



Psychological and Social Risk Factors Contributing to Substance Use at Babylon Governorate, Iraq

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Qualitative Study

Abstract

Background: Substance abuse is a global issue affecting both developed and developing nations. It weakens willpower and escalates criminal behavior, posing a significant social challenge. This study focuses on identifying social and psychological risk factors that contribute to substance use within the Babylon Governorate, Iraq.

Methods: A descriptive correlational study was conducted in Babylon Governorate across three hospitals: AL-Imam Al-Sadiq General Teaching Hospital, Marjan Teaching Hospital, and Al-Hilla General Teaching Hospital. From October 2023 to June 2024, the study involved a sample of 133 individuals identified as substance users selected through non-probability convenience sampling. Data collection was conducted through structured interviews, and the analysis employed both descriptive and inferential statistical methods, including correlation analysis, to examine the relationships between variables.

Results: The findings of study were significant, revealing that 66.2% of participants had moderate social risk factors (mean = 30.59), and 72.2% had moderate psychological risk factors (mean = 27.89). These findings underscore the importance of this research. We also found significant positive correlations between social and psychological risk factors and substance use ($P < 0.001$). Psychological risk factors were also significantly associated with demographic variables such as age, marital status, occupation, and income ($P < 0.05$). Social risk factors were linked to educational level and residential address ($P < 0.05$).

Conclusion: The findings of study underscore the need for comprehensive national initiatives to address substance use. Both psychological and social risk factors play a role, with social factors having a more substantial impact. The study recommends a comprehensive national initiative that includes educational, legal, and therapeutic measures to address these risk factors. The necessity of such measures cannot be overstated.

Keywords: Psychological risk factors; Social risk factors; Substance use; Substance abuse; Health interventions

Citation: Shaker AF, Kadhim AA. **Psychological and Social Risk Factors Contributing to Substance Use at Babylon Governorate, Iraq.** *Int J Body Mind Culture* 2024; 11(5): 568-79.

Received: 25 July 2024

Accepted: 09 Sep. 2024

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Introduction

Substance abuse is a critical, global, and national health issue, impacting individuals across all demographics, including age, ethnicity, gender, and social groups (Shuaibu, Haliza, Samah, & Zulkefli, 2020; Tadic et al., 2023). The abuse of substances such as tobacco, narcotics, alcohol, and other drugs has far-reaching consequences, not only for the individual but also for families and society at large (Apare, 2024). The effects are multifaceted, including severe psychological, physical, social, and economic repercussions that hinder societal progress and development (Iftikhar & Riaz, 2022; Khalil & Hamdan-Mansour, 2019).

The global prevalence of substance use disorders underscores the severity of this problem. According to the United Nations Office on Drugs and Crime (UNODC), 36 million people worldwide suffer from substance use disorders out of the 275 million who use substances (Apare, 2024; Nath, Choudhari, Dakhode, Rannaware, & Gaidhane, 2022). The World Drug Report (2021) highlights a concerning rise in illicit drug use globally, with a corresponding increase in drug-related mortality, estimated between 99000 to 253000 deaths annually (Tadic et al., 2023). These statistics reflect not only the scale of the problem but also the urgent need for effective intervention and prevention strategies.

In Iraq, the situation is equally alarming. The number of substance abuse victims has risen dramatically, with a significant increase in patients receiving treatment in health facilities from 2979 in 2017 to 6101 in 2021 (Iftikhar & Riaz, 2022; Khalil & Hamdan-Mansour, 2019; Shuaibu et al., 2020). Additionally, the number of individuals appearing in court for drug-related offenses more than doubled during the same period, from 6393 to 14391 (Farooq & Riaz, 2022).

Despite the widespread recognition of substance abuse as a critical issue, there remains a significant gap in understanding the specific social and psychological factors that contribute to this phenomenon (Gong, Xie, Yu, Sun, Hong, & Xie, 2021; Makarem, Larijani, Eslami, Jafarzadeh, Karvandian, & Mireskandari, 2020). This study seeks to fill this gap by systematically examining these factors within the context of the Babylon Governorate, Iraq, thereby providing insights that could inform targeted interventions.

This research aims to identify and evaluate the specific social and psychological factors that contribute to substance use, with a focus on the Babylon Governorate. By understanding these factors, the study hopes to provide a foundation for developing more effective prevention and intervention strategies tailored to the region's unique socio-cultural context.

Methods

Study design and participants: This study utilized a descriptive correlational design chosen to explore and identify the relationships between psychological and social factors contributing to substance use among people with a substance use disorder in the Babylon Governorate. The correlational approach is particularly suitable for this research question as it allows for examining associations between variables without manipulating them, which is crucial when studying naturally occurring behaviors such as substance abuse. The study was conducted across three hospitals in Babylon Governorate – AL-Imam Al-Sadiq General Teaching Hospital, Marjan Teaching Hospital, and Al-Hilla General Teaching Hospital – from October 1, 2023 to June 6, 2024.

Sampling method: The study sample comprised 133 individuals with a history of substance use, selected through non-probability (convenience) sampling. Although convenience sampling was chosen due to practical considerations, such as accessibility and the exploratory nature of the study, this method has inherent limitations. Specifically, convenience sampling may introduce selection bias, as participants who are more readily available or willing to participate may not accurately represent the broader population of substance users in the Babylon Governorate.

Data collection

1. *Demographic data:* This section gathered socio-demographic characteristics, including age, sex, education level, marital status, occupation, income, address, and guardians' occupation.

2. *General personal characteristics:* This section collected general personal information about the participants.

3. *Psychological and social factors questionnaire:* The study utilized a researcher-made questionnaire to assess psychological and social factors contributing to substance use. The questionnaire was meticulously developed in multiple stages to ensure its relevance and accuracy for the study's specific context. Here is a detailed explanation of the instrument:

Development process

1. *Item generation:* The questionnaire was initially designed to capture a wide range of psychological and social risk factors that may contribute to substance use. Items were generated based on a thorough review of existing literature, consultations with experts in addiction studies, and insights from preliminary qualitative research. The goal was to ensure that the items were comprehensive and covered all potential risk factors relevant to the population under study.

2. *Content validity:* To ensure that the questionnaire accurately reflected the constructs it intended to measure, content validity was rigorously assessed. A panel of 14 experts in the fields of psychology, addiction studies, and social work were invited to review the items. These experts evaluated each item for clarity, relevance, and representativeness. Based on their feedback, several revisions were made, such as rephrasing items for better clarity, removing redundant items, and adding new items to cover overlooked aspects. The final version of the questionnaire was thus refined to accurately reflect the psychological and social factors contributing to substance use.

Structure of the questionnaire

Psychological factors section: This section includes 14 items aimed at assessing various psychological factors that could lead to substance use. These factors include stress, anxiety, depression, boredom, lack of problem-solving skills, low self-esteem, and other psychological challenges that individuals might face (like "To get rid of stress and forget about problems", "To relieve fatigue, search for fun, and feel happy", and "Weak ability to achieve personal goals").

Social factors section: Similarly, this section comprises 14 items focusing on social influences that might contribute to substance use. This includes peer pressure, exposure to drugs, social environment, media influence, and lack of community support (like "Imitating friends and gaining their trust and appreciation", "Easy access to drugs in the area", and "Weak oversight and discipline by regulatory and security authorities").

Validity and reliability of the instrument

Content validity: As previously mentioned, the content validity was established

through expert reviews. The feedback from these 14 experts was instrumental in shaping the final questionnaire, ensuring that it was both comprehensive and focused on relevant factors.

Reliability: The reliability of the questionnaire was measured using Cronbach's alpha, a statistical method used to assess the internal consistency of the items within each section. The coefficients were as follows:

Psychological factors: Cronbach's alpha = 0.704

Social factors: Cronbach's alpha = 0.720

These values indicate an acceptable level of internal consistency, meaning the items within each section are sufficiently correlated and measure the same underlying construct. This reliability ensures that the questionnaire produces stable and consistent results when used to assess psychological and social risk factors for substance use.

Procedure

Data were collected between February 12, 2024, and April 7, 2024, using the questionnaire's validated and reliable Arabic version. The researcher conducted face-to-face interviews with each participant after obtaining oral and written consent. Each interview took approximately 20 to 30 minutes. The study adhered to ethical standards, ensuring participants' confidentiality and voluntary participation.

Analysis

Data were analyzed using SPSS software (version 27, IBM Corporation, Armonk, NY, USA). Descriptive statistics were used to summarize the data, including frequencies, percentages, means, and standard deviations (SDs). The Kolmogorov-Smirnov test was used to assess the normality of the data distribution. Inferential statistical tests, such as the paired samples t-test, independent samples t-test, Pearson correlation, and analysis of variance (ANOVA), were utilized to explore correlations and differences between variables.

Ethical considerations

This study was conducted with strict adherence to ethical principles and guidelines to ensure the protection and well-being of all participants. The following measures were implemented to address ethical concerns:

Participants were provided with detailed information regarding the purpose, procedures, risks, and benefits of the study. Written informed consent was obtained from all participants prior to their inclusion in the study. For participants who were unable to provide written consent due to literacy issues, oral consent was obtained and documented by the research team. All personal and sensitive information collected during the study was kept strictly confidential. Data were anonymized by assigning unique identification codes to participants, and all identifying details were removed during data analysis to ensure privacy. Only the research team had access to the data, and they were stored securely in encrypted files. Participation in this study was entirely voluntary. Participants were informed that they had the right to withdraw from the study at any time without any consequences or loss of benefits to which they were otherwise entitled. The study was designed to minimize any potential psychological or social harm to participants. Interviewers were trained to conduct interviews with sensitivity and respect, and participants were assured that they could skip any questions that made them uncomfortable. The research adhered to the ethical standards outlined in the Declaration of Helsinki and relevant national guidelines. The data collected in this study will be used solely for research and publication in academic journals. No information that could identify individual participants will be disclosed in any reports or publications resulting from this study.

Results

Table 1 presents the demographic characteristics of the 133 study participants. The participants' age ranged from 17 to 50 years, with the majority (48.9%) falling within the 21-30 age group. The mean age was 29.14 years (SD = 8.60). A significant majority (97%) of the participants were men, and 47.4% were married. Regarding education, 38.3% of the participants had completed primary school. Employment data revealed that 57.1% of the participants and 48.1% of their guardians were engaged in freelance jobs. Additionally, 67.7% of the participants reported a moderate income, and 82.7% resided in urban areas.

Table 2 assesses the psychological risk factors contributing to substance use. The overall mean score for psychological risk factors was 1.99, indicating a moderate level of risk. The highest mean score was observed for the item "Desire and curiosity to experiment and learn about the effects of the drug" (mean = 2.78), reflecting a high risk. Conversely, the lowest mean score was associated with the item "To help increase sexual pleasure and arousal" (mean = 1.26), indicating a low risk.

Table 1. Distribution of the participants according to their demographical data

Demographical data	Subgroup	n (%)
Age group (year)	≤ 20	21 (15.8)
	21-30	65 (48.9)
	31-40	28 (21.1)
	41-50	19 (14.3)
	Total	133 (100)
Mean ± SD: 29.14 ± 8.60		
Minimum-maximum: 17-50		
Sex	Men	129 (97.0)
	Women	4 (3.0)
	Total	133 (100)
Educational level	No reading or writing	3 (2.3)
	Reading and writing	10 (7.5)
	Primary school	51 (38.3)
	Middle school	42 (31.6)
	Secondary school	15 (11.3)
	College and higher	12 (9.0)
Marital status	Total	133 (100)
	Single	51 (38.3)
	Married	63 (47.4)
	Separated	13 (9.8)
	Divorced	6 (4.5)
Occupation	Total	133 (100)
	Governmental employee	24 (18.0)
	Freelance job	76 (57.1)
	Retired	1 (0.8)
	Unemployed	17 (12.8)
	Housewife	2 (1.5)
	Student	13 (9.8)
	Total	133 (100)
Address	Rural	23 (17.3)
	Urban	110 (82.7)
	Total	133 (100)
Guardian's occupation	Governmental employee	38 (28.6)
	Freelance job	64 (48.1)
	Retired	21 (15.8)
	Unemployed	10 (7.5)
	Total	133 (100)

SD: Standard deviation

Table 2. Assessment of the psychological risk factors contributing to substance use

Items	%				Mean	Assessment
	Never	Sometimes	Always	Total		
1. To get rid of stress and forget about problems	9.0	29.3	61.7	100	2.53	High
2. To get rid of anxiety and depression or frustration	8.3	41.4	50.4	100	2.42	High
3. Boredom and a feeling of emptiness	30.1	18.0	51.9	100	2.22	Moderate
4. To relieve fatigue, search for fun, and feel happy	13.5	32.3	54.1	100	2.41	High
5. Search for distinction and maturity	75.2	18.8	6.0	100	1.31	Low
6. Lack of guidance from psychologists	20.3	45.9	33.8	100	2.14	Moderate
7. To help increase sexual pleasure and arousal	82.0	10.5	7.5	100	1.26	Low
8. Lack of problem-solving skills	18.0	42.1	39.8	100	2.22	Moderate
9. Weak ability to achieve personal goals	26.3	38.3	35.3	100	2.09	Moderate
10. Inability to take responsibility	60.9	30.8	8.3	100	1.47	Low
11. The desire and curiosity to experiment and learn about the effects of the drug	9.0	3.8	87.2	100	2.78	High
12. Belief in the benefits of drug use	39.1	34.6	26.3	100	1.87	Moderate
13. Getting rid of insomnia	62.4	6.0	31.6	100	1.69	Moderate
14. Low self-esteem and feelings of social rejection	61.7	27.8	10.5	100	1.49	Low
Overall					1.99	Moderate

Low (1-1.66) → (less worse); Moderate (1.67-2.33); High (2.34-3) → (more worse)

Table 3 evaluates the social risk factors contributing to substance use. The overall mean score for social risk factors was 2.18, indicating a moderate risk level. The highest mean score was found in the item "Contact with bad friends or street friends" (mean = 2.72), showing a high risk. In contrast, the lowest mean was associated with "Incorrect media coverage of addiction scenes" (mean = 1.50), indicating a low risk.

There was a statistically significant positive correlation between psychological and social risk factors ($r = 0.315$, $P < 0.001$). This suggests that individuals experiencing higher psychological risk factors were also likely to experience higher social risk factors.

Table 4 explores the relationship between psychological and social risk factors and participants' demographic characteristics. Psychological risk factors showed a statistically significant relationship with age ($F = 4.518$, $P = 0.005$), marital status ($F = 4.158$, $P = 0.008$), occupation ($F = 3.140$, $P = 0.010$), and income ($F = 7.883$, $P = 0.001$). Social risk factors demonstrated a significant relationship with educational level ($F = 3.517$, $P = 0.005$) and address ($t = -3.772$, $P = 0.001$). These findings highlight the complex interplay between demographic factors and risk factors for substance use.

Discussion

The findings showed that the mean age of the participants was 29.14 years, with the majority (48.9%) falling within the 21-30 age group. This aligns with previous research conducted by Al-Hemiary et al. (2017) in Iraq, where the predominant age group was also young adults (18-29 years), representing 54.6% of the sample. The consistency across studies suggests that younger individuals in this region may be more susceptible to substance use, possibly due to factors like peer pressure, curiosity, and stress associated with life transitions.

Table 3. Assessment of the social risk factors contributing to substance use

Items	%				Mean	Assessment
	Never	Sometimes	Always	Total		
Imitating friends and gaining their trust and appreciation	21.1	31.6	47.4	100	2.26	Moderate
Stress or problems of daily life	40.6	25.6	33.8	100	1.93	Moderate
Contact with bad friends or street friends	8.3	11.3	80.5	100	2.72	High
Weakness of religious faith and improper socialization	26.3	39.1	34.6	100	2.08	Moderate
Easy access to drugs in the area	7.5	27.1	65.4	100	2.58	High
Increasing the number of drug users in the region	18.8	27.1	54.1	100	2.35	High
Drugs are abundant in the region, as are dealers and smugglers	13.5	24.8	61.7	100	2.48	High
For staying up late with friends, for work, etc.	38.3	11.3	50.4	100	2.12	Moderate
Lack of places that absorb individuals' energy during leisure time (playgrounds, parks, clubs, etc.)	39.8	35.3	24.8	100	1.85	Moderate
Weak oversight and discipline by regulatory and security authorities	20.3	28.6	51.1	100	2.31	Moderate
The security or regulatory authorities' leniency towards drug users and dealers and not imposing strict penalties against them	15.8	33.8	50.4	100	2.35	High
Wars and internal conflicts between members of society	40.6	36.1	23.3	100	1.83	Moderate
Not broadcasting programs to raise awareness and guide the community about the danger of drug abuse	17.3	42.9	39.8	100	2.23	Moderate
Incorrect media coverage of addiction scenes	58.6	33.1	8.3	100	1.50	Low
Overall					2.18	Moderate

In terms of gender, 97% of the participants were men, which is in line with studies by Al-Hemiary et al. (2017), where 96.4% of substance users were men. This gender disparity may be explained by cultural norms and the stigma surrounding female substance use, which often leads to underreporting among women. The higher prevalence of substance use among men could also be attributed to greater social freedom and access to substances in male-dominated environments.

Educationally, 38.3% of participants had only completed primary school, similar to findings by Al-Hemiary et al. (2017), where a significant portion of the sample was also undereducated. The lower educational attainment may limit job opportunities, thereby increasing the likelihood of substance use as a coping mechanism for economic and social stressors. The study also found that nearly half (47.4%) of the participants were married, which echoes the prior results (Apare, 2024; Gong et al., 2021; Iftikhar & Riaz, 2022; Longman-Mills et al., 2015; Makarem et al., 2020; Tadic et al., 2023), where most of the sample were married. This could indicate that marital stress, combined with the responsibilities of family life, might contribute to substance use as an escape mechanism. Regarding occupation, 57.1% of the participants had Freelance job , similar to previous studies (Makarem et al., 2020; Melchert, 2000; Rogers, Shepherd, Garey, & Zvolensky, 2020; Voisin et al., 2014), where most of the sample were also irregular employees. Unstable income and job-related stress could be contributing factors to substance use, as individuals in these occupations may use substances to alleviate anxiety and cope with the pressures of their financial situation.

Table 4. The relationship between psychological and social risk factors with demographical data of participants

Demographical data	Subgroup	Psychological			Social		
		Mean	T-value	P-value	Mean	T-value	P-value
Age group (year)	≤ 20	1.99	4.518	0.005	2.24	-0.154	0.077
	21-30	1.92			2.18		
	31-40	2.04			2.25		
	41-50	2.17			2.03		
	Total	1.99			2.18		
Sex	Men	1.99	-0.822	0.413	2.18	-0.556	0.579
	Women	2.11			2.27		
	Total	1.99			2.18		
Educational level	No reading or writing	2.02	2.125	0.067	2.29	3.517	0.005
	Reading and writing	1.99			2.29		
	Primary school	2.02			2.27		
	Middle school	1.93			2.07		
	Secondary school	1.90			2.04		
	College and above	2.19			2.27		
	Total	1.99			2.18		
Marital status	Single	1.99	4.158	0.008	2.16	1.251	0.294
	Married	1.93			2.17		
	Separated	2.19			2.24		
	Divorced	2.18			2.39		
	Total	1.99			2.18		
Occupation	Governmental employee	2.07	3.140	0.010	2.19	0.811	0.544
	Freelance job	1.97			2.19		
	Retired	1.57			1.71		
	Unemployed	2.14			2.20		
	Housewife	2.07			2.43		
	Student	1.81			2.14		
	Total	1.99			2.18		
	Income	High	2.25	7.883	0.001	2.00	1.323
Moderate	1.93			2.18			
Address	Low	2.10			2.22		
	Total	1.99			2.18		
	Rural	2.04	0.898	0.371	1.98	-3.772	0.001
Guardian's occupation	Urban	1.98			2.23		
	Total	1.99			2.18		
	Governmental employee	2.01	0.103	0.958	2.19	0.810	0.490
Guardian's occupation	Freelance job	1.98			2.22		
	Retired	1.99			2.13		
	Unemployed	1.99			2.09		
	Total	1.99			2.18		

Pearson correlation coefficient, independent samples t-test, and one-way analysis of variance (ANOVA)

Most participants (67.7%) reported moderate income levels. Substance use can impose a significant economic burden on individuals and their families, exacerbating financial difficulties and perpetuating the cycle of poverty and addiction. Lastly, 82.7% of participants lived in urban areas, consistent with prior studies (Apare, 2024; Farooq & Riaz, 2022; Gong et al., 2021; Iftikhar & Riaz, 2022; Shuaibu et al., 2020; Tadic et al., 2023; Wu, Lau, Mo, & Lau, 2018). Urban environments may offer more accessible access to substances and fewer recreational alternatives, increasing the likelihood of substance use. The availability of drugs and the influence of negative social circles in urban settings may also contribute to this trend.

The study identified a moderate level of psychological risk factors associated with substance use (mean = 1.99). This finding is supported by previous studies

(Elkington, Bauermeister, & Zimmerman, 2010; Tadic et al., 2023; Voisin et al., 2014; Wu et al., 2018), that also observed significant psychological distress among substance users. The use of substances as a coping mechanism for psychological stress, anxiety, and other mental health issues is well-documented in the literature. For instance, some studies (Elkington et al., 2010; Salehian et al., 2022; Tadic et al., 2023; Wu et al., 2018) highlighted that individuals often resorted to substances like alcohol to mitigate stress, which paradoxically can exacerbate anxiety and psychological tension. Given the high levels of stress and anxiety in conflict-affected regions like Iraq, the psychological burden on individuals may be particularly acute, leading to increased substance use (Elkington et al., 2010; Gulliyev, Kalkan, Tekin, Tuna, & Ögel, 2021; Longman-Mills et al., 2015; Rogers et al., 2020; Tadic et al., 2023; Visser & Routledge, 2007; Wu et al., 2018). The relationship between personality disorders and substance use (Elkington et al., 2010; Latimer, Winters, Stinchfield, & Traver, 2000; Longman-Mills et al., 2015; Rogers et al., 2020; Romm & Metzger, 2018) further underscores the need for integrated mental health and substance use interventions.

Social risk factors also exhibited a moderate influence on substance use (mean = 2.18). This is consistent with prior studies (Apare, 2024; Farooq & Riaz, 2022; Gong et al., 2021; Iftikhar & Riaz, 2022; Shuaibu et al., 2020; Tadic et al., 2023; Wu et al., 2018) which found that social factors, such as peer pressure and family dynamics, played a significant role in substance use among youth.

The study found a significant positive correlation between psychological and social risk factors ($r = 0.315$, $P < 0.001$). This suggests that individuals facing social challenges are also likely to experience psychological distress, which may drive substance use. The intertwined nature of social and psychological risk factors highlights the importance of addressing both domains in prevention and intervention efforts. For example, social instability, such as conflict and economic hardship, can exacerbate psychological vulnerabilities, leading to substance use as a coping strategy.

The analysis revealed significant relationships between psychological risk factors and demographic variables such as age, marital status, occupation, and income. Younger, married individuals with lower income levels were particularly at risk, possibly due to the compounded pressures of financial strain, marital stress, and the challenges of youth. Similarly, social risk factors were significantly related to educational level and urban residence, suggesting that lower education and living in urban areas increase exposure to environments conducive to substance use.

Limitations: The findings of this study should be interpreted with caution due to several limitations. The use of convenience sampling may introduce selection bias, limiting the generalizability of the results. Additionally, self-reported data may be subject to recall bias or social desirability bias, particularly given the sensitive nature of substance use. Future research should aim to utilize random sampling methods and incorporate objective measures to validate self-reported data.

Implications and recommendations: It is recommended that intervention programs that specifically address the psychological and social risk factors identified in this study be developed and implemented. For instance, providing mental health support and counseling services for young, married individuals with low incomes could mitigate their risk of substance use. Public awareness about the dangers of substance use should be increased, particularly in urban areas where accessibility and peer influence are significant risk factors. Educational campaigns should be tailored to reach individuals with lower educational attainment who may be at higher risk.

Development of strong family and community support networks should be encouraged, particularly in urban settings, to counteract the social isolation and peer pressure that contribute to substance use. Policies that address the broader socio-economic factors contributing to substance use, such as poverty reduction initiatives and increased access to education and stable employment opportunities, should be advocated.

Conclusion

The findings of study underscore the need for comprehensive national initiatives to address substance use. Both psychological and social risk factors play a role, with social factors having a more substantial impact. The study recommends a comprehensive national initiative that includes educational, legal, and therapeutic measures to address these risk factors. The necessity of such measures cannot be overstated.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgements

The authors' deepest appreciation goes to all the participants who assisted us in conducting this research project.

References

- Al-Hemiyari, N., Dabbagh, R., Hashim, M. T., Al-Hasnawi, S., Abutiheen, A., Abdulghani, E. A., et al. (2017). Self-reported substance use in Iraq: findings from the Iraqi National Household Survey of Alcohol and Drug Use, 2014. *Addiction*, 112(8), 1470-1479. doi: 10.1111/add.13800 [doi].
- Apare, J., & Enakpoya, E. E. (2024). Substance Use, Peer Social Comparison, Academic Stress and Psychological Well-Being of Students in Tertiary Institution in Delta South Senatorial District. *Asian Research Journal of Arts & Social Sciences*, 22(3), 1-17. doi:10.9734/arjass/2024/v22i3518 [doi]
- Cho, M. S. (2020). Use of Alcohol, Tobacco, and Caffeine and Suicide Attempts: Findings From a Nationally Representative Cross-sectional Study. *J Prim.Care Community Health*, 11, 2150132720913720. doi:10.1177_2150132720913720 [pii];10.1177/2150132720913720 [doi]. Retrieved from PM:32193974
- Elkington, K. S., Bauermeister, J. A., & Zimmerman, M. A. (2010). Psychological distress, substance use, and HIV/STI risk behaviors among youth. *J Youth Adolesc*, 39(5), 514-527. doi:10.1007/s10964-010-9524-7 [doi]. Retrieved from PM:20229264
- Farooq, N., & Jr, I. (2022). Psychosocial Factors as the Determinants of Relapse in Individuals with Substance Use Disorder. *Int J Innov Sci Technol*, 4(Spec 1), 97-104. doi: 10.33411/ijist/2022040611 [doi]
- Gong, H., Xie, C., Yu, C., Sun, N., Lu, H., & Xie, Y. (2021). Psychosocial Factors Predict the Level of Substance Craving of People with Drug Addiction: A Machine Learning Approach. *Int J Environ Res Public Health*, 18(22). doi:ijerph182212175 [pii];ijerph-18-12175 [pii];10.3390/ijerph182212175 [doi]. Retrieved from PM:34831930
- Guliyev, C., Kalkan, O., Tekin, K., Tuna, Z. O., & Ogel, K. (2021). Comparison of Individuals With and Without the Risk of Post-Traumatic Stress Disorder in Terms of Substance Use Features and Psychological Problems According to Their Substance Preferences. *Alpha.Psychiatry*, 22(3), 153-158. doi:ap-22-3-153 [pii];10.5455/apd.14413 [doi]. Retrieved from PM:36425446

Iftikhar, M., & Jr, I. (2022). Psycho-Social and Morbidity of Substance Use Disorder in Women. *Int.J.Innov.Sci.Technol*, 4 (Special), 82-87. doi: 10.33411/ijst/2022040609 [doi]

Khalil, M., & Mansour, A. (2019). Factors Associated with Substance Use Disorder among Adolescents Age Group: An Integrative Review. *Open Journal of Nursing*, 09, 998-1011. doi:10.4236/ojn.2019.99074 [doi]

Latimer, W. W., Winters, K. C., Stinchfield, R., & Traver, R. E. (2000). Demographic, individual, and interpersonal predictors of adolescent alcohol and marijuana use following treatment. *Psychol Addict.Behav*, 14(2), 162-173. doi:10.1037//0893-164x.14.2.162 [doi]. Retrieved from PM:10860115

Longman-Mills, S., Haye, W., Hamilton, H., Brands, B., Wright, M., Cumsille, F. et al. (2015). Psychological maltreatment and its relationship with substance abuse among university students in Kingston, Jamaica. *Texto e Contexto Enfermagem*, 24(Spec), 63-68. doi:10.1590/0104-07072015001070014 [doi]

Makarem, J., Larijani, A. H., Eslami, B., Jafarzadeh, A., Karvandian, K., & Mireskandari, S. M. (2020). Risk factors of inadequate emergence following general anesthesia with an emphasis on patients with substance dependence history. *Korean J Anesthesiol.*, 73(4), 302-310. doi:kja.19214 [pii];kja-19214 [pii];10.4097/kja.19214 [doi]. Retrieved from PM:31612693

Melchert, T. P. (2000). Clarifying the effects of parental substance abuse, child sexual abuse, and parental caregiving on adult adjustment. *Professional Psychology: Research and Practice*, 31(1), 64-69. doi:10.1037/0735-7028.31.1.64 [doi]

Nath, A., Choudhari, S. G., Dakhode, S. U., Rannaware, A., & Gaidhane, A. M. (2022). Substance Abuse Amongst Adolescents: An Issue of Public Health Significance. *Cureus.*, 14(11), e31193. doi:10.7759/cureus.31193 [doi]. Retrieved from PM:36505140

Rogers, A. H., Shepherd, J. M., Garey, L., & Zvolensky, M. J. (2020). Psychological factors associated with substance use initiation during the COVID-19 pandemic. *Psychiatry Res*, 293, 113407. doi:S0165-1781(20)32256-3 [pii];113407 [pii];10.1016/j.psychres.2020.113407 [doi]. Retrieved from PM:32827993

Rogers, A. H., Shepherd, J. M., Garey, L., & Zvolensky, M. J. (2020). Psychological factors associated with substance use initiation during the COVID-19 pandemic. *Psychiatry Research*, 293, 113407. doi:10.1016/j.psychres.2020.113407 [doi]

Romm, K. F., & Metzger, A. (2018). Parental psychological control and adolescent problem behaviors: The role of depressive symptoms. *Journal of Child and Family Studies*, 27(7), 2206-2216. doi:10.1007/s10826-018-1064-x [doi].

Salehian R. (2024). , *Abdi M , Sadegh Abedin M, Maroufi A, Rahmani K. Posttraumatic Stress Symptoms, Anxiety, and Depression Among COVID-19 Survivors After Discharge from Hospital. Iran J Psychiatry Behav Sci. 2022;16(3):e122958. doi:10.5812/ijpbs-122958 [doi]*

Shuaibu, H., Haliza, A., Samah, A., Afiah, N., & Mohd Zulkefli, N. (2020). Psychoactive Substance Use among Nigerian Secondary School Students: A Review of Current Literature. *Pertanika Journal of Social Science and Humanities*, 28, 3145-3165. doi:10.47836/pjssh.28.4.36 [doi]

Tadic, M., Terzic-Supic, Z., Todorovic, J., Kilibarda, B., Santric-Milicevic, M., Dusanovic-Pjevic, M. et al. (2023). Psychological Distress in the Republic of Serbia, the Association of Social Characteristics and Substance Use on a National Representative Sample of Serbia. *Int J Environ Res Public Health*, 20(7). doi:ijerph20075321 [pii];ijerph-20-05321 [pii];10.3390/ijerph20075321 [doi]. Retrieved from PM:37047937

Visser, M., & Routledge, L. A. (2007). Substance Abuse and Psychological Well-being of South African Adolescents. *South African Journal of Psychology*, 37(3), 594-615. doi:10.1177/008124630703700313 [doi]

Voisin, D., Walsh, T., Flatt, N., Eavou, R., Bertozzi-Villa, C., Eder, M. et al. (2014). HIV medication adherence, substance use, sexual risk behaviors and psychological distress among younger black men who have sex with men and transgender women: Preliminary findings. *Journal of Nursing Education and Practice*, 4(12), 27-33. doi:10.5430/jnep.v4n12p27 [doi]

Wu, A. M. S., Lau, J. T. F., Mo, P. K. H., & Lau, M. M. C. (2018). Psychological distress and resilience as risk and protective factors of psychoactive substance use among Chinese nonengaged youth. *Journal of Community & Applied Social Psychology*, 28(2), 49-64. doi:10.1002/casp.2340 [doi]