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

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**Review Article**

**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

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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 (Polit & Beck, 2017). 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. While 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 free 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 ± 8.60Minimum-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) |
| Total | 133 (100) |
| Marital status  | Single | 51 (38.3) |
| Married | 63 (47.4) |
| Separated | 13 (9.8) |
| Divorced | 6 (4.5) |
| Total | 133 (100) |
| Occupation | Governmental employee | 24 (18.0) |
| Free 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) |
| Free 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. 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. (2016), 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. (2016), 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 free jobs, 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** | **Analysis** | **P-value** | **Mean** | **Analysis** | **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 |  |  |
| Institutes and above | 2.19 |  |  | 2.27 |  |  |
| Total | 1.99 |  |  | 2.18 |  |  |
| Martial 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 |
| Free 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 | 0.270 |
| Moderate | 1.93 |  |  | 2.18 |  |  |
| Low | 2.10 |  |  | 2.22 |  |  |
| Total | 1.99 |  |  | 2.18 |  |  |
| Address | Rural | 2.04 | 0.898 | 0.371 | 1.98 | -3.772 | 0.001 |
| Urban | 1.98 |  |  | 2.23 |  |  |
| Total | 1.99 |  |  | 2.18 |  |  |
| Guardian's occupation‎ | Governmental employee | 2.01 | 0.103 | 0.958 | 2.19 |  0.810 | 0.490 |
| Free job | 1.98 |  |  | 2.22 |  |  |
| Retired | 1.99 |  |  | 2.13 |  |  |
| Unemployed | 1.99 |  |  | 2.09 |  |  |
| Total | 1.99 |  |  | 2.18 |  |  |

NS: Non-significant at P ˃ 0.05, S: Significant at P < 0.05, HS: Highly significant at P < 0.001 [Pearson correlation coefficient, independent samples t-test, and one-way analysis of variance (ANOVA)]

Most participants (67.7%) reported moderate income levels, a finding that
aligns with Al-Saffar et al. (2015) study, where moderate-income was also predominant. 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) 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 rapid societal changes and urbanization in Iraq, as described by Al-Juboori and Al-Saffar (2017), may also contribute to the normalization of substance use, especially among younger populations who are more susceptible to these influences. Social disintegration, such as weakened family bonds and the lack of positive social networks, can lead to increased vulnerability to substance use. This finding is supported by Al-Diwan et al. (2014), who noted that social factors, including strained family relationships and peer influence, were critical determinants of substance use in school settings.

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.

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