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The Use of Psychoactive Substances in Al-Jouf Region: Prevention and Treatment

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Abstract

The current study aimed to examine the abuse of psychoactive substances in the Al-Jouf region and to identify the psychological and social indicators of psychoactive substance abuse, along with prevention and treatment strategies. The objective is to develop practical preventive and therapeutic plans and programs to help reduce the spread of psychoactive substance abuse in the Al-Jouf region. The study employed the following material: a diagnostic interview (closed–open) for substance users in treatment (developed by the researchers), a diagnostic interview (closed–open) for therapists, and an addiction indicators scale (developed by the researchers). These study materials were applied to a sample of 78 substance users receiving treatment at Mental Health Hospital, and 57 therapists. The results indicated that the most important reasons for abusing psychoactive substances are: certain psychological variables such as impulsivity, psychological sensitivity, depression, anxiety, inability to communicate, and social isolation, psychological fatigue, bad peers at school, in the neighborhood, or at university, low self-confidence, attempts to feel self-worth and self-esteem, lack of hobbies or skills, leisure time and attempts to fill it, Improper reactionary behavior from the family of the abuser, family problems and feelings of fragmentation and domestic abuse, parental separation, lack of guidance, counseling and mentoring inside the family, presence of a substance abuser within the family, the wide spread of substance misuse in the user's residential area, academic failure and lack of supervision at school or university, lastly, either the abundance of income (making it easier to access substances).

Keywords: *Al-Jouf, psychoactive substances, prevention, substance abuse.*

Introduction

As part of the efforts undertaken by the Prince Nawaf bin Abdulaziz Chair for Sustainable Development to ensure a healthy and secure life for all, and to protect society—particularly its youth—from the use of psychoactive substances in the Al-Jouf region, the initiative aligns with its focus on addressing social issues and combating drug abuse. Youth are universally regarded as the true wealth of any society; thus, it is imperative to continuously work on their protection and development in a positive direction. This can only be achieved by maintaining constant vigilance against their exposure to psychoactive substances, which erode strength and willpower, thereby posing an enduring threat to the progress, stability, and sustainable development of nations.

Psychoactive substance abuse and addiction represent some of the most pressing social problems faced by countries around the world to varying degrees. No society or nation is entirely immune to this affliction. Consequently, this phenomenon has attracted widespread international

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attention, as it was recognized as a shared global issue. Its importance has been emphasized in numerous international forums and conferences, as well as by United Nations agencies and regional and international organizations. Global efforts have led to the formulation of international conventions aimed at confronting and limiting the spread of drug abuse. On the national level, similar attention is evident in the enactment of legislation criminalizing drug-related activities and imposing a range of legal and preventive sanctions (Ahmed, 2020, p. 126).

In this context, the findings of Al-Muhannadi's (2013) study indicate that addiction has significant social repercussions. Addicts often pose a threat to the safety of others within society, as they become a source of instability and insecurity. Their pursuit of money frequently drives them to engage in various forms of criminal behavior. Moreover, their substance use endangers their own lives and may lead them to adopt criminal identities or harbor hostility toward society, achieving their aims through deviant means. These findings are supported by Mohamed's (2022) study, which revealed that substance use was linked to an increase in criminal behavior among a sample of underage girls who are addicted to psychoactive drugs.

A study conducted by Al-Otaibi et al. (2019) recommended the need to raise awareness regarding the dangers of drug use, expand preventive and educational programs with a particular focus on youth, and design proactive interventions while providing employment opportunities as a means of prevention.

According to the *World Drug Report* published by the United Nations in 2016 (United Nations Office on Drugs and Crime, 2016), approximately 247 million individuals worldwide were drug users, and around 29 million suffered from drug use-related disorders. Among these, only one in six received treatment. The report also indicated that the drug use mortality rate was approximately seven deaths per 1,000 individuals due to drug addiction.

These figures increased significantly in the *2020 World Drug Report* which stated that the number of individuals suffering from substance use disorders had risen to approximately 35.6 million globally. However, the proportion of those receiving treatment remained limited—only one in eight individuals. While drug prevalence was noted to be higher in wealthier societies, it was found that individuals suffering from social and economic deprivation were more vulnerable to the adverse effects of substance use.

The Kingdom of Saudi Arabia is recognized as a leading nation in combating drug use in all its forms. The country has addressed the phenomenon of psychoactive substance abuse through a multi-pronged approach that includes security enforcement, awareness campaigns, and therapeutic interventions. The General Directorate of Narcotics Control plays a central role in enforcing national drug laws and ensuring security measures. Concurrently, the National Committee for Narcotics Control and the Ministry of Interior's Research Center undertake vital preventive and educational efforts.

The Kingdom has also established specialized addiction treatment hospitals, most notably the "Al-Amal (Irada) Hospitals," which are affiliated with the Ministry of Health and are distributed across various regions. These hospitals provide comprehensive care—medical, psychological, and social—for individuals suffering from addiction, in addition to offering aftercare programs aimed at rehabilitating patients and reintegrating them as productive members of society (Al-Ghareeb, 2006).

Despite these efforts, the past five years have witnessed a sharp global increase in the use of illicit

substances, including methamphetamine. This has been evidenced by the rising number of admissions to specialized drug treatment centers and corroborated by recent surveys (Alotaibi & Abdelmeged, 2024). These developments present growing challenges in addressing psychoactive substance abuse and underscore the urgent need to formulate both preventive and therapeutic strategies tailored to this escalating issue.

The General Directorate of Narcotics Control in Saudi Arabia maintains coordination efforts at the international, regional (Arab), and domestic levels with various governments and organizations to fight against the issue of psychoactive substance abuse. In 1995, the Directorate launched the *Self-Support Program*, which was the first of its kind in the Arab world, aimed at monitoring and supporting individuals recovering from substance abuse.

In addition, the Directorate plays a prominent educational role by disseminating information through its official website on the consequences of psychoactive substance use, the legal penalties for users, dealers, and traffickers, and by offering multiple communication channels, support services, and responses to public inquiries (General Directorate of Narcotics Control, 2025).

Problem Statement

Numerous studies conducted in the field of psychoactive substance abuse have highlighted the severe and far-reaching negative consequences of this phenomenon—affecting not only the individual user, but also their family and society at large, across health, psychological, economic, and social dimensions. For instance, Ahmed (2020) argued that the addict is both ill and morally accountable; however, treatment should take precedence over punishment, and it should be viewed as a preventive measure—an alternative form of criminal sanction. The danger of drug addiction lies in its destructive effects, which extend to the addict's family and social circle. As the problem transforms into a widespread phenomenon, it begins to undermine entire communities, as the individual forms the basic unit of the family, and the family the foundational structure of society. Therefore, the societal impact of addiction is substantial, particularly in relation to the most vital element of sustainable development—human capital—and especially the youth, who represent the cornerstone of any nation's progress.

Al-Shaari (2012) indicated that addiction to psychoactive substances constitutes a serious threat to the security and stability of society. It leads to the destruction and depletion of youth potential across social, physical, psychological, and economic domains. Similarly, Al-Muhannadi (2013) reported that the social impact of addiction is manifest in the threat addicts pose to others. They are a source of anxiety and insecurity within society, often driven to commit crimes in pursuit of money. Furthermore, the substance user may endanger themselves and eventually evolve into a criminal or develop hostility toward society, seeking to fulfill personal aims through deviant means.

Supporting this notion, the study by Al-Otaibi et al. (2019) emphasized the importance of raising awareness about the dangers of psychoactive substances, enhancing preventive and educational programs with a focus on youth, and designing preemptive interventions while creating employment opportunities.

Previous research has consistently showed that the phenomenon of substance abuse is highly complex and multidimensional, involving psychological, social, and economic factors, in addition to other causes that emerge within specific cultural and environmental contexts.

Moreover, multiple studies have confirmed the grave societal risks posed by substance abuse, as

it creates imbalances within the social structure and hinders development and progress. These adverse effects are reflected in reduced societal productivity, the loss of significant human and financial resources, the emergence of social unrest and pathological behaviors such as crime, violence, and sexual assault, and the proliferation of psychological and physical illnesses. Furthermore, it leads to the collapse of moral systems and the deterioration of social security (Abboud & Obeid , 2016; Al-Ruwaili, 2011).

Accordingly, the United Nations' (2020) *World Drug Report* emphasized the need for awareness campaigns on drug dangers during the International Day Against Drug Abuse, held under the theme "Better Knowledge for Better Care." This affirms the critical importance of raising awareness as one of the most effective pillars in combating this phenomenon (UN, 2020, p. 3).

In the specific context of the Al-Jouf region of the Kingdom of Saudi Arabia, a study by Alotaibi and Abdelmeged (2024), conducted on a youth sample, identified a statistically significant correlation between dysfunctional family environment and several psychological variables—such as impulsivity, personal sensitivity, depression, anxiety, and paranoid thinking—and methamphetamine use among youth.

Based on the above, it becomes evident that both prevention and treatment of psychoactive substance abuse are essential priorities, given the profound benefits for both individuals and society. These efforts contribute to attracting societal attention toward sustainable development, and to optimizing the use of energy, time, and resources in building a psychologically and physically resilient community. Therefore, the current study seeks to examine the underlying causes of psychoactive substance use, identify indicators of substance abuse, evaluate existing treatment approaches, and propose an integrated preventive strategy aimed at mitigating the spread of psychoactive substance abuse in the Al-Jouf region.

Significance of the Study

The significance of this study can be divided into a theoretical significance and practical (applied) significance; the theoretical significance lies in the study's attempt to identify the underlying causes that drive individuals toward the use of psychoactive substances, as well as to explore the available methods for treatment and prevention. Moreover, the study's geographic focus on the Al-Jouf region adds value by enabling the assessment and understanding of the phenomenon within its specific local context. This localized approach is expected to facilitate deeper and more precise comprehension of the issue for researchers and professionals working in this field.

Furthermore, the current study is anticipated to enrich scientific literature and academic research in the field of substance abuse, particularly with respect to causes, prevention strategies, and treatment methods. It is also expected to draw the attention of scholars to the critical importance of conducting similar studies to combat this escalating issue, whose detrimental impacts extend beyond the individual to include the family and society as a whole.

As for the practical (applied) significance, this study aims to identify the causes of psychoactive substance use, as well as the psychological and social indicators associated with such behavior. It further seeks to define effective treatment and prevention methods tailored to the Al-Jouf region. Accordingly, it is anticipated that various institutions and organizations in the region will benefit from the study's findings when designing youth-oriented programs. The study's results are expected to contribute to the development of strategies and interventions aimed at addressing the root causes of substance use, along with treatment programs to mitigate the effects

experienced at the individual, family, and societal levels.

The study specifically aims to:

1. Identify the psychological profile of psychoactive substance users by revealing the causes and indicators of use, in order to develop practical treatment and prevention programs that can help curb the spread of psychoactive substance abuse in the Al-Jouf region.
2. Examine the various causes of psychoactive substance use from the perspective of the study's sample of patients currently undergoing treatment in Al-Jouf.
3. Examine the various causes of psychoactive substance use from the perspective of the study's sample of treatment providers in Al-Jouf.
4. Identify the psychological and social indicators of addiction among the study's sample of users undergoing treatment in the Al-Jouf region.
5. Explore the contributing factors to the increasing prevalence of psychoactive substance abuse in Al-Jouf.
6. Investigate treatment methods for psychoactive substance abuse from the perspective of treatment providers.
7. Examine the available treatment services and the role of security and healthcare institutions in addressing and mitigating the problem, from the perspective of users.
8. Identify preventive strategies against psychoactive substance use from the perspective of treatment providers.

Research Questions

The present study seeks to address the following research questions:

1. What are the various causes of psychoactive substance use among the study sample of individuals undergoing treatment in the Al-Jouf region?
2. What are the different causes of psychoactive substance use from the perspective of the study sample of treatment providers in the Al-Jouf region?
3. What are the psychological and social indicators of addiction among the study sample of individuals undergoing treatment in the Al-Jouf region?
4. What are the contributing factors to the increasing prevalence of psychoactive substance use in the Al-Jouf region?
5. What are the treatment methods for psychoactive substance use as perceived by the treatment providers?
6. What treatment options are available, and what roles do security and healthcare institutions play in addressing and mitigating the severity of the issue, as perceived by individuals undergoing treatment?
7. What are the preventive strategies against psychoactive substance use as viewed by the treatment providers?

Study Terminology

Psychoactive Substances

Defined as any substance—whether plant-based, chemical, or synthetic—that affects the user and leads to dependence, causing psychological, health, or social harm (Al-Shakrah, 2018).

Substance Use Prevention

A set of individual, institutional, and community-based measures aimed at preventing the initiation of psychoactive substance use or reducing the progression of related problems. Prevention efforts may target the individual or their environment and focus on modifying local conditions or policies to reduce both the availability of substances and the demand for them (Carver et al., 2017).

Study Delimitations

1. **Human Delimitations:** The study sample consists of individuals undergoing treatment for substance use in Al-Jouf, in addition to therapists at Mental Health Hospital and families residing in the same region.
2. **Geographical Delimitations:** The study is limited to the Al-Jouf region in the Kingdom of Saudi Arabia.
3. **Temporal Delimitations:** The data collection and analysis are confined to the year 1445 AH.
4. **Topical Delimitations:** The focus is on psychoactive substance use, its prevention, and treatment.

Theoretical Framework and Review of Literature

Definition of Drugs

Linguistically, the term "drugs" (mukhadirat) derives from the Arabic root *khadara*, meaning to numb or veil, referring to substances that obscure consciousness. Terminologically, various definitions exist. According to Al-Hoqail (2004), drugs are "any raw or processed substance that induces full or partial numbness, with or without unconsciousness, producing a false sense of euphoria and detachment from reality."

Al-Marzouqi (2015, p. 438) defined drugs as "any natural or synthetic substance consumed orally, nasally, or via injection through stages of desire, acceptance, and habituation, leading to sensory, cognitive, and psychological distortion, physiological imbalance, and poor social adaptation."

Given the variety of definitions, some researchers adopt a legal perspective, whereby drugs include any natural material or compound listed in the controlled substances schedules attached to narcotics and psychoactive substances legislation (Abdel-Muttalib, 2005).

Types of Drugs

Drugs are classified in various ways, and these classifications are dynamic due to the emergence of new substances. The major classifications include:

1. Based on Nature:

Natural drugs: Derived directly from plants such as cannabis, opium poppy, coca, and khat.

Semi-synthetic drugs: Processed from natural plants using chemical methods, such as:

- **Morphine:** Extracted from opium and is 10x stronger than opium,
- **Heroin:** Extracted from Morphine and is 30x stronger than morphine,
- **Cocaine:** Extracted from coca leaves50x more potent than coca leaves).

Synthetic drugs: Fully chemically produced substances with similar effects to natural drugs, especially in cases of addiction, including sedatives, tranquilizers, hallucinogens, amphetamines, and barbiturates.

2. Based on Risk Level:

Major drugs (high risk): e.g., opium and derivatives, hashish, cocaine.

Minor drugs (lower risk): e.g., alcohol, tobacco, caffeine, khat, sedatives, hallucinogens (Mansour, 1992).

Definition of drug use: Drug use is defined as "the habitual consumption of substances leading to psychological dependency, including craving the euphoric effect, a tendency to increase dosage, and an inability to function without the drug". Accordingly, an addict is defined as "a person who becomes habituated to the use of a particular substance, such as alcohol or drugs, and upon discontinuation experiences psychological and physical disturbances until the habitual dose is consumed again." (Al-Ruwaili, 2011). The World Health Organization defines addiction as "a chronic or temporary intoxication caused by repeated drug use".

According to Abdel-Khaleq and Ramadan (2001, p. 296), addiction reflects "tolerance and habituation, where tolerance requires increased dosage to achieve the same effect, and habituation stems from the psychological comfort the drug provides".

Causes of Drug Use and Related Effects

Psychological Causes

Psychologists assert that certain psychological factors are closely associated with substance use. Drug users often exhibit psychological structures characterized by insecurity and disorders related to attachment and identity. They typically originate from families marked by emotional neglect, abandonment, a lack of support, inadequate care and guidance, and an absence of warmth. Such environments are frequently permeated by aggression, frustration, and detachment. This type of psychological upbringing creates a predisposition toward drug use, where substance consumption serves as a substitute for emotional fulfillment (Al-Ruwaili, 2011).

Moreover, numerous studies emphasize that depression is one of the primary factors contributing to addiction. Depressed individuals often display poor self-assertion, suffer from low self-confidence, and tend to withdraw socially and emotionally from their surroundings (Eroy & Spence).

Other studies also indicate that addicts lack the capacity to cope with feelings of frustration and failure. They often struggle to manage their problems, lack decisiveness, and are unable to delay gratification. Such individuals frequently exhibit narcissistic tendencies and unstable

interpersonal relationships that are primarily utilitarian in nature. They may also demonstrate a tendency toward self-punishment and self-destruction, reflecting a weakened ego and a pervasive sense of helplessness and despair (Wilson et al., 2012).

Social Causes

Numerous studies have indicated that the phenomenon of drug abuse is strongly associated with a range of social factors. These include peer influence and association with deviant groups, imitation and modeling behavior, poor use of leisure time, the nature of the neighborhood in which the family resides, the presence of a history of deviance within the user's family, family disintegration, lack of parental supervision, yielding to social pressures or peer accommodation, curiosity and the desire to experiment, and the persistence of negative societal beliefs such as the perceived link between drug use and enhanced sexual performance (Shayji, 2011).

Economic Causes

Socioeconomic Status (High or Low):

Both extreme poverty and excessive affluence can lead to substance use. On the one hand, low living standards may push individuals toward drug use as a form of escapism. On the other hand, excessive financial comfort combined with an abundance of free time may lead individuals to seek out meaningless activities, including experimenting with drugs to fill the void.

Unemployment and Inability to Work:

Unemployment and the lack of productive work opportunities are among the primary contributors to drug use, particularly when paired with poorly managed free time and a lack of purposeful engagement.

This is supported by several empirical studies. For instance, Arun, Singh Chavan., & Bhargava (2010) in their study titled *"Youth Attitudes Toward Alcohol and Drug Use in the Chandigarh Region of India,"* emphasized that understanding public attitudes is essential for tackling the issue. Their findings revealed that drug use is more prevalent in poor and rural areas, and that psychological, social, and economic factors play a significant role in driving youth toward substance use.

Similarly, Al-Khawaldeh and Al-Khayyat (2011), in their study titled *"Reasons for the Use of Hazardous Drugs and Narcotics from the Perspective of Users in Jordanian Society,"* collected data from a sample of 384 addicts using a structured questionnaire. The study concluded that the primary reasons for drug use included family problems, the pursuit of pleasure, escapism from financial crises, peer influence, and the desire to avoid problems and emotional distress.

Another study by Matthew (2010), titled *"Youth and Drug Use,"* explored the root causes behind youth drug consumption in the United States. Their findings indicated that boredom, frustration, lack of familial acceptance, and family disintegration (e.g., divorce or poor parental treatment) were significant contributing factors.

Other Contributing Causes

Media influence: Media outlets may contribute to substance use by broadcasting films and television series that increase youth exposure to drugs and their varieties, thereby encouraging curiosity and the desire to experiment.

International travel: When young individuals travel abroad alone without adequate supervision or guidance—particularly in environments where drugs are easily accessible and where youth may be directly targeted by drug dealers—this can significantly increase their risk of substance use.

Technological advancement: The rapid growth of technology and the ease of global communication have reduced barriers of time and space, thus facilitating access to drugs and increasing the likelihood of their use.

Effects of Drug Use

At the individual level: Drug use has severe negative effects on an individual's psychological, physical, and cognitive well-being. These include the depletion of psychological stability, the development of mental disorders such as anxiety, depression, and fear, as well as a loss of moral values and personal dignity. It can also lead to serious mental disturbances and bodily convulsions that may result in death. Drug use weakens the nervous system, adversely affecting the individual's cognitive functions. Moreover, behavioral deviations are common, leading to the perpetration of crimes such as theft, rape, and murder. Social maladjustment and poor interpersonal relationships, especially within the family, are also common, alongside a significant decline in personal competence and social skills.

Drug use is also linked to serious medical conditions, including HIV/AIDS, liver and kidney diseases, high blood pressure, cardiac issues, damage to the intestines and arteries, general bodily weakness, reduced immune system function, and sexual dysfunction.

At the family level: Substance abuse causes significant damage to family structures, often leading to disintegration, divorce, and persistent conflicts and disputes. These conditions threaten the future of the family unit. Moreover, children growing up in families with addicted members are more likely to experience anxiety, conflict, and a higher risk of developing substance use behaviors themselves.

At the societal level: The widespread prevalence of drug use within society leads to decreased productivity and a tremendous waste of human and financial resources. It also contributes to social instability and the emergence of dangerous phenomena such as increased crime rates, violence, and sexual assault. These outcomes undermine social cohesion, accelerate the spread of psychological and physical diseases, and lead to the collapse of the moral framework and overall social security (Aboud & Ubaid, 2016; Al-Ruwaili, 2011).

Prevention of Psychoactive Substance Use

The prevention of drug abuse is defined as an effort to overcome the circumstances that may lead individuals to engage in deviant or criminal behaviors, including drug use. Prevention is based on two primary components:

General Prevention: This involves the formulation and implementation of comprehensive strategies and programs by relevant authorities and specialized agencies to eliminate the underlying factors that contribute to substance abuse.

Individual Prevention: This refers to personal efforts undertaken by individuals to avoid the causes that may lead to substance use (Al-Otaibi, 2023, p. 50).

Universities represent one of the fundamental pillars upon which societies rely to foster desirable

behaviors in youth and to correct maladaptive ones. It can be argued that substance use constitutes one of the most critical challenges confronting societies due to its severe and wide-ranging consequences—individual, collective, economic, social, health-related, and ethical.

Several previous studies have highlighted the significant role universities can play in addressing this phenomenon, particularly through preventive approaches. In this context, Alotaibi.,& Abdelmeged (2024) reported variability in how universities contribute to developing students' positive attitudes as a means of protecting them from substance use. According to a study conducted on a random sample of 70 faculty members from the College of Social Sciences at Imam Muhammad bin Saud Islamic University in Riyadh, approximately 43% of participants indicated that the university occasionally develops plans to utilize students' free time effectively. Additionally, 50% of the participants noted that the university sometimes seeks to cultivate students' leadership skills and sense of responsibility.

Study Procedures and Methodology

Research methodology:

The study adopted a descriptive-analytical approach, incorporating both quantitative and qualitative methods.

Participants:

The current study sample was divided into two subgroups:

- Participants undergoing treatment at hospital in Al-Jouf (Sakaka/Al-Qurayyat):
- This group consisted of 78 individuals, including 60 males and 18 females.
- Participants who are treatment providers at Hospital in Al-Jouf (Sakaka/Al-Qurayyat): This group included 57 specialized treatment professionals, whose years of experience ranged from 3 to 10 years.

Research Materials:

To achieve the study's objectives and answer its research questions, the researchers developed a battery of psychological measurement tools, which included:

- A semi-structured diagnostic interview (closed and open-ended) for participants undergoing treatment, prepared by the researchers.
- A semi-structured diagnostic interview (closed and open-ended) for treatment providers, prepared by the researchers.

An Addiction Indicators Scale, also developed by the researchers.

Steps for Constructing the Measurement Battery

First: Diagnostic Interview (Closed–Open) for Substance Users

This interview was designed to understand a given problem, its causes, current dimensions, severity, and possible treatment approaches. It was developed in both closed and open-ended formats to suit the nature of the research problem and the characteristics of the study sample. The interview was structured to include the following parts:

- **Part I:** Basic demographic and personal information of the respondent.
- **Part II:** Causes of substance use from the perspective of the users themselves.
- **Part III:** Methods of treatment as perceived by the users.
- **Part IV:** Prevention strategies from the users' point of view.

The steps involved in developing this interview were as follows:

1. **Defining the objectives of the interview:** The primary goal was to explore the causes, preventive strategies, and treatment methods for psychoactive substance use from the users' perspectives.
2. **Rreviewing theoretical frameworks and previous studies:** A comprehensive review of relevant literature and prior studies on psychoactive substance use, particularly within the context of the Kingdom of Saudi Arabia, was conducted. This also included a review of previously used psychological instruments and assessments to develop an initial structure for the interview.
3. **Drafting the preliminary version of the interview:** An initial draft of the interview was constructed in preparation for review by expert judges and professionals in the field.
4. **Establishing face validity:** The initial version of the interview battery was presented to a panel of ten expert judges in the field to assess its appropriateness for the study objectives. Based on their feedback, several items were revised, some were removed, and new items were added to enhance the tool's alignment with the study's goals.
5. **Finalizing the Interview:** After incorporating revisions and conducting a thorough review, the final version of the interview was prepared.

Second: Diagnostic Interview (Closed–Open) for Treatment Providers

This interview was developed to gain an in-depth understanding of a specific issue, its underlying causes, current dimensions, severity, and appropriate intervention strategies. It was formulated in both closed and open-ended formats to accommodate the nature of the study problem and the characteristics of the sample. The interview consists of the following four parts:

- **Part I:** Basic demographic and background data of the respondent.
- **Part II:** Causes of substance use from the perspective of treatment providers.
- **Part III:** Treatment methods from the perspective of treatment providers.
- **Part IV:** Prevention strategies from the perspective of treatment providers.

Steps for Developing the Interview

1. **Defining interview objectives:** The objectives were clearly defined to explore the causes, prevention strategies, and treatment methods of psychoactive substance use from the viewpoint of treatment providers.
2. **Reviewing theoretical frameworks and previous studies:** A comprehensive review of existing literature and prior research—particularly within the Saudi context—was conducted, including psychological measures and assessment tools previously used in

similar studies, to build an initial framework for the interview.

3. **Drafting the preliminary interview version:** The initial draft of the interview was constructed in preparation for expert review and feedback from professionals in the field.
4. **Validating face validity:** The interview battery was presented to a panel of 10 field experts to evaluate its relevance and appropriateness for the study's goals. Based on their suggestions, modifications were made to some of the sub-items, while others were added or removed to enhance the instrument's alignment with the research objectives.
5. **Finalizing the interview:** Following revisions and thorough review, the final version of the interview was prepared and documented.

Third: Addiction Indicators Scale: Prepared by the researchers.

Steps in constructing the scale:

1. **Defining the Objectives of the Scale:** The main goal was to identify and define the psychological and social indicators of addiction.
2. **Reviewing theoretical frameworks and previous studies:** A comprehensive review of literature and prior studies—particularly those conducted in the Kingdom of Saudi Arabia—was undertaken. The review included psychological tests and scales previously used in related research, with the aim of forming an initial draft of the instrument.
3. **Drafting the preliminary version of the scale:** The initial version of the scale was constructed in preparation for expert review and validation by specialists in the field.
4. **Establishing face validity of the scale:** The draft scale was presented to a panel of ten expert judges in the field to assess its appropriateness for the study's objectives. Based on their feedback, some items were modified, some were removed, and others were added to enhance the scale's alignment with the study goals.
5. **Finalizing the scale:** After incorporating the suggested modifications and conducting a detailed review, the final version of the scale was developed.

Psychometric properties of the scale:

Internal consistency reliability: Internal consistency was assessed using Pearson's simple linear correlation coefficient between each item's score and the total score of the corresponding subscale, as well as the total score across all subscales. The results obtained are presented below:

As shown in the results of Table (1), all correlation coefficients are statistically significant, indicating the homogeneity of the Addiction Indicators Scale and confirming its suitability for use in the current study.

Reliability estimation of the questionnaire: The researchers calculated the reliability of the questionnaire using the split-half method, which involves dividing the instrument into two halves (odd-numbered and even-numbered items) and computing the correlation coefficient between them. The reliability was then corrected using the Spearman–Brown prophecy formula, and Cronbach's alpha was also calculated as follows:

The results presented in Table (2) indicate that all reliability coefficients of the questionnaire are high, which confirms the suitability of the instrument for use in the current study.

Final version of the scale: The final version of the scale consisted of 17 items, scored using a five-point Likert scale as follows: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1)

Answering and interpreting the study questions

To answer the first research question, which states:

"What are the various reasons for psychoactive substance use from the perspective of the study sample (reviewed users) in Al-Jouf region?"

The second axis of the user interview was analyzed using the following steps:

1. Calculating the frequencies and percentages for each item individually.
2. Calculating the mean score for each item.
3. Calculating the relative weight for each item using the formula:
4. Relative Weight = (Arithmetic Mean ÷ Maximum Item Score [5])
5. Calculating the direction intensity using the following formula:

Direction Intensity = (n − 1) / n

where n represents the number of response options, which equals 5.

Thus, Direction Intensity = (5 − 1) / 5 = 0.80

The interpretation is clarified in the following table:

The results in Table (4) indicate that all the listed causes of psychoactive substance use received a degree of agreement categorized as "Strongly Agree." This suggests that all proposed causes were considered highly significant by the participants as contributors to substance use.

Item 9 ranked first, stating that *"Excessive pampering of children is one of the causes of substance use"*, with a mean score of (4.7692) and a relative weight of (95.384). This indicates that the reviewed users recognize excessive parental indulgence and the absence of discipline or supervision as one of the most important factors contributing to psychoactive substance use.

Item 6 ranked second, which stated that *"Parental neglect is one of the causes of substance use"*. This reason complements the previous one, emphasizing that excessive indulgence is no less dangerous than family neglect in terms of fostering substance use.

Meanwhile, items 13 and 16 were equal in rank and relative weight. Item 13 stated that *"Frequent problems at home are among the causes of substance use"*, Item 16 stated that *"Academic failure is one of the causes of drug use."*

This indicates that academic struggles are inseparable from the broader causes of psychoactive substance use.

The results of the interview analysis revealed that 46 participants, representing 59% of the sample, reported using methamphetamine ("shabu"), which is a significantly high proportion compared to other types of substances such as cannabis, Captagon, and others. Research findings indicate a strong relationship between methamphetamine use and variables such as age, marital status, educational level, type of residence, family history of substance use, dysfunctional family

climate, impulsivity, somatization, personal sensitivity, depression, anxiety, and paranoid thinking (Alotaibi & Abdelmeged, 2024).

In the same context, the findings show that shabu users exhibit specific traits and characteristics, including cognitive impairments such as memory loss, poor concentration, and irreversible neuronal damage (Alotaibi & Abdelmeged, 2024).

Additional studies confirm that methamphetamine addiction represents one of the most severe health problems, as it is highly addictive and strongly associated with extreme aggressive behavior and violent crimes (Hashisha et al., 2022). It has substantial effects on mental health, leading to depression, anxiety, and psychosis, and produces notable behavioral consequences such as aggression and impulsivity (Maxwell, 2005). These effects are clearly observed in behaviors related to learning processes in school or university, thereby affecting users' lives in both the present and subsequent developmental stages.

To address the second research question, which states: "What are the various reasons for psychoactive substance use from the perspective of the study sample (therapists) in the Al-Jouf region?", the items of the second part of the therapists' interviews were analyzed. The results revealed that 100% of the therapists in the sample (n = 73) confirmed their ability to identify the causes of substance use.

According to the ranking of causes from their perspective, the following were identified: Peer influence, whether in school, neighborhood, or university, was the most cited cause, low self-esteem and the desire for self-affirmation and self-worth were also among the most important causes, the absence of hobbies or skill-based activities followed closely, and finally, having unstructured free time and attempts to fill it were ranked last.

In terms of classification, the causes related to the individual user included mood instability and lack of self-confidence. The causes related to the family included improper family handling of the user, frequent conflicts and a sense of family disintegration, harsh treatment, parental separation, lack of guidance, supervision, and support, and presence of another substance user within the family. The causes associated with the local environment were the widespread substance use in the neighborhood, and negative peer influences. The causes related to friends and educational institutions included academic failure, lack of monitoring in schools and universities, association with peers who use psychoactive substances. Finally, causes related to financial conditions included unemployment and excessive free time, Availability of money, which facilitates substance access / or lack of money, which may drive individuals toward substance-related environments in search of income.

To answer the third research question, which is: *"*What are the various indicators of addiction among the study sample (reviewed users) in the Al-Jouf region?", the researchers analyzed the items of the Addiction Indicators Scale as follows:

The results of Table (5) reveal that the psychological indicators of addiction yielded a mean score of (4.55) and a relative weight of (91.14). Items (7) and (10) ranked equally in first place. Item (7) stated, "It is difficult for me to communicate with others," which highlights the loss of communicative ability and social withdrawal as strong indicators of a tendency toward substance abuse. Item (10) stated, "I feel psychologically exhausted," suggesting that psychological stress and fatigue may also serve as indicators of potential substance use. Furthermore, there appears to be a strong correlation between emotional exhaustion and impaired social communication,

which may collectively drive individuals toward substance use in the future.

Items (2), (5), (6), and (9) shared the same mean and relative weight, and they respectively stated: "Some substances help individuals better cope with life challenges," "Occasional use of psychoactive substances does not cause harm," "Using psychoactive substances occasionally brings happiness," and "I constantly feel anxious and tense." These responses indicate the presence of distorted beliefs that may contribute to future substance use. The individual perceives psychoactive drugs as beneficial in enhancing mood, promoting happiness, alleviating emotional distress, and that consuming small quantities is harmless. These erroneous cognitive patterns are strongly associated with psychological vulnerability and represent key indicators of an inclination toward substance abuse.

As for the social indicators of addiction, the mean score was (4.53) with a relative weight of (90.80). Item (3) ranked highest with a mean of (4.7671) and a relative weight of (95.342), stating, "I fear the idea of living alone." This emphasizes the fear of isolation and detachment, and the difficulty in maintaining social bonds—factors that may serve as drivers of psychoactive substance use. Item (4) ranked second with a mean of (4.7123) and a relative weight of (94.246), stating, "I feel that those around me do not accept me." This highlights a sense of rejection and lack of acceptance from others, which undermines social connection and fosters withdrawal, thereby increasing the risk of turning to psychoactive substances.

In response to the fourth research question: *"*What are the contributing factors to the increasing rates of psychoactive substance abuse in the Al-Jouf region*?"*, the analysis of the interview items revealed that the specialists identified several critical factors. These include: excessive free time, the availability of large sums of money, lack of willpower, negative peer influence, the absence of familial oversight, and the individual's continued presence in the same environment. Additionally, the failure to address the root causes of addiction was considered the primary factor contributing to relapse.

With respect to the main obstacles hindering the treatment of substance use, specialists emphasized that a corrupt environment presents the greatest challenge, followed by family disintegration. Other notable barriers include the absence of specialized centers or rehabilitation programs, negative peer influences, the accessibility of drug-use locations, and excessive idle time.

These findings align with those of the study by Al-Kandari (2014), which concluded that the inability to resist the compulsive desire to use substances, negative societal attitudes toward users, and the presence of untreated psychological disorders—such as mood and sleep disturbances and chronic psychological stress—constitute major barriers to recovery from psychoactive substance addiction.

In harmony with prior studies, the present research further affirms the importance of addressing comorbid mental health disorders such as anxiety, depression, and social phobia, underscoring the need for a comprehensive treatment approach. This includes psychological, social, occupational, vocational, and familial rehabilitation strategies.

Specifically regarding the Al-Jouf region, the specialists emphasized the urgent need to establish a dedicated, confidential treatment center and to intensify national anti-drug campaigns.

These findings are consistent with those of Al-Tuwaisi et al. (2013), whose study indicated that the most affected groups by psychoactive substance use are the unemployed, followed by

university students. The study also found that the most trusted entities among youth for addressing substance use are religious leaders, the Anti-Narcotics Directorate, and school teachers. Moreover, it concluded that the most effective means of limiting substance abuse is the strict enforcement of legal penalties against drug dealers.

In response to the fifth research question, which is: "What are the methods of treatment for psychoactive substance abuse from the perspective of therapists?", the interviews with specialists were analyzed accordingly.

The analysis revealed that the individual user is considered the primary party responsible for recovery from psychoactive substance abuse. This is followed by the role of the family, the medical team, and finally, the media.

Regarding the individual's responsibility in pursuing recovery, specialists emphasized the necessity of first possessing a strong will, avoiding negative peer influences, drawing closer to religious and spiritual practices, engaging in meaningful activities during leisure time, and addressing the underlying problems that initially led to substance use.

With respect to the key mechanisms for treating substance abuse, specialists pointed out that engaging individuals in structured tasks and work (i.e., productively occupying free time) significantly aids in recovery and reduces the likelihood of relapse. Furthermore, they highlighted the importance of promoting a culture of treatment and recovery throughout all segments of society, as well as conducting intensive outreach—particularly in public spaces—to facilitate access to users.

Consistent medical follow-up with physicians was also identified as a crucial component of treatment. Finally, awareness and educational efforts directed toward youth in schools, universities, and mosques were considered vital for effective intervention and prevention.

To address the sixth research question, which states: "What are the available treatment methods and what is the role of security and healthcare institutions in addressing the problem and reducing its severity from the perspective of the rehabilitated drug users?*"*—the items of the diagnostic interview (the treatment section) were analyzed as follows:

The results presented in Table (6) clearly indicate that the overall level of agreement among the study participants (reviewing substance users) was "Strongly Agree" across all interview items. The calculated mean was (4.382), with a relative weight of (87.64%). This reflects a strong endorsement by participants of the items included in the questionnaire.

The highest-ranked item in terms of both mean and relative weight was: *"The community plays a role in solving individuals' psychological problems."* This finding suggests that users are aware of the critical role psychological problems play in driving individuals toward substance use. Consequently, community-based initiatives to address and support mental health concerns are perceived as essential steps in preventing drug abuse.

These findings are consistent with several previous studies addressing substance use, its causes, and prevention strategies. Notably, the results of the study by Fayouri and Arabiat

(2020) indicated a significant correlation between psychological problems among high school students and the tendency to use psychoactive substances. This suggests that early intervention to resolve such psychological issues can play a crucial role in preventing substance abuse.

Similarly, the findings of Mohaysin (2013) highlighted the psychological dimension as a central factor in the inclination toward the use of psychoactive substances. The study concluded that psychological causes such as the lack of love and emotional security, hypochondriasis, feelings of guilt, as well as certain family-related issues such as ongoing quarrels and domestic conflicts, are among the principal factors contributing to substance use.

Item (20) ranked second in terms of mean score and relative weight, stating that *"The university's student counseling center is concerned with addiction awareness and provides necessary services to individuals."* This finding underscores the essential role of awareness campaigns about addiction, particularly within university environments targeting youth. It also emphasizes the importance of offering comprehensive care services, which can significantly contribute to mitigating a range of issues, foremost among them the tendency toward substance abuse.

Items (9), (11), and (19) ranked third in terms of mean score and relative weight. These items emphasized (developing educational plans that include academic courses aimed at raising awareness among youth regarding drugs and their harmful effects), and (focusing on enhancing individuals' skills and fostering strong personalities capable of making decisions and solving problems effectively).

Item (9) underscores the critical role of education and academic institutions—such as schools and universities—in contributing to the overall prevention efforts targeting substance use across society, particularly among youth. Likewise, item (11) emphasizes the importance of cultivating strong, resilient personalities capable of confronting life's difficulties and challenges in a constructive and proactive manner. It also highlights the capacity for sound decision-making as a cornerstone for achieving psychological adjustment, in contrast to weakness and defeatism, which may lead individuals toward substance abuse.

Item (19) states: "The implementation of addiction indicator scales to detect early susceptibility to substance use." This highlights the necessity of identifying early warning signs of substance use tendencies among individuals. Early detection can play a vital role in preventing individuals from progressing toward actual substance abuse by enabling timely intervention. Such intervention may include providing psychological, familial, and vocational support and counseling.

This finding underscores the significant role that universities can play in addressing the issue of psychoactive substance abuse, particularly through preventive strategies. In this context, Al-Otaibi (2023) study also points to variability in how universities contribute to fostering positive attitudes among students to protect them from drug abuse, as perceived by the research sample. Approximately 43% of the participants indicated that the university sometimes implements plans to help students productively utilize their free time. Moreover, 50% of respondents noted that the university occasionally works to cultivate students' leadership thinking and sense of responsibility. This study was conducted on a random sample of 70 faculty members from the College of Social Sciences at Imam Muhammad Ibn Saud Islamic University in Riyadh.

Likewise, Item 13 ranked fourth in terms of mean and relative weight. This item states: "Adopting a policy of dialogue and mutual understanding, and training individuals in this approach as a method for problem-solving." This supports the notion of continuous communication between societal institutions and individuals and emphasizes training in dialogue and acceptance of others as fundamental principles in addressing and resolving problems.

The seventh research question asked, "What are the methods of preventing the use of psychoactive substances from the perspective of treatment specialists?" To address this question, a qualitative analysis of the interview data was conducted.

The analysis of the interviews with the specialists revealed that the family and the university were the most frequently mentioned entities in terms of their critical role in contributing to the prevention of psychoactive substance abuse. Following these, the individual's mental health, media outlets, and hospitals were highlighted as playing secondary roles. Finally, the Drug Control Department was mentioned the least in terms of its role in preventing youth from abusing psychoactive substances.

In relation to the role of the family and the responsibilities it should undertake to prevent the abuse of psychoactive substances, the specialists highlighted several key measures. These included: alerting and warning children, regular monitoring, and sharing real-life stories about drug use and its consequences, particularly during the pre-adolescence stage. Additionally, they emphasized the importance of emotional closeness and support, problem-solving within the family, and promoting religious practices such as prayer and obedience among youth as a form of protection.

The specialists also stressed the need for youth to develop a strong will and be made aware of the devastating effects of drug abuse. A well-structured family system was considered vital for prevention, and within such a system, consistent guidance, counseling, and constructive engagement of children's free time were viewed as essential elements.

Furthermore, when asked specifically about the importance of family stability in preventing substance abuse, 100% of the specialists confirmed its importance, affirming that a stable family environment is a crucial factor in safeguarding youth against the risks of psychoactive substance use.

The findings presented are further supported by the results of Al Karaki (2018) study**,** which identified several key social factors responsible for the abuse of psychoactive substances. These include: the presence of negative peer influence**,** a tendency toward thrill-seeking and experimentation**,** easy availability of narcotic substances**,** lack of guidance and counseling**,** and unstructured free time among youth**,** which highlights the necessity of creating a socially supportive and well-guided setting as a protective factor against the inclination toward psychoactive substance abuse.

The foregoing analysis clearly indicates that the phenomenon of psychoactive substance abuse is shaped by a multitude of interrelated factors and causes. This complexity necessitates a comprehensive consideration of all contributing elements. The omission of any such factors, or inadequacies in the application of appropriate assessment and diagnostic tools and procedures, may adversely affect the efficacy of preventive, therapeutic, and rehabilitative interventions. Accordingly, this justifies the adoption of integrative perspectives that draw upon multiple theoretical interpretations and frameworks (Alotaibi & Abdelmeged, 2024).

Upon analyzing these responses collectively, the following key findings emerge regarding the perceived causes of psychoactive substance use among the study sample:

The influence of negative peer associations, whether in school, the neighborhood, or university settings.

Low self-esteem, along with a desire for self-affirmation and identity reinforcement.

A lack of hobbies or personal skills in which the youth excels.

The presence of unstructured free time and attempts to occupy it.

Inadequate familial interaction and improper handling of the substance user within the household.

The prevalence of family conflicts and a sense of familial disintegration.

Exposure to harsh or violent parenting practices.

Parental separation, along with the absence of guidance, supervision, and consistent family monitoring.

The presence of another substance user within the family unit.

The widespread availability and use of substances in the individual's residential area.

Academic failure and the lack of effective oversight within educational institutions.

Either an abundance of financial resources, which facilitates access to psychoactive substances, or a lack of funds that drives individuals to seek it within environments where drug use is common.

Regarding the Psychological and Social Indicators of Addiction

An analysis of the findings of the present study reveals that there are both psychological and social indicators that serve as predictors of an individual's inclination toward the use of psychoactive substances. Among these, psychological indicators appear to be more prominent and influential than social ones.

The psychological indicators are primarily manifested in a diminished ability to communicate effectively, as well as a tendency toward social withdrawal and isolation from one's surroundings. Additionally, feelings of psychological fatigue and emotional exhaustion are coupled with an inability to engage meaningfully with others. These internal struggles are often accompanied by distorted beliefs, such as the perception that psychoactive substances can play a beneficial role in enhancing mood, alleviating psychological distress, and promoting a sense of happiness and well-being. Individuals may also hold the erroneous belief that occasional or limited use poses no harm. Such misconceptions, which are deeply rooted in psychological vulnerabilities, serve as strong indicators of a potential inclination toward the use of psychoactive substances.

As for the social indicators of addiction, they are primarily manifested in an intense fear of isolation and social withdrawal, as well as difficulties in establishing meaningful connections with others in the individual's immediate environment. These indicators also include a persistent sense of non-acceptance and perceived rejection by those around the individual. Such social dynamics contribute to a growing inability to engage in effective interpersonal communication, ultimately leading the individual to retreat inward and seek refuge in the use of psychoactive substances

With regard to the prevention of psychoactive substance abuse, the responses of the participant group composed of individuals in recovery emphasized the following key areas:

1. The role of society in addressing and resolving individuals' psychological problems.

2. The role of educational institutions in raising awareness about addiction and providing essential support services.
3. Fostering personal competencies, including the development of decision-making skills and problem-solving abilities.
4. The implementation of addiction indicator assessments aimed at identifying individuals at risk of substance abuse at an early stage.
5. Adoption of a policy of dialogue and mutual understanding, and the training of individuals in communication and conflict resolution skills.

The sample of therapists and addiction specialists emphasized the following key preventive measures:

1. The individual's role in self-protection against psychoactive substance use, particularly through the presence of personal willpower, distancing from negative peer influences, and fostering a stronger spiritual connection with God.
2. The family's responsibility in establishing a psychologically supportive environment, strengthening emotional bonds with their children, and providing the necessary care and guidance.
3. Ongoing awareness campaigns highlighting the harmful effects of narcotics and other psychoactive substances.
4. Targeted awareness and counseling efforts directed specifically toward youth in schools, universities, and mosques
5. Encouraging youth to engage in productive activities that occupy their free time with meaningful and constructive pursuits.

Regarding treatment, the specialists emphasized the following key components:

1. The presence of strong personal willpower on the part of the individual suffering from substance dependence.
2. The promotion of a societal culture that supports addiction recovery.
3. Intensive outreach efforts, particularly in public spaces, to facilitate direct contact with individuals who use psychoactive substances.
4. The treatment of co-occurring psychological disorders commonly associated with addiction, such as anxiety, depression, and social phobia.
5. The implementation of a comprehensive, multidimensional treatment approach, encompassing psychological, social, occupational, vocational, and familial interventions.

Conclusion

In conclusion, it can be stated that addressing the phenomenon of psychoactive substance use in the Al-Jouf region requires:

Prevention

1. Enhancing awareness and education within schools and universities regarding the nature, risks, and consequences of psychoactive substances.
2. Promoting mental health across all segments of society.
3. Proactively offering psychological and social support services to individuals through specialized centers.
4. Expanding access to recreational, educational, and developmental programs for youth, to constructively occupy their free time and contribute to the balanced development of their personalities.
5. Regularly assessing addiction risk indicators among community samples, especially youth, to enable early detection and timely intervention.
6. adopting dialogue, mutual understanding, and problem-solving skills.
7. Intensifying national anti-drug campaigns.

Treatment

1. Promoting a culture of treatment and recovery from substance use across all segments of society.
2. Increasing outreach efforts, particularly in public spaces, to facilitate access to individuals struggling with substance use.
3. Treating psychological disorders associated with addiction, such as anxiety, depression, and social phobia.
4. Establishing specialized treatment centers that operate with strict confidentiality.

Recommendations

In light of the findings of the current study, the following key recommendations can be proposed:

1. Establishing a specialized addiction treatment center in the Al-Jouf region.
2. Enhancing collaboration between educational institutions and Mental Health Hospital, as well as university psychology departments, particularly regarding early detection of substance use.
3. Activating the role of student and academic counseling centers within educational institutions to promote mental health and facilitate early identification of psychological disorders.
4. Providing cultural and sports programs for youth in the Al-Jouf region.
5. Expanding the provision of psychological services by various entities, including treatment, psychological counseling, vocational guidance, social and family support, for individuals across the community.

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Correlation with Strategy Total Score	Correlation with Factor Total	Item	Correlation with Strategy Total Score	Correlation with Factor Total	Item	Correlation with Strategy Total Score	Correlation with Factor Total	Item
.435**	.658**	15	.756**	.818**	8	.880**	.702**	1
.468**	.615**	16	.832**	.902**	9	.682**	.719**	2
.458**	.616**	17	.858**	.932**	10	.674**	.719**	3
			.848**	.921**	11	.734**	.719**	4
			.787**	.876**	12	.832**	.902**	5
			.801**	.861**	13	.359**	.897**	6
			.436**	.631**	14	.391**	.948**	7

Table 1: Internal consistency of the scale.

**Correlation coefficient is statistically significant at the 0.01 level

*Correlation coefficient is statistically significant at the 0.05 level

Cronbach's Alpha	Split-Half Reliability (Spearman)		Number of items	Variable
	After correction	Before correction		
.918	.967	.937	17	Questionnaire

Table 2: results of the reliability coefficients of the questionnaire.

Degree of agreement	Range
Strongly Agree	4.2-5
Agree	3.4-4.19
Neutral	2.6-3.39
Disagree	1.80-2.59
Strongly Disagree	1-1.79

Table 3: Criteria for degree of agreement.

Degree of Agreement	Relative weight	SD	Mean	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Item
				%	N	%	N	%	N	%	N	%	N	
Strongly Agree	85.384	.44643	4.2692	26.9	21	73.1	57	0	0	0	0	0	0	1
Strongly Agree	85.642	.45291	4.2821	28.2	22	71.8	56	0	0	0	0	0	0	2
Strongly Agree	85.642	.45291	4.2821	28.2	22	71.8	56	0	0	0	0	0	0	3
Strongly Agree	85.898	.45894	4.2949	29.5	23	70.5	55	0	0	0	0	0	0	4
Strongly Agree	90.256	.50307	4.5128	51.3	40	48.7	38	0	0	0	0	0	0	5
Strongly Agree	95.128	.43203	4.7564	75.6	59	24.4	19	0	0	0	0	0	0	6
Strongly Agree	94.358	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	7
Strongly Agree	94.358	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	8
Strongly Agree	95.384	.42405	4.7692	76.9	60	23.1	18	0	0	0	0	0	0	9
Strongly Agree	94.358	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	10
Strongly Agree	94.358	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	11
Strongly Agree	94.358	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	12

Strongly Agree	94.616	.44643	4.7308	73.1	57	26.9	21	0	0	0	0	0	0	13
Strongly Agree	94.102	.45894	4.7051	70.5	55	29.5	23	0	0	0	0	0	0	14
Strongly Agree	94.358	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	15
Strongly Agree	94.616	.44643	4.7308	73.1	57	26.9	21	0	0	0	0	0	0	16

Table 4: Results of the analysis of addiction causes from the perspective of the reviewed users.

Degree of Agreement	**Relative Weight**	**SD**	**Mean**	**Strongly Agree**		**Agree**		**Neutral**		**Disagree**		**Strongly Disagree**		**Item**
				%	**ن**	**%**	**ن**	**%**	**ن**	**%**	**ن**	**%**	**ن**	
Strongly Agree	93.698	.46776	4.6849	68.5	50	31.5	23	0	0	0	0	0	0	1
Strongly Agree	94.246	.45581	4.7123	71.2	52	28.8	21	0	0	0	0	0	0	2
Strongly Agree	94.246	.45581	4.7123	71.2	52	28.8	21	0	0	0	0	0	0	5
Strongly Agree	94.246	.45581	4.7123	71.2	52	28.8	21	0	0	0	0	0	0	6
Strongly Agree	94.52	.44908	4.7260	72.6	53	27.4	20	0	0	0	0	0	0	7
Strongly Agree	94.246	.45581	4.7123	71.2	52	28.8	21	0	0	0	0	0	0	9
Strongly Agree	94.52	.44908	4.7260	72.6	53	27.4	20	0	0	0	0	0	0	10
Strongly Agree	85.48	.44908	4.2740	27.4	20	72.6	53	0	0	0	0	0	0	14
Strongly Agree	85.754	.45581	4.2877	28.8	21	71.2	52	0	0	0	0	0	0	15
Strongly Agree	85.754	.45581	4.2877	28.8	21	71.2	52	0	0	0	0	0	0	16
Strongly Agree	86.028	.46203	4.3014	30.1	22	69.9	51	0	0	0	0	0	0	17
Strongly Agree	**91.14**	**.3874**	**4.55**	**The whole of part 1 (psychological indicators od addiction)**										
Strongly Agree	95.342	.42559	4.7671	76.7	56	23.3	17	0	0	0	0	0	0	3
Strongly Agree	94.246	.45581	4.7123	71.2	52	28.8	21	0	0	0	0	0	0	4
Strongly Agree	93.972	.46203	4.6986	69.9	51	30.1	22	0	0	0	0	0	0	8
Strongly Agree	89.59	.50303	4.4795	47.9	35	52.1	38	0	0	0	0	0	0	11
Strongly Agree	85.754	.45581	4.2877	28.8	21	71.2	52	0	0	0	0	0	0	12
Strongly Agree	85.754	.45581	4.2877	28.8	21	71.2	52	0	0	0	0	0	0	13
Strongly Agree	**90.80**	**.4233**	**4.53**	**The whole of part 2 social indicators of addiction))**										
Strongly Agree	**91.02**	.347	4.55	**The whole scale**										

Table 5: Results of the analysis of the addiction indicators scale among the study sample participants.

Degree of Agreement	Relative weight	SD	Mean	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Item
				%	N	%	N	%	N	%	N	%	N	
Strongly Agree	94.36	.45291	4.7179	71.8	56	28.2	22	0	0	0	0	0	0	1
Agree	82.05	.30535	4.1026	10.3	8	89.7	70	0	0	0	0	0	0	2
Agree	81.03	.22200	4.0513	5.1	4	94.9	74	0	0	0	0	0	0	3
Agree	81.28	.24652	4.0641	6.4	5	93.6	73	0	0	0	0	0	0	4
Agree	81.28	.24652	4.0641	6.4	5	93.6	73	0	0	0	0	0	0	5
Agree	81.03	.22200	4.0513	5.1	4	94.9	74	0	0	0	0	0	0	6
Agree	82.05	.30535	4.1026	10.3	8	89.7	70	0	0	0	0	0	0	7
Strongly Agree	87.95	.49254	4.3974	39.7	31	60.3	47	0	0	0	0	0	0	8
Strongly Agree	92.82	.48280	4.6410	64.1	50	35.9	28	0	0	0	0	0	0	9
Strongly Agree	92.31	.48965	4.6154	61.5	48	38.5	30	0	0	0	0	0	0	10
Strongly Agree	92.82	.48280	4.6410	64.1	50	35.9	28	0	0	0	0	0	0	11
Strongly Agree	91.54	.49725	4.5769	57.7	45	42.3	33	0	0	0	0	0	0	12
Strongly Agree	91.79	.49506	4.5897	59.0	46	41.0	32	0	0	0	0	0	0	13
Strongly Agree	86.67	.47446	4.3333	33.3	26	66.7	52	0	0	0	0	0	0	14
Strongly Agree	86.41	.46969	4.3205	32.1	25	67.9	53	0	0	0	0	0	0	15
Strongly Agree	86.15	.46453	4.3077	30.8	24	69.2	54	0	0	0	0	0	0	16
Strongly Agree	86.67	.47446	4.3333	33.3	26	66.7	52	0	0	0	0	0	0	17
Strongly Agree	85.90	.45894	4.2949	29.5	23	70.5	55	0	0	0	0	0	0	18
Strongly Agree	92.82	.48280	4.6410	64.1	50	35.9	28	0	0	0	0	0	0	19
Strongly Agree	93.08	.47882	4.6538	65.4	51	34.6	27	0	0	0	0	0	0	20
Strongly Agree	90.77	.50175	4.5385	53.8	42	46.2	36	0	0	0	0	0	0	21
Strongly Agree	**87.64**	.264	4.382	**The whole section**										

Table 6: Results of the diagnostic interview analysis (the treatment section) from the perspective of drug users.