

Psychosocial Determinants of Alcohol and Drug Abuse

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ABSTRACT

This study examines several psychological and social factors in predicting alcohol and drug abuse. A sample of 211 participants was obtained distributed into two groups (abusers, n=117, non abusers, n= 94). Psychological and Social Functioning Scale was employed to predict Self Esteem, Depression, Anxiety, Decision Making Confidence, Childhood Problems, Hostility, Risk Taking, and Social Conformity. Type of substance abuse and some other demographic variables were implicit. Results indicated that childhood problems, self esteem and decision making confidence were the main predictors of alcohol and drug abuse. Furthermore, results show differences in psychological and social functions in regards to age and substance abuse type.

Keywords: Alcohol and Drug Abuse, Psychological and Social Functions, Age, Type of Substance Abused.

INTRODUCTION

Literature reflects a great concern in different psychological and personality factors in their relationship with alcohol and drug abuse, nevertheless, research represents a mutual and profound interference between social and psychological factors which creates difficulties drawing a line between them (Pedersen, Mastekaasa and Wichstrom, 2001; Poikolainen, 2002; Wallace, 1999). In theoretical terms, personality consists of basic elements that formulate from a combination of biological, emotional, social, and cognitive components (Parikh & Gupta, 2010). Furthermore, social psychology relies on research into the individual's reaction within a social context; for example, it will be acceptable to mention that the drinking style of a certain person who abuses alcohol will be affected by the level of their self esteem, social pressure faced, their mood status, childhood experiences and level of depression and anxiety they have. In conclusion, social and psychological factors are elements that go hand in hand when a person is at risk of developing any mental disorder including alcohol and drug abuse.

Accordingly, Nowinski (1993) refers alcohol and drug abuse to social factors that affect self esteem, while other

researchers highlight personality traits when predicting variables in alcohol and drug abuse, in the same context, addiction could be attributed to the group settings as a safe place of risk taking, projection, and identification (Jacques, 2010), which leads to a conclusion of psycho-social framework in the development of alcohol and drug abuse. Similarly, Reif (2012) explains alcohol and drug abuse through social conformity. As individuals face incentives to match consumption with the mean of their reference group, the alcohol and drug abuser will continue to consume an amount that is closer to the group mean.

Other research has concluded psychological factors are the deterrents of alcohol and drug abuse. According to this approach, vulnerable individuals are characterized by certain risk factors in their personalities which trigger a spectrum of disorders when environmental factors interfere with those risk factors (Brook, Zhang, Cohen, & Whiteman, 2002). Kuria et al. (2012) found high levels of depression among alcohol-dependent people, which is supported by a great body of research (Boden & Fergusson, 2011; Grant & Harford, 1995; Bolton, Robinson & Sareen, 2009). In discussing alcohol and depression, an assumption is raised to explore the reciprocal and mutual relationship between them. On the one hand DSM-IV mentions that Alcohol addiction could be predicted by depression, whilst at the same level alcohol is classified as depressive substance (Oltman & Emery, 1998). Other research suggests that alcohol is a reaction to stressful life events which creates a vicious

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circle between alcohol, drugs, and the casual effect between them (Grant & Harford, 1995; Hasin & Grant 2002; Kendler, Heath, Neale, Kessler, and Eaves, 1993)

Another psychological factor that must be highlighted is self esteem as a main predictor of alcohol and drug abuse. It has been found that self esteem relates to many psychological dysfunctions such as depression, eating disorders and substance abuse (Heinonen K, Raikkonen K, Keltikangas-Jarvinen, 2003; Wichstrom, 2003; Scheier, Botvin, Griffin, Diaz, 2000), which indicates that self esteem in personality represents the power of self control when facing any challenge. Thus, alcohol and drug dependency has been associated with self esteem in different ways. Some assume that empowering self esteem plays a therapeutic purpose (Malcolm, 2004), whereas other researchers have studied self esteem as a risk factor or predictor of alcohol and drug dependency (Ayçenur, 2009). Furthermore, Hopwood & Grilo (2010) has studied self esteem as a component of personality traits that predicts alcohol and drug dependency. According to Young (2011), self esteem is a mediator variable between risk behaviors and dependency, which reflects a perspective that puts self esteem in personality dimensions that could prevent alcohol or drug dependency, and should be part of any therapeutic plan for alcohol and drug dependency.

In the same context, anxiety has shown to be one of the psychological functions that's highly affected by alcohol and drug abuse. According to some researchers, some types of drugs are considered as anxiety stimulators, for example, Oltman & Emery (1997) suggests that marijuana could lead to anxious and paranoid mood, whereas amphetamine and cocaine classified as stimulants that suppress the appetite and prevent sleep. For the purpose of this study, anxiety will be highlighted as a factor that contributes to alcohol and drug abuse. Anxiety seems to increase the risk of developing alcohol and drug dependency (Wenbin, Tanya & Lenton, 2011), and there is evidence to support the co existence and co morbidity between alcohol and drug dependency with anxiety disorder (Nordfjærn, 2012), and cannabis use disorders with social anxiety disorder (Buckner et al, 2012). Fröjd, Ranta, Kaltiala-Heino, Marttunen (2011) found that depression mediated the associations between anxiety and substance abuse. Based on the above research findings, it is logical to predict the existence of anxiety with alcohol and drug abuse either as a symptom of drug or alcohol consumption or a personality function that relates to

dependency and other personality dysfunctions.

Regarding social factors, it will seem difficult to separate between social and psychological functions. As a matter of fact, human reactions are a sum of psychosocial functions that work together. For example research has documented the association between alcohol and drug abuse and childhood sexual abuse (Weinstein, 1999; Wilsnack and Wilsnack, 1993; Hughes, Johnson, Wilsnack, 2001; Simpson and Miller, 2002). According to Nowinski (1993), social factors cause individuals insecure feelings that threaten their self esteem; they may then find alcohol addiction an escape from those feelings. Whereas according to other researcher's familial and parental maltreatment and neglect has proved to be a good predictor of alcohol and drug misuse in adulthood (Schuck and Widom, 2001; Weinstein, 1999). Another trend of research efforts has focused on antisocial personality and other conduct disorders during childhood and its relationship with alcohol and drug abuse during adulthood (Brown, Cleghorn, Schucktt, 1996; Clark, Parker and Lynch, 1999; Kramer, Xiaotong, Leukefeld, Booth and Edlund 2009). According to the findings of Duncan, Clark, Michael and Jack (2002), it was proved that alcohol users are more likely to have a history of various antisocial behaviors (for example aggression toward humans and animals, destruction of property, deceitfulness, theft, and serious rule violations).

In the same context, another social variable that contributes to developing and maintaining alcohol and drug misuse is social conformity. It makes sense to assume that there are socio-cultural processes that take place when discussing alcohol and drug abuse. According to McCrady (2004) alcohol is a learned behavior that's highly affected by cultural norms, which reveals that the social pressure a person is experiencing could encourage them to participate in alcohol or drug use in order to fit in with their reference group and facilitate social interaction (Gusfield, 1987).

Regarding social factors, many studies consider personality traits as mediators between social factors and drug dependency, accordingly, Ball (1995) found Impulsive-Sensation Seeking, Neuroticism-Anxiety, and Aggression-Hostility to be significantly correlated with the severity of alcohol and drug abuse and psychopathology.

Research Problem and Questions

Integrating psychological and social factors in one model could contribute to having a comprehensive

perspective in understanding alcohol and drug abuse. Although relationships between alcohol and drug abuse with psychological variables (Self esteem, depression, anxiety and decision-Making Confidence) and social variables (Childhood Problems, Hostility, Risk-taking and Social Conformity) have received plenty of attention. Research findings show a strong relationship between different psycho-social factors with alcohol and drug abuse. In this study all factors will be based on research findings and combined into a comprehensive model that aligns sets of psycho-social variables together, in recognition of the literature review which reflects that substance abuse is affected directly and indirectly by all these factors together, thus, this study attempts to filter such factors without eliminating variables that could contribute to alcohol and drug abuse. Furthermore, alcohol and drug abuse was reviewed in light of some demographic variables that play an important role in the course of alcohol and drug abuse such as age, variety of drug, and years of addiction). Accordingly, the current study will examine three questions:

- What are the levels of self esteem, depression, anxiety, decision making confidence, childhood problems, hostility, risk taking, and social conformity in the study sample?
- What is the discriminative value of psychological and social variables in alcohol and drug abuse?

- Is there a relationship between age, type of drug abused, with psychological and social variables?

Research Methodology and Procedure:

Participants:

A total of (211) participant’s met the criteria of inclusion, who represent the final sample that statistical procedures were applied to. Alcohol and drug abusers were (117) and non abusers were (94). Alcohol and drug abusers were located from three drug related institutes in Amman, as residents or non residents: Alrashid Hospital Center, National Center for Rehabilitation of Addicts (NCRA- M.O.H), and Substance Abuse Treatment Center – Public Security/ Anti- Narcotics Department. The sample of non abusers was taken from care providers for various mental disorders in a range of locations. The median age of abusers was 28 years old; and 28.5 years old among non abusers. With respect to income,.0199% of abusers sample perceived their income poor, 0.512% satisfactory, 0.431% excellent, whilst in the non abusers sample 0.138 perceived their income poor, 0.712% satisfactory, 0.095 excellent. Respondents who were abusers of alcohol represent 0.17%, cannabis 0.282 %, heroin, cocaine, opiates, amphetamine 0.512%, and mixed 0.431%. Furthermore, 0.615 % of the abusers were resident in hospital or rehabilitation centers and 0.348 % were non residents (See table 1).

Table 1. Participants according to age, income and type of substance abused

Variables	Abusers		Non abusers	
	Frequency	Percent	Frequency	Percent
Age				
Less than 18	5	0.042	0	0.000
19 – 30	69	0.589	56	0.595
31 – 45	34	0.290	25	0.265
46 or above	9	0.076	13	0.138
Income				
Poor	14	0.119	13	0.138
Satisfactory	60	0.512	67	0.712
Excellent	40	0.341	9	0.095
Type of substance abused				
Alcohol	20	0.170		
Cannabis	33	0.282		
heroin, cocaine, opiates, amphetamine	35	0.299		
Mixed	29	0.247		
Residency				
Resident	72	0.615		
Non resident	45	0.384		

Study Instruments:**Psychosocial and Social Functioning Scale**

Psychosocial and Social Functioning Scale was employed, developed by Knight & Simpson (1994), which consists of 83 items distributed over (9) subscales constituting the original version. For purposes of the current study, (56) items were chosen after deleting three items due to weak item - total correlation. The eight subscales covered were distributed into two main categories: Psychological Scales (Self Esteem 6 items, Depression 6 items, Anxiety 7 items and Decision Making Confidence 7 items); and Social Scales (Childhood Problems 8 items, Hostility 8 items, Risk Taking 7 items, and Social Conformity 7 items). Five point Likert scale was used, with a total score range from 59 to 280, where higher scores indicate a higher rank on both psychological and social dimensions after reversing some items.

Psychosocial and Social Functioning Scales**Psychometric Characteristics:**

In the original scale, different validity indicators were adopted. Of the four psychological functioning scales (Self-esteem, depression, anxiety, and decision making confidence), all had good factor structures as well as respectable response distributions, and all maintained relatively high reliability and goodness-of-fit coefficients across the split-half samples. Likewise, the social functioning scales (Childhood problems, hostility, risk-taking, and social conformity) had similarly acceptable psychometric properties (Knight & Simpson 1994).

Adapted version validity:

Upon translation to Arabic and back translation to English, item content appropriateness of Psychosocial and Social Functioning Scales were verified by 7 experts in the field of counseling, in addition to the clinical psychology departments at Amman Al- Ahliyya and Jordan Universities. Modifications to scale items required 80% agreement among designated experts. Accordingly, expert suggestions were incorporated relating to language and culture.

The above procedure was a preliminary step towards the application of the Scales on a pilot sample of 30 abusers, in order to examine item clarity, appropriateness and internal validity. Results have indicated that item - total correlation scores were above 0.30 for all items. Only two items from the decision making confidence

subscale and one item from the social conformity subscale were less than 0.25 and eliminated.

Adapted version reliability:

The present study has conducted Cronbach Alpha internal consistency reliability coefficients method, with results ranging between (0.71) and (0.86). Overall, Coefficient value for the total score was (0.77).

Procedure:

Permission for Scales application was obtained from three institutes in Amman: Alrashid Hospital Center, National Center for Rehabilitation of Addicts (NCRA-M.O.H), and Substance Abuse Treatment Center – Public Security / Anti- Narcotics Department. Any subject of the study sample was either self referred or referred by public security in order to receive treatment for alcohol and drug abuse. Study Scales were administered by trained graduate clinical psychology students. Student training included ethical standards that should be taken into consideration when applying the scales, general orientation to research, characteristics of target population, basic interviewing skills, and data-collection procedures. The intention of this research was made clear by a brief description of the study, and confidentiality of the respondents was assured. Participation was completely voluntary and based on respondents' goodwill.

Alcohol and drug abusers were contacted in the institutions as residents or non residents. After a brief unstructured interview to ascertain that participants are within the requirements for participation, and to solicit their full participation, the scales were distributed to them in small groups (5-8 for each), a research assistant read them the instructions, adequate information was given to participants and their consent sought on that basis. It was made clear to participants that they could withdraw from the study or skip any portions of the scales that constituted discomfort to them in anyway.

For the non abusers sample, participants were chosen from differing providers of care (e.g. Psychologists, social workers, clinicians, etc...) within various organizations well qualified in mental health services. The same procedures of application for the abusers sample were used.

Data Analysis

SPSS was used to answer study questions, specifically

the following applications was implemented:

- Discriminate analysis to predict the psychological & social characteristics of study samples.
- Descriptive statistics to describe psychological & social characteristics of the abusers sample.
- One way ANOVA and T test to find differences in psychological and social factors according to age and type of substance abused among the abusers.

Results:

Q1: What are the levels of self esteem, depression, anxiety, decision making confidence, childhood problems, hostility, risk taking, and social conformity in the study sample?

To answer this question, means and standard deviations were calculated. The results in table (2) show that the abusers sample has relatively high scores in

depression, anxiety, childhood problems, hostility, and risk taking when compared with the non-abusers sample. The non abuser sample has high scores in self esteem and social conformity. Very small differences were obtained in the mean of decision making confidence between the abuser and non abuser samples.

Q2: What is the discriminative value of psychological and social variables in alcohol and drug abuse?

Stepwise discriminate analysis was used to assess the psychological and social predictors of alcohol and drug abuse, results in table (3) show that childhood problems, self esteem, risk taking, and decision making confidence were significant predictors of dependent variables (abusers vs. non-abusers samples). All the Lambda values were statistically significant at level 0.05 or less for childhood problems, self esteem, risk taking, and decision making confidence; 0.847, 0.821, 0.806, and 0.789.

Table 2. Means and standard deviations of psychological & social factors

Factors	Group				Total N= 212	
	Abuser N= 116		Non-abuser N= 96		Mean	Std. Deviation
	Mean	Std. Deviation	Mean	Std. Deviation		
Self esteem	3.0014	0.77163	3.6228	0.94099	3.2812	0.90467
Depression	2.8793	0.89242	2.4456	0.92842	2.6840	0.93206
Anxiety	3.1182	0.92741	2.4030	0.92394	2.7962	0.99012
Decision making	3.3573	0.67400	3.3731	0.68204	3.3644	0.67606
Childhood problems	2.8571	0.93022	2.1726	0.78764	2.5472	0.93144
Hostility	2.7851	0.97003	2.1855	0.90099	2.5126	0.98367
Risk taking	2.8810	0.81810	2.3009	0.78762	2.6188	0.85311
Social conformity	3.5559	0.65978	3.8657	0.79338	3.6959	0.73778

Table 3. Stepwise discriminate analysis for psychological & social factors

Step	Number of Variables	Lambda	Exact F			
			Statistic	df1	df2	Sig.
Childhood problems	1	0.847	37.123	1	206.000	0.000
Self esteem	2	0.821	22.374	2	205.000	0.000
Risk taking	3	0.806	16.413	3	204.000	0.000
Decision making	4	0.789	13.575	4	203.000	0.000

Respectively, Eigenvalue for all the four factors explained 0.267 from overall variance as well as the Canonical Correlation with dependent variables was 0.459 which reflects a convincing correlation with Chi-square value of 48.35 with its significant at level 0.05 or

less (see table 4).

To find Beta coefficients for each of the independent factors a Standardized Canonical Discriminate Function Coefficients was calculated, results in table (5) show that self-esteem has a negative function with value of (-

0.539), which means the non-abuser sample has a higher and more positive self-esteem in comparison to the abuser sample. Decision making confidence factor also has a positive function to distinct between abuser vs. non-abuser samples with value of (0.346). Regarding childhood problems factor, results show a significant

positive coefficient value of (0.445). The non-abuser sample has a lower score in childhood problems factor compared to the abuser sample. Finally, risk taking factor has a positive value of (0.39) in the abuser sample, whereas the non-abuser sample has a lower score in the same factor.

Table 4. Eigenvalues for Study Model

Function	Eigenvalue	% of Variance	Cumulative %	Canonical Correlation	Wilks' Lambda	Chi-square
1	0.267 ^a	100.0	100.0	0.459	0.789	48.356

First canonical discriminate functions were used in the analysis.

Table 5. Standardized Canonical Discriminate Function Coefficients

Factor	Function
	1
Self esteem	-0.539
Decision making	0.346
Childhood problems	0.445
Risk taking	0.390

Table 6. ANOVA test for the differences in psychological & social factor according to age

Factor	Group	Sum of Squares	Df	Mean Square	F	Sig.
Self esteem	Between Groups	0.855	3	0.285	0.472	0.702
	Within Groups	67.617	112	0.604		
	Total	68.472	115			
Depression	Between Groups	1.747	3	0.582	0.726	0.538
	Within Groups	89.841	112	0.802		
	Total	91.588	115			
Anxiety	Between Groups	3.355	3	1.118	1.311	0.274
	Within Groups	95.554	112	0.853		
	Total	98.909	115			
Decision making	Between Groups	3.434	3	1.145	1.775	0.156
	Within Groups	72.237	112	0.645		
	Total	75.671	115			
Childhood problems	Between Groups	4.735	3	1.578	1.865	0.140
	Within Groups	94.775	112	0.846		
	Total	99.510	115			
Hostility	Between Groups	2.491	3	0.830	0.880	0.454
	Within Groups	103.838	110	0.944		
	Total	106.328	113			
Risk taking	Between Groups	6.253	3	2.084	3.305	0.023
	Within Groups	69.376	110	0.631		
	Total	75.629	113			
Social conformity	Between Groups	2.073	3	0.691	1.213	0.308
	Within Groups	62.636	110	0.569		
	Total	64.709	113			

Table 7. LSD PostHoc test of differences according to age groups

Dependent Variable	(I) age	Mean Difference (I-J)			
		(J) age			
		18 or less	19 - 30	31 - 45	46 or above
Risk taking	18 or less		-0.30320	0.18268	0.20000
	19 – 30			0.48588	0.50320
	31 – 45				0.01732
	46 or above				

Table 8. ANOVA test for the differences in psychological & social factors according to type of substance abused

Factor	Group	Sum of Squares	Df	Mean Square	F	Sig.
Self esteem	Between Groups	1.466	3	0.489	0.862	0.463
	Within Groups	62.977	111	0.567		
	Total	64.443	114			
Depression	Between Groups	8.245	3	2.748	3.663	0.015
	Within Groups	83.297	111	0.750		
	Total	91.543	114			
Anxiety	Between Groups	3.379	3	1.126	1.319	0.272
	Within Groups	94.831	111	0.854		
	Total	98.210	114			
Decision making	Between Groups	6.790	3	2.263	3.666	0.015
	Within Groups	68.524	111	0.617		
	Total	75.314	114			
Childhood problems	Between Groups	2.878	3	0.959	1.121	0.344
	Within Groups	94.965	111	0.856		
	Total	97.843	114			
Hostility	Between Groups	5.158	3	1.719	1.873	0.138
	Within Groups	100.089	109	0.918		
	Total	105.248	112			
Risk taking	Between Groups	6.762	3	2.254	3.681	0.014
	Within Groups	66.739	109	0.612		
	Total	73.501	112			
Social conformity	Between Groups	4.198	3	1.399	2.551	0.059
	Within Groups	59.796	109	0.549		
	Total	63.993	112			

Table 9. LSD postHoc test of differences according to type of substance abused

Dependent Variable	Type of substance abused	Mean Difference (I-J)			
		(J) type of substance abuse			
		Alcohol	Cannabis	Heroin, Cocaine, Opiates, Amphetamine	Mixed
Depression	Alcohol		-0.21079	-0.45975	-0.76739
	Cannabis			-0.24896	-0.55660
	Heroin, Cocaine, Opiates, Amphetamine				-0.30764
	Mixed				
Decision making	Alcohol		0.53338	0.45533	0.76147
	Cannabis			0.07805	0.22809
	Heroin, Cocaine, Opiates, Amphetamine				0.30614
	Mixed				
Risk taking	Alcohol		-0.32401	-0.09686	-0.66139
	Cannabis			-0.22715	-0.33737
	Heroin, Cocaine, Opiates, Amphetamine				-0.56453
	Mixed				

Q3. Is there a relationship between age and type of drug abused, with psychological and social variables?

As to age, ANOVA test for the differences in psychological & social factors was used, results in table (6) shows that f value for risk taking factor was significant ($F = 3.305$, $DF 3, 110$, $P \leq 0.05$), while the other factors were not.

To check differences between age groups, Differences LSD PostHoc test was performed and the results in table (7) show that the abusers with higher ages (group 2) were more likely to take risk than abusers with lower ages (group 2).

As to types of substance abuse, ANOVA test for differences in psychological & social factors was used, results in table (8) shows the f value for depression, decision making confidence and risk taking factors was significant ($F = 2.74, 2.26$, and 2.25 , $DF 3, 110$, $P \leq 0.05$), while for the other factors it wasn't.

To check differences between grouping according to the type of substance abused, Differences LSD PostHoc test was performed, results in table (9) show that group 3 (Heroin, Cocaine, Opiates, Amphetamine) and group 4 (mixed) are most likely to have higher scores in depression, decision making, and risk taking compared to group 1 (alcohol).

Discussion:

This study examined the psychological and social predictors of alcohol and drug abuse. Results indicate that childhood problems, self esteem and decision making confidence were the main predictors of alcohol and drug abuse.

Childhood problems, is a result that's consistent with many other research findings. On the one hand, this result supported that the history of conduct problems and antisocial behaviors have a strong relationship with alcohol and drug abuse (Cleghorn, Schucktt, 1996; Clark, Parker and Lynch, 1999; Kramer, Xiaotong, Leukefeld, Booth and Edlund 2009; Duncan, Clark, Michael and Jack, 2002).

On the other hand, it could be assumed that childhood experiences could affect abuse indirectly, as a familial atmosphere characterized by support and warmth will enhance mental health and empower self resourcefulness that could push the personality towards positive choices and achievement rather than having a negative trend that makes the personality vulnerable; which could also interfere with other stressful social factors causing that person to respond negatively. Furthermore, the lack of family or negative experiences during childhood could lead to an erosion of self worth, self discipline, and

aspirations; drugs providing an escape from the realities of life and their past.

Self esteem, also proves to have negative function with alcohol and drug abuse, which means that those who are at risk of developing alcohol and drug abuse had lower self esteem when compared with those who were not. This result supports a great deal of findings that point to the importance of self esteem as a preventive factor that enables a person to keep their positive resourcefulness when facing challenges (Ayçenur, 2009; Young, 2011). Implicitly, it could be assumed that self esteem will enhance a person to make choices in a constructive manner, supporting the development of a positive self image, which could be threatened when a drug abuser. At the same level, Nowinski(1993) interrelated the role of self esteem by assuming low self esteem in abusers makes abusive behaviors an escape of those feelings toward oneself.

Results also indicate that decision making confidence has a positive function in alcohol and drug abuse, the abuser sample has a higher mean score in both hostility and risk taking. Such findings are implicitly consistent with the assertion by Ball (1995) that alcohol and drug abusers can be characterized by Impulsive-Sensation Seeking, Neuroticism-Anxiety, and Aggression-Hostility.

Tolerance pushes the abuser towards increasing their amount of consumption, which could lead to a conclusion that the abuser who is under the urge of having the drug could be more impulsive and take greater risks in order to meet that need, which might expose them to more risky situations which they resolve by aggression, supported by the higher scores in hostility.

Aggression could also be explained through frustration appearing from an abusers lack of self worth, perceived achievement, stability such as financial or social, and breakdown of support mechanisms; along with an obsession for the drug controlling their ability to make healthy choices, causing a degradation in their ability to control their emotions, and acceptability of their actions through negative reinforcement.

In terms of Arab culture, alcohol and drugs are subjects considered as taboo that could correlate with a strong stigma for the abuser, thus, an abuser in such conditions will need more risk taking and decision making confidence. Another possible factor influencing the positive decision making confidence scores seen among the drug abusers could be the quality of decisions

made. Decisions to satisfy the impulsive short term urges whilst abusing the drug could make decisions easier to take, when compared to the non abuser, who may be taking other parties, and long term consequences into consideration when weighing up their options.

As to demographic variables, results related to age indicated that those who belong to an older age group are more likely to use heroin, cocaine, opiates, amphetamine, and mixed drugs, while the younger abusers more likely to use alcohol and cannabis, such results support Wood, Read, Palfai, & Stevenson (2001), who pointed out that teenagers and young adults more likely use alcohol, painkillers, cannabis in order to fit in, and after using these drugs they become addicted to them and move to something that could be more effective.

A possible explanation of this result is the habituation gained over time, seeking greater or different effects to satisfy their urges or curiosity having broken down previous taboos, values, and expectations; along with increased awareness through peer experiences.

Limitations

A number of limitations exist in this research:

1. The sample for this discriminate, comparison study is small. This could result in a failure to capture some other significant differences in the variables if they exist.
2. The average age of participants was relatively young, which minimizes the range between age groups in order to have better comparisons in the study variables, which cover a wider range of ages. Therefore, generalizations biased to the predominant age groups may have been made.

CONCLUSION

In conclusion, this study highlights a number of factors that have a valuable prediction in alcohol and drug abuse. Childhood problems, self esteem and decision making confidence were the main predictors of alcohol and drug abuse. Furthermore, risk taking and using different and more harmful drugs increases by age. Such results shed light on the psycho-social interference causing unhealthy behavior, which leads to a recommended research based on a casual model that combines these factors together, studying the direct and indirect effects of those factors in order to have a path that clinicians can rely on when presenting their interventions.

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المحددات النفسية الاجتماعية لإساءة استخدام الكحول والمخدرات

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ملخص

هدفت الدراسة الحالية إلى التحقق من القدرة التنبؤية للمتغيرات النفسية والاجتماعية في إساءة استخدام الكحول والمخدرات. اختيرت عينة مكونة من 211 شخصاً (117) لعينة مسيئة الاستخدام، 94 لعينة غير المسيئين. استخدم مقياس الوظائف النفسية والاجتماعية للتنبؤ بمتغيرات تقدير الذات، الاكتئاب، القلق، الثقة باتخاذ القرار، مشكلات الطفولة، العدوان، المجازفة والإذعان الاجتماعي. تم تضمين متغير نوع مادة الإدمان بالإضافة لبعض المتغيرات الديموغرافية الأخرى. أشارت النتائج إلى أن متغيرات مشكلات الطفولة وتقدير الذات والثقة باتخاذ القرار لها القيمة الأكبر في التنبؤ في إساءة استخدام الكحول والمخدرات. أظهرت النتائج وجود بعض الفروق في الوظائف النفسية والاجتماعية تبعاً للعمر ونوع مادة الإدمان.

الكلمات الدالة: إساءة استخدام الكحول والمخدرات، الوظائف النفسية والاجتماعية، العمر، نوع مادة الإدمان.

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