leading immoral lifestyles, according to him, and who are authorities on society, thus contributing to its alleged degeneration. Moreover, Tarrant encouraged the readers of his manifesto to kill drug dealers, whom he called opponents of 'our race'⁸⁵. In doing so, he accused them of causing tens of thousands of deaths worldwide each year, destroying the health, family ties, culture, wealth and future of white Europeans.

The narrative examples described above show that most extremist ideologies - as expressions of a certain vision of an ideal society - can be seen by addicts as an attractive alternative. They can fill in the gaps and point to solutions to the problems caused by the impact of a psychoactive substance on the addict's health or social functioning. Terrorist movements

⁸¹ "Dabiq", vol. 12, p. 61.

⁸² A. Berwick, *A European Declaration of Independence*, <https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbXicmVpdmlrcnVzaW5mb3JtfGd40jM5NWY0MGJiTzAzYWY0N2E>, p. 482 [sccessed: 18 VIII 2022].

⁸³ Ibid., p. 746.

⁸⁴ *The Great Replacement*, https://img-prod.ilfoglio.it/userUpload/The_Great_Replacemen-tconvertito.pdf, p. 45 [accessed: 18 VIII 2022].

⁸⁵ Ibid., p. 59.

offer a clear system of norms, moral redemption through action for a higher cause and affirm the idea of spiritual renewal - often regardless of past experiences⁸⁶. At the same time, functioning within their structures, both online and offline, provides a substitute for social acceptance and agency.

However, regardless of the official narratives of extremist groups, drug use and alcohol abuse by their members is widespread⁸⁷. For some milieus, the recruitment of new followers already takes place often in places where drugs and alcohol are an integral part of being in them (e.g. football fan circles). Although the stories of former extremists from far-right groups show that the alcohol abuse of their members can contribute to their resignation from further activity within them⁸⁸, it is the social aspect of a subculture involving violence and substance abuse that sometimes attracts new recruits more than ideology⁸⁹. At the same time, as Daniel Koehler points out, regular substance abuse by members of extremist groups can be a method of coping with social stigma and reducing the cognitive dissonance felt in relation to the violence perpetrated⁹⁰.

More or less official acquiescence to the use of stimulants by members of extremist organisations can be accompanied by an agreement to benefit materially from the drug trade. Organisations such as ISIS, al-Qa'ida, Hezbollah, the PKK, the RIRA, the Revolutionary Armed Forces of Colombia or the Taliban in Afghanistan and Pakistan⁹¹, are just a few examples of groups whose activities in the distribution of illicit psychoactive substances have been documented. On the one hand, individuals belonging to extremist and terrorist organisations may therefore come into contact with stimulants due to the criminal activity of the group in this area.

⁸⁶ Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, p. 963; N. Schulten et al., *Radicalization, terrorism & psychopathology: State of affairs, gaps and priorities for future research*, University of Amsterdam - Faculty of Social and Behavioural Sciences, 2019, https://repository.wodc.nl/bitstream/handle/20.500.12832/2397/2911_Summary_tcm28-373042.pdf?sequence=3&isAllowed=y [accessed: 27 XII 2022].

⁸⁷ R.A. Brown et al., *Violent Extremism in America...*, p. 37.

⁸⁸ K. Barrelle, *Pro-integration: disengagement from and life after extremism*, "Behavioral Sciences of Terrorism and Political Aggression" 2014, vol. 7, no. 2.

⁸⁹ L. Carlsson, *Substance use and violent extremism...*, p. 6; D. Koehler, *Violent extremism, mental health...*, p. 10.

⁹⁰ D. Koehler, *Violent extremism, mental health...*, p. 13.

⁹¹ J.A. Piazza, *The illicit drug trade, counternarcotics strategies and terrorism*, "Public Choice" 2011, vol. 149, no. 3-4, pp. 297-314; C.P. Clarke, *Drugs & thugs: funding terrorism through narcotics trafficking*, "Journal of Strategic Security" 2016, vol. 9, no. 3, pp. 1-15.

On the other hand, individuals involved in drug production or trafficking may be exposed to extremist groups for this reason. There are known cases of people convicted of, inter alia, drug offences, who became radicalised while in prison and went from being criminals to perpetrators of attacks⁹². Drug addiction and trafficking can therefore be a reason for contact with criminal or extremist communities.

Taking drugs before committing an attack

Perpetrators of the attacks: in Berlin in 2016. (Anis Amri), at Orly airport in Paris in 2017 (Ziyed Ben Belgacem), in Hamburg in 2017 (Ahmad Alhaw), in Marseille in 2017 (Ahmed Hanachi) and in Carcassonne and Trèbes in 2018 (Redouane Lakdim) took psychoactive drugs a few, several hours before carrying out the attacks. They represent 7 per cent of the 75 perpetrators who carried out Islamist-motivated attacks in Europe between 2012 and 2018⁹³. Breivik took a combination of ephedrine, caffeine and aspirin before the attack. Seifeddine Rezgui, the perpetrator of the 2015 attack in Susa (Tunisia), took a substance to increase his level of aggression and improve his focus during the attack⁹⁴. The authors of this article do not have complete data to determine how often, globally, terrorists use drugs before committing an act of violence. In Europe and the United States, the number of such perpetrators can be estimated - on the basis of available studies - to be at least a few per cent⁹⁵.

Although there are sensationalist headlines in journalistic articles suggesting widespread use of psychoactive substances by terrorists⁹⁶,

⁹² For example, Anis Amri - the perpetrator of the 2016 Berlin Christmas market attack.

⁹³ R. Basra, *Drugs and Terrorism*..., p. 25.

⁹⁴ Ibid., p. 29.

⁹⁵ An analysis of 119 attacks carried out between 1990 and 2014 in Europe and the United States by perpetrators who acted alone showed that 4.2 per cent of them had taken drugs or drank alcohol immediately before committing the attack. See: P. Gill, J. Horgan, P. Deckert, *Bombing Alone: Tracing the Motivations and Antecedent Behaviors of Lone-Actor Terrorists*, "Journal of Forensic Sciences" 2014, vol. 59, no. 2, p. 430.

⁹⁶ F. Forsyth, *Terrorism attracts failures and losers, says Frederick Forsyth*, Express, 31 III 2017, <https://www.express.co.uk/comment/columnists/frederick-forsyth/786150/london-terror-attack-Terrorism-jihad-attracts-failures-losers-low-iq> [accessed: 18 VIII 2022]; I. Firdous, *What goes into the making of a suicide bomber*, Tribune, 19 VII 2010, <https://tribune.com.pk/story/28976/what-goes-into-the-making-of-a-suicide-bomber> [accessed: 18 VIII 2022];

the true scale of this phenomenon has not been estimated⁹⁷. Numerous media reports have indicated the use by fighters fighting in Syria of a drug called Captagon, an amphetamine derivative with psychostimulant effects, enhancing concentration and inducing insomnia and emotional detachment. The use of psychoactive substances with such effects can be seen as having operational and strategic benefits. Other psychoactive substances are also widespread both in Syria and in other regions of armed conflict where terrorist organisations are active. Participants in armed conflict may use them to, among other things, strengthen the body, suppress stress or recover more quickly from injuries⁹⁸. Alcohol and drugs impair judgement and thus increase the likelihood of engaging in risky behaviour and reduce inhibitions against violence. Research suggests that the use of certain psychoactive substances increases the likelihood of violence⁹⁹, including in the context of an armed conflict¹⁰⁰.

The use of psychoactive drugs immediately prior to the violent act is not always linked to the radicalisation process of the perpetrator. It is already a stage at which a radicalised person decides to carry out an attack. Although the authors of this article rely on a scarcity of relevant research and data, the case studies they analysed indicate that psychoactive drugs were used prior to the attack by perpetrators with a history of alcohol and drug abuse, as well as by those who had no previous problems with stimulants¹⁰¹. In the case of the former, it is often difficult to determine whether the intake of psychoactive substances shortly before the violent

N. Andruszko, *Biorą go walczący i cywile. Ten narkotyk przeobraża Syrię w narkopaństwo* (Eng. It is taken by fighters and civilians. This drug is transforming Syria into a narco-state), NOIZZ, 10 VIII 2021, <https://noizz.pl/spoleczenstwo/ten-narkotyk-przeobraza-syrie-w-narko-panstwo-czym-jest-captagon/9vk1.php> [accessed: 18 VIII 2022].

⁹⁷ J. El Khoury, *The use of stimulants in the ranks of Islamic State: myth or reality of the Syrian conflict*, "Studies in Conflict & Terrorism" 2020, vol. 43, no. 8, pp. 679–687.

⁹⁸ P. Khan, *This is your jihad on drugs*, War on Rocks, 7 III 2016, <https://warontherocks.com/2016/03/this-is-your-jihad-on-drugs/> [accessed: 18 VIII 2022].

⁹⁹ S.M. Boles, K. Miotto, *Substance abuse and violence. A review of the literature*, "Aggression and Violent Behavior" 2003, vol. 8, no. 2, pp. 155–174.

¹⁰⁰ S.E. Cornell, *Narcotics and Armed Conflict: Interaction and Implications*, "Studies in Conflict and Terrorism" 2007, vol. 30, no. 3, pp. 207–227; T. Hecker, R. Haer, *Drugs boosting conflict? A micro-level test of the linkage between substance use and violence*, "Terrorism and Political Violence" 2014, vol. 27, no. 2, pp. 205–224.

¹⁰¹ Amri abused drugs, Bissonnette alcohol. Breivik was not an addict and did not abuse psychoactive substances.

act was intentional, a continuation of addictive behaviour or an addiction-driven way of coping with a stressful situation. Some perpetrators who take such substances before an attack do so consciously in order to influence their bodies in a certain way. They may be trying to suppress fear, guilt, fear of failure, indecision or lack of conviction that it is right to harm others¹⁰².

Taking psychoactive substances before committing an attack is also supposed to be a way of strengthening the perpetrators mentally or physically - suppressing emotions and stimulating the body for action, e.g. by increasing concentration, physical strength, reaction speed, resistance to pain. Breivik took a combination of ephedrine, caffeine and aspirin¹⁰³, to be more effective. According to the expert opinion, at the time of the attack he was under the influence of a central nervous system stimulant, the effect of which can be compared to taking 10-30 mg of amphetamine¹⁰⁴. In his manifesto, the attacker described what he believes is the optimal process for preparing for an attack. Among other things, it consists of exercising in the gym¹⁰⁵, taking anabolic steroids¹⁰⁶ and taking stimulants in the form of ephedrine, caffeine and aspirin shortly before the attack. Breivik stressed that such a mixture cannot be taken regularly, as the body can become accustomed to it and then the effects will be weaker¹⁰⁷.

The use of a psychoactive substance before carrying out a terrorist attack can also represent the continued behaviour of an addict or regular user of such substances. Bissonnette, who had been struggling with alcohol problems for several years, had been consuming sake since the midday hours on the day of the attack and had had another canned drink a few minutes before the shooting. According to the investigators' findings and Bissonnette's own testimony, the alcohol did not affect his motivation or consciousness, but only supposedly lowered his level of empathy and inhibition¹⁰⁸. Similarly, a regular user of cannabis and cocaine, Amri was

¹⁰² Z. Al-Attar, *Severe Mental Disorder and Terrorism...*, p. 966.

¹⁰³ In Norway and the United States, among others, this combination of substances is considered illegal. It is sometimes used by bodybuilders as a stimulant and as a means of rapid fat burning.

¹⁰⁴ <https://web.archive.org/web/20150724210028/https://lovdata.no/static/file/834/toslo-2011-188627-24e.pdf> [accessed: 18 VIII 2022].

¹⁰⁵ A. Berwick, *A European Declaration of Independence...*, p. 892.

¹⁰⁶ *Ibid.*, p. 896.

¹⁰⁷ *Ibid.*, p. 897.

¹⁰⁸ R. c. Bissonnette, 2019 QCCS 354 (*CanLII*)...

allegedly under the influence of drugs on the day of the assassination, according to the autopsy results¹⁰⁹. However, it has not been possible to ascertain what effect their use had, as Amri fled after carrying out the attack. Four days later, he was shot dead in Milan by Italian police officers.

Summary

A significant proportion of the perpetrators of terrorist attacks carried out in recent years were addicts or substance abusers. After analysing the life stories of the perpetrators of the attacks, it can be assumed that the traumas experienced in childhood, including substance abuse by immediate family members, as well as the perpetrators' own substance abuse problems, may be experiences that contribute to an extremist world view.

Psychoactive substance addiction or abuse can contribute to a deterioration in quality of life on many levels - health, emotional, economic. There are two main reasons why an addicted person may be more vulnerable to the influence of radicalising narratives or recruitment into a terrorist organisation. Firstly, long-term use of psychoactive substances can have a negative impact on cognitive abilities. This can make such a person more susceptible to manipulation and less able to critically assess the radical content they encounter. Secondly, to a person struggling with addiction problems, the narrative of extremist movements may seem attractive because it explains individual failures as the result of hostile groups. Extremist organisations may also offer direct material and spiritual support.

Thus, it can be concluded that the effects of alcohol and drug addiction partly overlap with the identified vulnerabilities to radicalisation. However, this correlation does not imply a cause-and-effect relationship and the fact of abuse or addiction to psychoactive substances should not be taken as an indicator of radicalisation. This correlation should be the subject of further qualitative and quantitative research to enable more precise theses to be made, including taking into account geographical variation. The research should also include a biographical analysis, taking into account childhood, early adolescence and the individual's family history.

¹⁰⁹ R. Basra, *Drugs and Terrorism: The Overlaps in Europe...*, p. 26.

Drugs influence the functioning not only of radicalised individuals, but also of extremist and terrorist organisations. Addiction to or involvement in the trafficking of psychoactive substances can directly or indirectly catalyse contact with radical circles, as well as provide motivation to engage in extremist activities and, in extreme cases, contribute to an individual's decision to carry out a terrorist attack. Terrorism, and especially martyrdom terrorism, can be a means of liberation from addiction and chaotic lifestyles caused by, among other things, substance abuse. Activity within an extremist organisation (including terrorism) is presented by its members as a form of redemption of guilt and mistakes, and for a believer it can be a kind of atonement for sins.

In the context of stimulants as a catalyst for radicalisation, it is also worth noting the problem of radicalisation in prisons. In the biographies of the perpetrators of attacks analysed, it was repeatedly reported that they succumbed to it while serving sentences for minor drug offences. This risk should be taken into account when creating drug policies and programmes to prevent and counteract radicalisation in prisons.

The use and trafficking of psychoactive substances is, and is likely to continue to be, an important theme in a significant proportion of extremist narratives - irrespective of the strand and background (political, religious or ideological). This is because it creates a semblance of moral superiority for extremists promoting a life of purity and, at the same time, is used to formulate accusations against foreign groups portrayed as responsible for addictions.

The problem of substance abuse should therefore not be overlooked in the discussion on the prevention of terrorism. A broad approach to terrorist prevention should also include measures to minimise the negative impact of phenomena that can create vulnerabilities to radicalising narratives. Public health - including addiction prevention, treatment and prevention - should be identified as an area for such action, among others. Radicalisation can be one of many secondary negative effects of addiction, although this relationship is not direct and straightforward - the effects of addiction are often factors that increase vulnerability to radicalisation.

From the perspective of radicalisation prevention, which is a very important element of terrorist prevention, there is a need to raise public awareness of the impact of adverse public health phenomena on the emergence of vulnerability to radicalisation. Educational measures should also pay attention to the problem of stigmatisation in society

of addicts. Addiction to psychoactive substances is a disease. Its destructive effects (and thus the drivers of radicalisation) are reinforced by the negative social perception of those affected, who therefore do not receive adequate support. There is therefore a need to take action at the level of local communities, including religious communities, as they can play a very important role in protecting individuals from the impact of extremist propaganda. Indeed, the cases of perpetrators of terrorist attacks discussed in the article show that experiencing exclusion due to addiction can lead to extremism.

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