

**DETERMINANTS OF SUBSTANCE ABUSE AMONG THE YOUTH OF CHA'NGOMBE
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ABSTRACT

Background: Substance abuse is one of the major public health problem worldwide. It has really caused serious economic and social burden to people in different nations. **Objective:** The objective of this study is to determine the prevalence and determinants of substance abuse among youths of Chang'ombe village in Kitengela Sub-county. **Methods and Materials:** Community based, cross-sectional study design was conducted among 129 youths in Chang'ombe village in Kitengela sub-county. Stratified sampling was used to select the participants. **Results:** Majority of the participants (57.4% n=74) were aged 21 to 25 years, and of male gender (72.9%, n=94). Majority (51.9% n=67) were single (not married). Majority (79.8% n=103) were Christians. Participants with secondary level of education majority were (64.3% n=83). Majority (72 n=55.8%) of the respondents were not employed. When family factors thought to influence substance abuse among youths were assessed, the study found that most (36.4% n=47) of the youths were brought up in a single parental home, a few (19.4% n=25) of the family members were drug addict, and majority (60% n=15) of them did so due to stress and pressures of life. Majority (84.6% n=105) of the youths reported to have received good parental care and guidance. The study established that most (42.6% n=55) of youths abused drug during their school going period. Majority (74.5% n=44) of them were due to peer pressure influence. Majority (68.2% n=88) of schools have put measures of preventing drug abuse by youths in school. **Conclusion:** Based on the quantitative analysis it can be concluded that socio-demographic characteristics like gender, marital status, the prevalence of substance abuse among youth of Chango'mbe village Kitengela Sub County was found to be 23.3%. On social demographic characteristics, level of education and occupation had significant association with substance abuse. Other factors such as age, the type of family an individual was raised in or being raised in a family where there is a drug user and peer group influence were found not to have a significant relation with drug and substance.

KEYWORDS: Youths, drug abuse, Substance of abuse, Nacada, Cha'ngombe village.**BACKGROUND OF STUDY**

According to WHO 2018, drug abuse is the excessive consumption of substances that affect psychological processes in the body. Drugs, in other words, are detrimental to a person's physical, social, and emotional well-being. It was a global problem many centuries ago, and it has devastating effects on family and community life, education, and health, as many young people suffer from one or two illnesses on a daily basis. Substance abuse was the cause of 11.8 million deaths worldwide in 2017, accounting for one in every five deaths. The primary cause is untimely death as a result of smoking. In 2017, illicit substance use was mainly accountable for more than 750,000 mortalities. Again in 2017, 42. Percent of those who died were under the age of 50. In 2017, approximately 271 (5 percent) of the global population had previously used drugs. In 2016, 30% of

people use drugs, which is higher than it was in 2009. (WHO, 2018).

According to the World Health Organization (WHO), 67,367 people died in the United States as a result of substance abuse in 2018. It is believed that deaths from substance abuse have nearly doubled in the last 20 years, and that substance abuse causes more problems than any other preventable condition. Every year, approximately 3 million people die as a result of unsafe alcohol ingestion, accounting for 5.3 percent of all deaths globally. Using cigarettes is also a commonly abused substance that has had a negative impact on the lives of many people, particularly young people. In the United States of America, smoking addiction costs 157, 000,000 dollars per year in health care expenses, productivity loss, and fatality, which dramatically describes the financial

consequences of smoking (WHO, 2016).

According to reports, 13 percent of India's 271 million drug users suffer from substance abuse problems (Jeha *et al.*, 2018). Drug abuse in a rural community in Bihar). According to a report of 585,000 deaths from substance abuse among other drugs consumed in 2007, cannabis consumption has been the most widely used drug, resulting in approximately 188 million users in 2016. Again, 3, 647 suicidal cases due to substance abuse occurred in India in 2014, with Maharashtra accounting for 1, 372, Tamil Nadu accounting for 552 cases, Kerala accounting for 475, and Punjab accounting for 38 cases.

According to Lida Nyaoke's research, substance abuse is still the leading public health delinquent in Sub-Saharan Africa. In developing countries, the prevalence has risen dramatically. Illicit drug use is prevalent in Sub-Saharan Africa, with a prevalence of 1.6 percent. According to research conducted by the ENACT program at the Institute for Security Studies in collaboration with the Frederick S. Pardee Center for International Future, the number of people using drugs in Sub-Saharan Africa is expected to increase by 150 percent by 2050.

Substance abuse is still the most serious public health problem in Kenya, particularly among young people, and it has become a source of concern for the government, parents, and other organizations. Parents may believe that it is the responsibility of teachers to monitor their children's drug use and that their children are safe and secure. Drug abuse afflicts the entire country, and it is the responsibility of both parents and teachers to monitor their children who use drugs (WHO, 2018). A study of 672 workers at Kenyatta National Hospital Nairobi discovered that 365 (54.4 percent) were regular smokers. According to (NACADA, 2016), 34% of young people use tobacco.

The 30% to 40% of the 8th grade and the first-class one or more times. Studies show that the prevalence of the abuse of alcohol is a 10.4 per cent, tobacco consumption is 6.8%, the alcohol consumption was 3.1%, and marijuana use is up to 9.8 per cent. It is estimated to be between 680,000 and 2.9 million opiate users in Africa. In Kenya, the prevalence of cigarette smoking among persons aged 15-64-year-old age group was 0.7%, and the increase in marijuana use among 15-64-year-old age group, and 7.1%. Therefore, this research aims to determine the prevalence and determinants of drug abuse among the youth in the village of Chang'ombe, in the village of Kitengela.

MATERIALS AND METHODS

STUDY DESIGN

Community based descriptive cross-sectional study design was employed in this study among 129 youths of Chango'mbe village in Kitengela sub-county.

STUDY AREA

This study was carried out at chang'ombe village in Kitengela sub-county.

STUDY POPULATION

The study population were all youths aged between 18-34 years.

INCLUSION CRITERIA OF STUDY PARTICIPANTS

All youths aged 18-34 years and who were willing to participate in the study.

EXCLUSION CRITERIA OF STUDY PARTICIPANTS

Youths who were not willing to take part in the study and were sick.

SAMPLE SIZE DETERMINATION

The number of young people who were recruited was determined using Fisher's formula (which was created in the year 1977).

$$N = Z^2PQ / D^2$$

Where;

n - Estimated sample size.

Z - Normal deviation from the desired confidence level. Taken as 95% (1.96).

P - Prevalence 10.2% from previous study (Tamar-Gurol *et al.*, 2008)

Q- (1-p) this is a population ratio that does not have the desired characteristics.

D - The statistical significance level is defined as 0.05. Taken as

So;

$$N = (1.96)^2 \times 0.1 (1-0.1) / (0.05)^2$$

$$3.84 \times 0.1 \times 0.9 / 0.0025$$

$$138.29$$

$$=138$$

ADJUSTED SAMPLE SIZE

$$NF = n / 1 + (n/N)$$

$$= 138 / 1 + 138 / 2000$$

$$= 129.16$$

$$= 129$$

Therefore; the adjusted sample size is n=129.

SAMPLING METHOD AND RECRUITMENT PROCESS

A stratified sampling technique was used to select the study participants. Chang'ombe village had 654 households where each household has an average number of 2 youths. Thereby stratified sampling was used to divide 654 households into 5 strata or groups simply named strata (A-E) thus each stratum had 131 households that is 262 youths. The target population of youths in chang'ombe village was 1,308 in which 129 youths was needed as a sample size. To avoid bias, 129 was divided by 5 which is 25.8. This means, in each

stratum, 26 youths was targeted. Thus, one participant will be selected out of every ten youths.

DATA COLLECTION MATERIALS

In this study, a Semi-structured questionnaire was administered to collect information from youths ages 18 to 34 of Chang'ombe village in Kitengela sub county. Interview method also was used as a method of data collection in order to gather more information from the youths. Prior to the actual study, a questionnaire was used as a pretesting tool to collect data from the youths of Chang'ombe village in Kitengela Sub County to test the research reliability and validity.

ETHICAL CONSIDERATION

To conduct the research, permission was obtained from the chief of Chang'ombe village in Kitengela Sub County. Permission was obtained from the research department of the School of Nursing CUEA, Permission was also obtained from Uon -Kenya National Hospital ethics and research committee. Consent was obtained from youths of Chang'ombe village in Kitengela Sub County who participated and those who did not participated in the research. I kept information private at all times while conducting research. In reality, no gifts was given to those who participated in the study and no names or other personally identifiable information was collected in the questionnaire.

DATA ANALYSIS

SPSS software version 23.0 was used for data analysis and interpretation. The Chi-square test was used to calculate P-values for sociodemographic factors. Binary logistic analysis was performed to generate the odds ratio with a 95% confidence level, and a p-value of less than 0.05 ($p < 0.05$) was considered statistically significant. Inferential statistics was used to evaluate and compare the prevalence and determinants of substance abuse. Descriptive statistics was used to describe variables using tables or graphs, while descriptive statistics was used to describe variables using tables or graphs.

RESULTS OF THE STUDY

This chapter shows the analysis of the study findings whereby one hundred and twenty nine (129) youths of Chang'ombe were recruited in the study.

Socio-demographic characteristics of the respondents

In this study, it was found that most of the participants, (57.4% $n=74$) were aged 21 to 25 years, and of male gender (72.9%, $n=94$). Majority (51.9% $n=67$) were single (not married). Majority (79.8% $n=103$) were Christians. Participants with secondary level of education majority were (64.3% $n=83$). Majority (72 $n=55.8\%$) of the respondents were not employed, however some (10.9% $n=14$), (21.7% $n=28$) were employed by the government and private/self-employed respectively. In addition, some (11.6% $n=15$) were students as demonstrate by table 1 below.

Table 1: Socio-demographic characteristics of the respondents.

Variables	N	Percentage (%)
Age in years		
<20	44	34.1
21 to 25	74	57.4
26 to 30	8	6.2
31 to 34	3	2.3
Total	129	100.0
Gender		
Male	94	72.9
Female	35	27.1
Total	129	100
Marital status		
Single	67	51.9
Married	62	48.1
Total	129	100.0
Religion		
Christian	103	79.8
Muslim	24	18.6
Others	2	1.6
Total	129	100.0
Education level		
None	5	3.9
Primary	16	12.4
Secondary	83	64.3
Tertiary	25	19.4
Total	129	100.0
Employment		
Govt. Employed	14	10.9
Self/private Employed	28	21.7
Student	15	11.6
Not Employed	72	55.8
Totals	129	100.0

Key: n =sample size; % = sample size/target population*100%

Family related factors of the respondents

When family factors thought to influence substance abuse among youths were assessed, the study found that most (36.4% $n=47$) of the youths were brought up in a single parental home, a few (19.4% $n=25$) of the family members were drug addict, and majority (60% $n=15$) of them did so due to stress and pressures of life. Majority (84.6% $n=105$) of the youths reported to have received good parental care and guidance. Of the youths who were substance addict, majority (73.3% $n=22$) reported to have been introduced to it by friends at the age group of 24-30.

Table 2: Family related factors of the respondents.

Variables	n	Percentage (%)
Type of family		
Single parental	47	36.4
Live with both parents	54	41.9
Live with relatives	12	9.3
Live alone	16	12.4
Total	129	100.0
family members abusing drugs		
YES	25	19.4
NO	104	80.6
Total	129	100.0
Reason why family members abused drugs		
Pleasure	6	24.0
Stress	15	60.0
Peer pressure	3	12.0
Addiction	1	4.0
Total	25	100.0
Parental guide (did you received good parental guidance?)		
NO	24	18.6
YES	105	81.4
Totals	129	100.0
who introduced you to the drugs		
Friends	22	73.3
Parents	8	26.7
Total	30	100.0
drug debut		
< 18	5	16.7
18-24	8	26.7
24-30	14	46.6
30-36	3	10.0
Totals	30	100

KEY: n =sample size; % = sample size/target population*100%

Prevalence of substance abuse among youths of Chango'mbe Village in Kitengela Sub County

Prevalence of drug abuse among youths of Chang'ombe

Kitengela Sub County was found to be 23.3% as shown by figure 1 below.

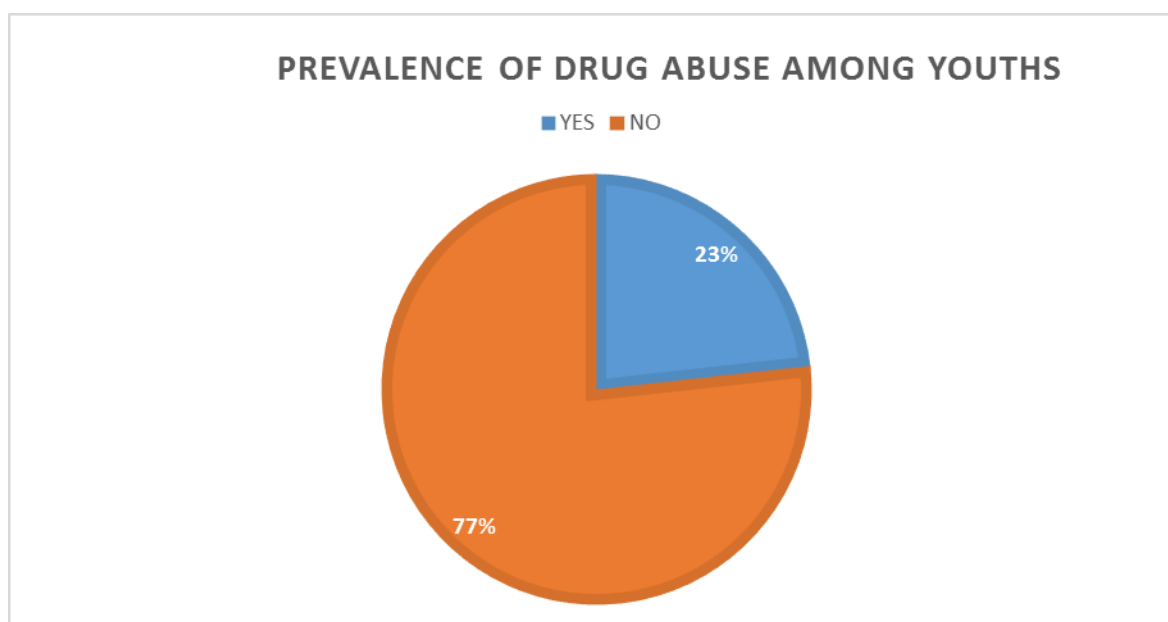


Figure1: prevalence of drug addicts among youths of chang'ombe.

Commonly abused substance abuse among youths of Chango'mbe Village in Kitengela Sub County

Alcohol was most (76.7% n=23) commonly abused drug as shown by figure 2 below.

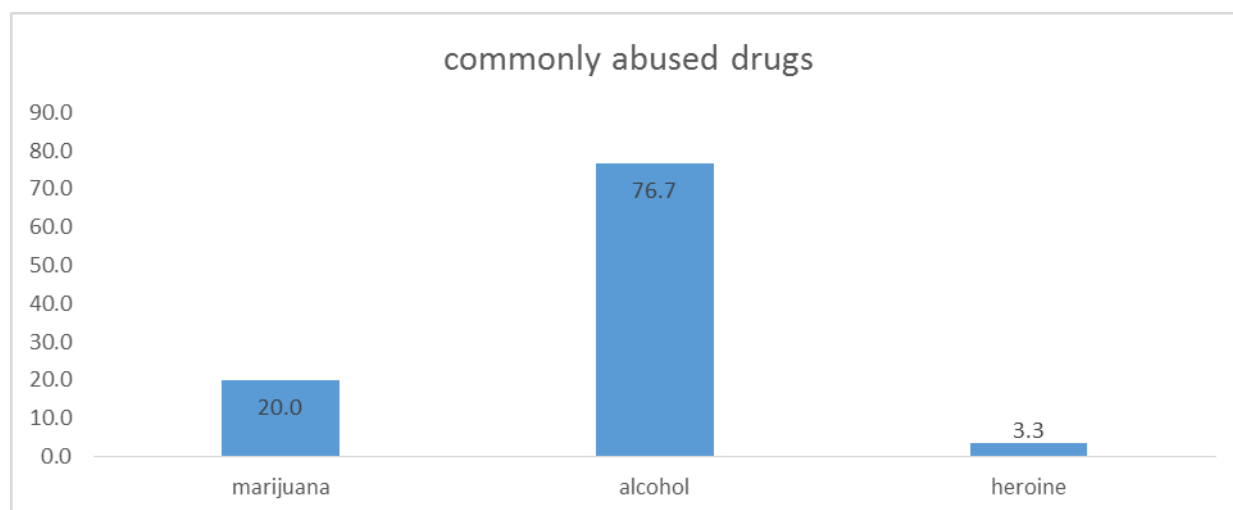


Figure 2: commonly abused substance among youths of chang'ombe in kitengela sub-county.

School related factors influencing substance abuse among youths of Chango'mbe Village in Kitengela Sub County

The study established that most (42.6% n=55) of youths abused drug during their school going period. Majority (74.5% n=44) of them were due to peer pressure

influence. Majority (68.2% n=88) of schools have put measures of preventing drug abuse by youths in school. Some of the measures include expulsion from (30.7% n=27) school, corporal punishment (20.5% n=18), and suspension from school (40.9% n=36) among others. This information is summarized by table 3 below.

Table 3: School related factors influencing substance abuse among youths.

Variables	n=129	Percentage (%)
youths in schools abuse drugs		
YES	55	42.6
NO	74	57.4
Total	129	100.0
Reasons why youths in schools abuse drugs		
Peer pressure	41	74.5
Media influence	10	18.2
Poor school performance	4	7.3
Totals	55	100.0
Are measures put in place to prevent drug abuse		
YES	88	68.2
NO	27	20.9
I don't know	14	10.9
Totals	129	100.0
Some of the measures put in place		
Suspension from school	36	40.9
expulsion from school	27	30.7
being jailed	7	8.0
tough punishment	18	20.5
Totals	88	100.0

KEY n =sample size % = sample size/target population*100%

Social demographic characteristics associated with substance abuse

When social demographic characteristics of the respondents were associated with substance abuse, the study found that gender, marital status, level of education and occupation had significant association with substance abuse, with their chi- squares and P-

values being ($X^2 = 8.335, df=2, P=0.015$), ($X^2 = 3.652, df=1, P= 0.056$), ($X^2 = 6.015, df=2, P=0.049$), ($X^2 = 9.744, df=3, P= 0.042$) respectively. However there was no statistical significant association between respondents age and substance abuse with chi- squares and P-value of ($X^2 = 7.043, df =3, P=0.071$) demonstrated by table 4 below.

Table 4: Social demographic characteristics associated with substance abuse.

Variables	Substance abuse (n, %)			Chi-square (X ²)	df	p-value
	YES	NO	Total			
Age in years						
< 20	14(31.8)	30(68.2)	44(100.0)	7.043	3	0.071
20-25	12(16.2)	62(83.8)	74(100.0)			
25-30	2(25.0)	6(75.5)	8(100.0)			
30-34	2(66.7)	1(33.3)	3(100.0)			
Total	30(23.3)	99(76.7)	129 (100.0)			
Gender						
Male	25(25.6)	69(73.4)	94(100.0)	8.335	2	0.015
Female	5(14.3)	30(85.7)	35(100.0)			
Total	30(23.3)	99(76.7)	129(100.0)			
Marital status						
Married	19(30.6)	43(69.4)	62(100.0)	3.652	1	0.056
Single 83	11(16.4)	56(83.6)	67(100.0)			
Total	30(23.3)	99(76.7)	129(100.0)			
Religion						
Christian	15(36.6)	26(63.4)	41(100.0)	6.015	2	0.049
Muslim	7(17.9)	32(82.1)	39(100.0)			
Others	8(16.3)	41(.7)	49(100.0)			
Total	30(23.3)	99(76.7)	129(100.0)			
Education level						
Primary	5(31.2)	11(68.8)	16(100.0)	9.744	3	0.021
Secondary	21(25.3)	62(74.7)	83(100.0)			
Tertiary	1(4.0)	24(96.4)	25(100.0)			
None	3(60.0)	2(40.0)	5(100.0)			
Total	30(23.7)	99(76.7)	129(100.0)			
Occupation						
Student	4(26.7)	11(73.3)	15(100.0)	8.219	3	0.042
Self /private	3(10.7)	25(89.3)	28(100.0)			
Government	7(50.0)	7(50.0)	14(100.0)			
Not employed	16(22.2)	56(77.8)	72(100.0)			
Total	30(23.3)	99(76.7)	129(100.0)			

Key: YES: youths who abuse drugs.; NO: youths who do not abuse drugs; X²Chi –square; df: degree of freedom; P-value: level of significance

Family related factors characteristics associated with substance abuse

Family related factors were associated with substance abuse and the study found that there was a high significant association between type of family and substance abuse with a chi-square and P value of (X² =20.429, df=3, P=0.000). This implied that youths who were raised by single parent were more likely to abuse drug as compared to those who lived with either both

parents or their relatives. There was also a significant association between family members abusing drug and substance abuse. This is to say, if any of the family members happened to be a drug addict, the chance of the youth staying with them to abuse drug was high compared to those who stayed with non-drug addict parents/ relatives. The chi-square and the P value was (X² =4.871, df=1, P=0.027). This information is summarized by table 5.

Table 5: Family related factors characteristics associated with substance abuse.

Variables	Substance abuse (n, %)			Chi-square (X ²)	df	p-value
	YES	NO	Total			
Type of family						
Single parental	18(38.3)	29(61.7)	47(100.0)	20.429	3	0.000
Live with both parents	3(5.6)	51(94.4)	54(100.0)			
Live with relatives	6(50.0)	6(50.0)	12(100.0)			
Live alone	3(18.8)	13(81.2)	16(100.0)			
Total	30(23.3)	99(76.7)	129 (100.0)			
Family members abuse drugs						

YES	10(40.0)	15(60.0)	25(100.0)	4.871	1	0.027
NO	20(19.2)	84(80.8)	104(100.0)			
Total	30(23.3)	99(76.7)	129(100.0)			

KEY: YES: youths who abuse drugs; NO: youths who do not abuse drugs.

X^2 -Chi –square; df: degree of freedom; P-value: level of significance

School related factors associated with substance abuse

When school factors thought to influence youth's likelihood for abusing drugs were associated with substance abuse, the study found that students who were moved by their peers, were more likely to engage in substance abuse compared to those who were not. Therefore, there was a high significance association between peer pressure/influence and substance abuse. The chi-square

and P values were ($X^2 = 14.601$, $df=2$, $P=0.001$).

However, the study also took note that there was no any significant associated between school measures of preventing substance abuse among students and the likelihood of them abusing drugs. The chi-square and value was ($X^2 = 2.48$, $df=3$, $P=0.481$) as demonstrated by table 6 below.

Table 6: School related factors associated with substance abuse.

Variables	Substance abuse (n, %)			Chi-square (X^2)	df	p-value
	YES	NO	Total			
Reasons for abusing drugs						
Peer influence	15(36.5)	26(63.5)	41(100.0)	14.601	2	0.001
Media influence	7(17.9)	32(82.1)	39(100.0)			
Poor school performance	8(16.3)	41(83.7)	49(100.0)			
Total	30(23.3)	99(76.7)	129 (100.0)			
Measures to prevent drug abuse						
Suspension from school	10(21.7)	36(78.3)	46(100.0)	2.48	3	0.481
Expulsion from school	9(23.7)	29(76.3)	38(100.0)			
Being jailed	3(17.6)	14(82.3)	17(100.0)			
Copal punishment	8(28.6)	20(71.4)	28(100.0)			
	30(23.3)	99(76.7)	129(100.0)			

KEY: YES: youths who abuse drugs; NO: youths who do not abuse drugs; X^2 -Chi –square; df: degree of freedom; p-value : level of significance

DISCUSSION OF THE STUDY

Relationship between social-demographics and drugs/substance abuse

The study found that gender, marital status, level of education and occupation had significant association with substance abuse, with their chi-squares and P-values being ($X^2 = 8.335$, $df=2$, $P=0.015$), ($X^2 = 3.652$, $df=1$, $P= 0.056$), ($X^2 = 6.015$, $df=2$, $P=0.049$), ($X^2 = 9.744$, $df=3$, $P= 0.042$) respectively. However, there was no statistical significant association between respondents' age and substance abuse with chi-squares and P-value of ($X^2 = 7.043$, $df=3$, $P=0.071$)

Men were more likely to indulge in drug and substance use compared to their female counterparts. This could be attributed to environmental exposure and peer influence. There was a significant association ($X^2 = 8.335$, $df=2$, $P=0.015$). These findings were in line with the study done by (Caria *et al.*, 2020) who reported that men are 11.5% more likely to use drugs compared to their female counterparts.

The study found that there was a significant association ($X^2 = 3.652$, $df=1$, $P= 0.056$) between marital status and drug/substance abuse. Single people were more likely to

engage in substance abuse compared to those who were married. This could be attributed to the fact that marriage is always cited as a protective factor against drug use. This finding is in agreement with the study done in Chicago, USA on marriage and predictors of drug use (Adrienne *et al.*, 2009).

Individuals with low level of education such as primary were more likely to become drug abusers compared to those who went beyond to secondary and tertiary levels. This is due to lack of enough knowledge about the drugs and their side effects thus lack of awareness. There was a significant association ($X^2 = 6.015$, $df=2$, $P=0.049$), between the level of education and substance abuse.

Regarding occupation, students and non-employed respondents were more likely to abuse drugs compared to those who were either employed by the government or private sectors. The association was significant. ($X^2 = 9.744$, $df=3$, $P= 0.042$). This is in line with a study done in Spain which mentioned public service to be in line with drug use and risky behaviors due to their zero-tolerance policy, lack of confidentiality and mandatory tests that might even cause stigma among those who are tested especially in the military sector (Larson *et al.*,

2012).

The study also revealed that individuals aged 30-35 years were more likely to abuse drugs compared to those aged below 30. This could be due to the life changes that do happen at this age and the pressure from peer groups. These results are in line with the reports by the WHO on substance abuse and mental health (WHO, 2019). However, the association was not significant ($X^2 = 7.043$, $df = 3$, $P = 0.071$).

Relationship between family related factors and drugs/ substance abuse

When family factors thought to influence substance abuse among youths were assessed, the study found that most (36.4% $n=47$) of the youths were brought up in a single parental home, a few (19.4% $n=25$) of the family members were drug addict, and majority (60% $n=15$) of them did so due to stress and pressures of life. Majority (84.6% $n=105$) of the youths reported to have received good parental care and guidance. Of the youths who were substance addict, majority (73.3% $n=22$) reported to have been introduced to it by friends at the age group of 24-30.

There was a high significant association between type of family and substance abuse with a chi-square and P value of ($X^2 = 20.429$, $df=3$, $P=0.000$). This implied that youths who were raised by single parent were more likely to abuse drug as compared to those who lived with either both parents or their relatives. This could be attributed to the emotional vulnerability among youths raised by single parents. This is in line with research done in USA by on family structure and adolescent drug use (Hemovich *et.al*, 2021).

There was also a significant association between family members abusing drug and substance abuse. This is to say, if any of the family members happened to be a drug addict, the chance of the youth staying with them to abuse drug was high compared to those who stayed with non-drug addict parents/ relatives. The chi-square and the P value were ($X^2 = 4.871$, $df=1$, $P=0.027$). This is due to the social influence the drug abusers' impact on the children who follow the example set for them. This is in agreement with research done by Elliott on the effects of drugs to the entire family (Redwing, 2021).

Relationship between schools related factors and drugs/ substance abuse

The study established that most (42.6% $n=55$) of youths abused drug during their school going period. Majority (74.5% $n=44$) of them were due to peer pressure influence. Majority (68.2% $n=88$) of schools have put measures of preventing drug abuse by youths in school. Some of the measures include expulsion from (30.7% $n=27$) school, corporal punishment (20.5% $n=18$), and suspension from school (40.9% $n=36$) among others.

When school factors thought to influence youth's likely

hood for abusing drugs were associated with substance abuse, the study found that students who were moved by their peers, were more likely to engage in substance abuse compared to those who were not. This is due to the fact that they want to fit in and be seen as part of a certain group. Therefore, there was a high significance association between peer pressure/influence and substance abuse. The chi-square and P values were ($X^2 = 14.601$, $df=2$, $P=0.001$). This is in agreement with research done on factors influencing drug use among students (Barraza, 2013).

However, the study also took note that there was no any significant associated between school measures of preventing substance abuse among students and the likely hood of them abusing drugs. The chi- square and value was ($X^2 = 2.48$, $df=3$, $P=0.481$). This is in conflict with research done on association between school membership and substance use among adolescents which reported that there was a significant association between school preventive measures and drug abuse whereby majority of students who used drugs were from schools where rules on drug and substance use were not stipulated clearly (J. Gaete *et.al*, 2018).

Conclusion of the study

Basing on this study it can be concluded that social demographic characteristics such as, level of education and occupation had significant association with substance abuse. Other factors such as age, the type of family an individual was raised in or being raised in a family where there is a drug user and peer group influence were found not to have a significant relation with drug and substance abuse. These findings will help create awareness about the factors that are associated with drug and substance use. The results will also make a significant contribution to the existing knowledge gaps and research efforts on rehabilitation and behaviors of drug abusers, which can be of great importance to future scholars and those interested in the same topic.

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