International Journal of Biological and Pharmaceutical Sciences Archive

ISSN: 0799-6616 (Online)

Journal homepage: https://ijbpsa.com/

(RESEARCH ARTICLE)

Check for updates

PSYCHOLOGICAL FACTORS CONTRIBUTING TO ADDICTION AMONG YOUNG PEOPLE

Mirwary Adil Ways *

Azadi Teaching Hospital, Kirkuk Health Directorate, Kirkuk Iraq.
* Corresponding Author

International Journal of Biological and Pharmaceutical Sciences Archive, 2026, 12(02), 074–080

Publication history: Received on 19 September 2026; revised on 26 October 2026; accepted on 28 October 2026

Article DOI: https://doi.org/10.53771/ijbpsa.2026.12.2.0104

Copyright © 2026 Author(s) retain the copyright of this article. This article is published under the terms of the Creative Commons Attribution License 4.0

ABSTRACT

Background: Addiction is a complex problem that may be associated with psychological distress and various social and family-related difficulties. Understanding the psychological problems and perceived contributing factors among individuals with addiction is important for developing appropriate prevention and support strategies. Aim of the Study: This study aimed to investigate psychological problems associated with addiction and identify potential contributing factors among addicted individuals from different governorates of Iraq.

Materials and Methods: A cross-sectional descriptive study was conducted from 1/6/2025 to 1/6/2026 involving 140 individuals with addiction, including males and females aged 18–35 years, recruited from different Iraqi governorates. Data were collected regarding sociodemographic characteristics, psychological problems, and potential contributing factors. Descriptive statistical methods, including frequencies and percentages, were used to summarize the findings.

Results: Males constituted 97.14% of the participants, while females accounted for 2.86%. The largest age group was 21–25 years (37.14%), followed by 26–30 years (25.71%). Participants with secondary education represented the largest educational group (34.29%). Anxiety and excessive worry were the most frequently reported psychological problems (65.71%), followed by psychological stress (62.86%) and persistent sadness (54.29%). Family problems were the most frequently identified potential contributing factor (60.00%), followed by peer pressure (57.14%), difficulty coping with stress (55.71%), and emotional problems (52.86%).

Conclusion: The findings indicate that anxiety, psychological stress, and family-related difficulties were frequently reported among the individuals with addiction included in this study. These results highlight the importance of considering psychological well-being, family relationships, and peer influences when developing addiction prevention and support programs. However, the descriptive findings do not establish causal relationships or determine addiction risk in the general population.

Keywords: Addiction; Age; Sex; Psychological Problems; Anxiety; Psychological Stress; Family Problems; Peer Pressure; Young Adults

1 INTRODUCTION

Addiction is a complex psychological, health, and social problem that affects individuals, families, and communities worldwide. Its consequences extend beyond an individual's health and behavior to include family and social relationships, educational achievement, occupational performance, and the ability to cope with everyday life demands. The study of addiction among young people is particularly important because this developmental stage is characterized by significant psychological, emotional, and social changes, alongside the pursuit of independence, the formation of personal identity, and increasing responsibilities related to education, employment, and interpersonal relationships(1, 2).

Psychological problems are among the important factors associated with the development and persistence of addiction. Some individuals may engage in addictive behaviors as a way of coping with anxiety, emotional distress, sadness, loneliness, or difficult life experiences. This pattern may be understood through the concept of self-medication, which suggests that individuals sometimes seek temporary relief from psychological symptoms through behaviors that provide immediate emotional comfort. Although such behaviors may initially appear to reduce distress, repeated reliance on them can interfere with healthy coping mechanisms and contribute to a cycle in which psychological difficulties and addictive behaviors reinforce one another (3, 4).

Anxiety and chronic psychological stress are important factors to consider when examining the relationship between mental health and addiction. Young people may experience stress related to academic demands, financial difficulties, family conflicts, interpersonal relationships, and uncertainty about the future. When individuals lack effective coping strategies, they may become more vulnerable to behaviors that provide immediate gratification or temporary relief from emotional discomfort. Scientific literature indicates that chronic stress can influence the neurobiological systems involved in emotional regulation, motivation, and reward processing, potentially contributing to the development or persistence of addictive behaviors(1, 4).

Depression, hopelessness, and low self-esteem are additional psychological factors that may be associated with addiction among young people. Individuals experiencing persistent sadness, reduced motivation, feelings of worthlessness, or diminished interest in daily activities may seek experiences that temporarily improve their emotional state or help them escape psychological suffering. However, the relationship between depressive symptoms and addiction is complex and may operate in both directions. Psychological difficulties may precede the development of addictive behaviors in some individuals, whereas the consequences of addiction may contribute to the emergence or worsening of emotional and psychological symptoms in others. Shared risk factors, such as traumatic experiences, family instability, and social adversity, may also contribute to both conditions. Therefore, understanding this relationship requires careful consideration of the timing of symptoms, individual circumstances, and associated risk factors(2, 5)

Early-life trauma and adverse childhood experiences may also contribute to psychological vulnerability to addiction among young people. Experiences such as physical or emotional abuse, neglect, exposure to violence, and family instability may have long-term effects on emotional regulation, the sense of security, and the ability to establish stable interpersonal relationships. These experiences may increase vulnerability to psychological distress and maladaptive coping behaviors later in life. Epidemiological research has identified associations between cumulative adverse childhood experiences and an increased likelihood of developing addictive behaviors. However, exposure to such experiences does not inevitably result in addiction, as protective factors, including psychological resilience, supportive relationships, and access to mental health services, may reduce this vulnerability (6, 7).

Furthermore, low self-esteem, impulsivity, and difficulties in emotional regulation may contribute to the development of addictive behaviors in some young people. Individuals who experience difficulties controlling their emotions, tolerating frustration, delaying gratification, or evaluating the long-term consequences of their decisions may be more likely to engage in behaviors that provide immediate satisfaction despite their potential negative consequences. Adolescence and young adulthood are important developmental periods during which the psychological and neurological systems involved in decision-making, motivation, and behavioral control continue to mature. The interaction between these developmental characteristics and environmental influences may increase vulnerability to addiction. Nevertheless, impulsivity and difficulties in emotional regulation should be regarded as potential risk factors rather than direct or inevitable causes of addiction(8).

Family relationships and the broader social environment also play important roles in understanding the psychological factors associated with addiction. Family instability, poor communication between family members, frequent conflicts, and a lack of emotional support may increase psychological distress and vulnerability to maladaptive behaviors among some young people. Similarly, peer pressure and the desire for social acceptance may influence behavioral choices, particularly when individuals seek approval, belonging, or relief from feelings of rejection and isolation. In contrast,

positive family relationships, supportive friendships, school engagement, and participation in constructive social activities may serve as protective factors. Therefore, addiction should be examined within the broader context of family dynamics, peer relationships, and the social environment in which young people develop (9).

Academic failure, unemployment, financial difficulties, and limited opportunities for personal development may further contribute to psychological distress among young people. These circumstances can be associated with frustration, feelings of helplessness, reduced motivation, and a diminished sense of purpose. When such difficulties occur alongside inadequate coping skills, low self-esteem, and limited social support, some individuals may become more vulnerable to addictive behaviors as a means of temporarily escaping unpleasant emotions or dealing with life pressures. However, socioeconomic difficulties alone cannot explain the development of addiction, as individual characteristics, previous experiences, family circumstances, and available protective resources also influence behavioral outcomes. An integrated perspective that considers psychological, familial, and environmental influences is therefore essential for understanding the complexity of addiction among young people (2).

The relationship between psychological well-being and addiction is particularly important because mental health difficulties and addictive behaviors may influence one another. Anxiety, depression, chronic stress, loneliness, and difficulties in emotional regulation may precede the development of addiction, occur alongside it, or become more severe as its consequences accumulate. In some cases, shared underlying factors may contribute to both psychological difficulties and addictive behaviors. Consequently, the presence of a psychological problem does not necessarily establish a direct causal relationship with addiction. A comprehensive assessment of the individual's psychological history, social circumstances, behavioral patterns, and available support systems is necessary to understand these relationships more accurately. Early identification of psychological difficulties may also facilitate the development of appropriate preventive and therapeutic interventions (7) .

Based on the foregoing, investigating the psychological problems that contribute to addiction among young people represents an important step toward understanding the psychological motivations and circumstances that may precede substance use or contribute to its continuation. It is essential to distinguish between factors associated with addiction and those for which a causal relationship has been established. Accordingly, particular attention should be given to identifying major psychological problems, including anxiety, depression, chronic stress, loneliness, low self-esteem, and exposure to psychological trauma, and examining their associations with addictive behaviors among young people. The findings of such research may contribute to raising mental health awareness, developing early intervention programs, improving prevention strategies, and encouraging young people to adopt healthy approaches to coping with stress rather than resorting to psychoactive substances.

1.1 Study Design

A cross-sectional descriptive study was conducted from 1/6/2025 to 1/6/2026 involving 140 individuals with addiction recruited from different governorates of Iraq. The study included male and female participants aged 18–35 years. The primary aim was to investigate psychological problems potentially associated with addiction and to identify perceived contributing factors. The psychological problems examined included anxiety and excessive worry, psychological stress, persistent sadness, loneliness and social isolation, low self-esteem, and sleep difficulties. Potential contributing factors included family problems, peer pressure, difficulty coping with stress, emotional problems, lack of family support, and social isolation. Sociodemographic information, including gender, age, and educational level, was also collected to characterize the study population. The collected data were analyzed using descriptive statistical methods, including frequencies and percentages, to summarize participants' sociodemographic characteristics and the distribution of reported psychological problems and potential contributing factors.

1.2 Statistical analysis

The collected data were organized and analyzed using descriptive statistical methods, including frequencies and percentages, to summarize the distribution of participants according to sociodemographic characteristics, psychological problems, and potential contributing factors. In addition, the chi-square goodness-of-fit test was applied to examine differences between observed frequencies and hypothetical equal distributions across gender, age groups, and educational levels. Statistical significance was considered at ($p < 0.05$). For psychological problems and potential contributing factors, which allowed participants to report multiple responses, the frequencies and percentages were used descriptively because the response categories were not mutually exclusive. All statistical findings were interpreted in relation to the descriptive nature of the study and the absence of a non-addicted comparison group.

2 RESULT

The results presented in Table 1 revealed a statistically marked predominance of males among the addicted participants. Of the 140 individuals included in the study, 136 (97.14%) were males, compared with only 4 females (2.86%).

Table 1: Distribution of Participants According to Gender

Gender	Frequency (n)	Percentage (%)
Male	136	97.14
Female	4	2.86
Total	140	100.00
$p < 0.001$		

The results presented in Table 2 show variations in the age distribution of the 140 addicted participants. The largest proportion was observed in the 21–25-year age group, comprising 52 participants (37.14%), followed by the 26–30-year group, with 36 participants (25.71%). Participants aged 18–20 years accounted for 28 individuals (20.00%), whereas the 31–35-year age group represented the smallest proportion, with 24 participants (17.14%).

Table 2: Distribution of Participants According to Age Group

Age group (years)	Frequency	Percentage (%)
18–20	28	20.00
21–25	52	37.14
26–30	36	25.71
31–35	24	17.14
Total	140	100.00
$p = 0.003$		

The results presented in Table 3 demonstrate variations in the educational levels of the 140 addicted participants. Participants with secondary education constituted the largest group, accounting for 48 individuals (34.29%), followed by university graduates, with 36 participants (25.71%). Those holding diploma or institute qualifications represented 32 participants (22.86%), whereas participants with primary education constituted the smallest group, comprising 24 individuals (17.14%).

Table 3: Distribution of Participants According to Educational Level

Educational level	Frequency	Percentage (%)
Primary education	24	17.14
Secondary education	48	34.29
Diploma or institute	32	22.86
University education	36	25.71
Total	140	100.00
$p = 0.017$		

Table 4 presents the expected distribution of psychological problems among the participants. Anxiety and excessive worry were the most frequently reported problems, affecting 92 participants (65.71%), followed by psychological stress, reported by 88 participants (62.86%). Persistent sadness was reported by 76 participants (54.29%), while loneliness and social isolation were reported by 68 participants (48.57%). Low self-esteem and sleep difficulties were reported by 64 (45.71%) and 60 (42.86%) participants, respectively.

Table 4: Distribution of Participants According to Reported Psychological Problems

Psychological problem	Frequency	Percentage (%)
Anxiety and excessive worry	92	65.71
Psychological stress	88	62.86
Persistent sadness	76	54.29
Loneliness and social isolation	68	48.57
Low self-esteem	64	45.71
Sleep difficulties	60	42.86

The results presented in Table 5 indicate that family problems were the most frequently reported potential contributing factor to addiction, identified by 84 participants (60.00%). Peer pressure ranked second, reported by 80 participants (57.14%), followed by difficulty coping with stress, which was reported by 78 participants (55.71%). Emotional problems were identified by 74 participants (52.86%). Furthermore, lack of family support was reported by 66 participants (47.14%), while social isolation was the least frequently reported factor, affecting 62 participants (44.29%).

Table 5: Distribution of potential contributing factors to addiction among participants

Potential contributing factor	Frequency (n)	Percentage (%)
Family problems	84	60.00
Peer pressure	80	57.14
Difficulty coping with stress	78	55.71
Emotional problems	74	52.86
Lack of family support	66	47.14
Social isolation	62	44.29

3 DISCUSSION

The findings indicate that males constituted the overwhelming majority of the study population. This marked difference may reflect the characteristics of the population recruited from the study setting, differences in access to addiction-related services, or differences in willingness to participate. However, the predominance of males should not be interpreted as evidence that addiction is inherently more common among males, because the sex distribution of the study sample may not represent the wider population. An Iraqi study by(10), based on data from 1,611 adolescents, similarly reported that males had higher odds of substance addiction, while psychological problems were associated with substance-related difficulties.

Regarding age, participants aged 21–25 years represented the largest group , followed by those aged 26–30 years. This concentration among young adults highlights the importance of investigating psychological distress, social relationships and coping strategies during early adulthood. During this period, individuals may experience increasing responsibilities, employment-related difficulties, changes in relationships and pressure to establish social and economic independence. When effective coping strategies and supportive relationships are lacking, substance use may become one of several maladaptive responses to distress. The review by (11) identified anxiety-related symptoms, depressive symptoms, trauma and social adversity among the mental health concerns frequently co-occurring with substance-related problems in adolescents and young adults.

This interpretation is consistent with the systematic review by(12), which examined the co-occurrence of mental health conditions and substance use among young adults in East Africa. The study identified a substantial burden of co-occurring psychological and substance-related problems, supporting the importance of considering mental health as part of addiction assessment and treatment. Similarly, (11) reported that depressive and anxiety-related presentations frequently occurred alongside substance use among adolescents and young adults. Together, these studies support the relevance of the psychological difficulties observed in the present sample, while differences between populations and study designs limit direct comparisons of prevalence.

A study by (13), in a systematic review and meta-analysis of 46 studies involving young adults, identified associations between particular patterns of substance use and several dimensions of sleep health. In a separate study, (14) estimated an overall prevalence of sleep disturbance of 29% among adolescents who used substances, although prevalence varied across studies and substances.

Family problems may contribute to emotional distress when relationships are characterized by frequent conflict, inadequate communication, limited emotional support or inconsistent expectations. In such circumstances, individuals may experience difficulties expressing their concerns or obtaining assistance during stressful periods. Conversely, addiction may itself increase family tension and disrupt relationships, creating a cycle in which family difficulties and substance-related problems reinforce one another. A study by (15), in a systematic review of family intervention models for young adults with substance-related problems, examined 41 studies and reported that family interventions were associated with reductions in behavioural problems and improvements in family functioning. These findings support the relevance of family-based approaches, although they do not establish that family problems caused the addiction reported by the current participants. A study by (16), in a systematic review and meta-analysis of 27 independent longitudinal studies, found a statistically significant association between peer influence and subsequent adolescent substance use. Their findings support the importance of peer-related social processes in understanding substance use, although the effect of peers may vary according to the substance and the social context. Further evidence is provided by(17), whose systematic scoping review included 43 studies examining factors that influence the relationship between peers' and adolescents' substance use. The authors reported that peer influence was modified by individual, family, school and community characteristics.

4 CONCLUSION

The present study revealed that the majority of participants with addiction were males, while females constituted a smaller proportion of the sample. Young adults represented the predominant age group, particularly those in their early and late twenties. Regarding educational attainment, participants with secondary education formed the largest group, followed by university graduates. These findings highlight the importance of considering sociodemographic characteristics when developing addiction prevention strategies and support programs. However, since the study included only individuals with addiction, further research involving both addicted and non-addicted populations is necessary to determine whether gender, age and educational level are associated with the risk of addiction.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

REFERENCES

[1] Volkow ND, Koob GF, McLellan AT. Neurobiologic advances from the brain disease model of addiction. New England journal of medicine. 2016;374(4):363-71.

[2] NIDA A. Drugs, brains, and behavior: The science of addiction. National Institute on Drug Abuse North Bethesda. 2014.

[3] Khantzian EJ. The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. Harvard review of psychiatry. 1997;4(5):231-44.

[4] Sinha R. Chronic stress, drug use, and vulnerability to addiction. Annals of the new York Academy of Sciences. 2008;1141(1):105-30.

[5] Conway KP, Compton W, Stinson FS, Grant BF. Lifetime comorbidity of DSM-IV mood and anxiety disorders and specific drug use disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Journal of clinical Psychiatry. 2006;67(2):247-57.

[6] Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. Pediatrics. 2003;111(3):564-72.

[7] Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet public health:(8)2;2017 .e356-e66.

[8] Koob GF, Volkow ND. Neurobiology of addiction: a neurocircuitry analysis. The lancet psychiatry. 2016;3(8):760-73.

[9] Trucco EM. A review of psychosocial factors linked to adolescent substance use. Pharmacology biochemistry and behavior. 2020;196:172969.

[10] Ahmed DR, Abubaker Blbas HT, O Ahmed J. Mental health problems and substance use among iraqi adolescents: Retrospective study from the global school-based health survey. Addicta: The Turkish Journal on Addictions. 2026;13(1):6.77-8

[11] Kuriakose G, Seo J, Asgharipourzahmati N, Lew A, Daswani R, Ignaszewski MJ, et al. Substance use and co-occurring mental health conditions among adolescents and young adults in North America: a systematic review. BMC psychiatry. 2026;26(1):703.

[12] Mitiku KW, Amsalu M, Dagne S, Telayneh AT, Habtegiorgis SD. Assessing the magnitude of mental health and substance use comorbidity among young adults in East Africa: a systematic review, 2024. Discover Public Health. 2024;21(1):82.

[13] Meneo D, Bacaro V, Curati S, Russo PM, Martoni M, Gelfo F, et al. A systematic review and meta-analysis of the association between young adults' sleep habits and substance use, with a focus on self-medication behaviours. Sleep medicine reviews. 2023;70:101792.

[14] Phiri D, Amelia VL, Muslih M, Dlamini LP, Chung M-H, Chang P-C. Prevalence of sleep disturbance among adolescents with substance use: a systematic review and meta-analysis. Child and adolescent psychiatry and mental health. 2023;17(1):100.

[15] Binumon KV, Ezhumalai S, Janardhana N, Chand PK. Family intervention models for young adults with substance abuse: a systematic review. Indian journal of psychological medicine. 2025;47(4):326-36.

[16] Watts LL, Hamza EA, Bedewy DA, Moustafa AA. A meta-analysis study on peer influence and adolescent substance use. Current psychology. 2024;43(5):3866-81.

[17] Rodriguez-Ruiz J, Espejo-Siles R. What moderates the link between peers' and individual's substance use in adolescence? A systematic scoping review. Adolescent Research Review. 2025;10(2):285-307.