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College of Medicine

Prevalence of Drug and Substance Use among Students in The University of Kufa, 2023

A Thesis

Submitted to The College of Medicine and The Committee of Postgraduate Studies of The University of Kerbala in Partial Fulfillment of The Requirements For The Degree of Higher Diploma in Family Medicine

By

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بسم الله الرحمن الرحيم

((يَا أَيُّهَا الَّذِينَ آمَنُوا إِنَّمَا الْخَمْرُ وَالْمَيْسِرُ وَالْأَنْصَابُ وَالْأَزْلَامُ رِجْسٌ مِنْ عَمَلِ الشَّيْطَانِ فَاجْتَنِبُوهُ لَعَلَّكُمْ تُفْلِحُونَ))

صدق الله العلي العظيم

سورة سبأ / الآية ٩٠

Committee certification

We, the examining committee, certify that we have read the thesis and have examined the student (**Aiser Rashid Maeh**) in its content and at, our opinion, it is adequate with standing: very good, as a thesis for the degree of (**Higher Diploma, two calendar years in Family Medicine**).

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Dedication

To my husband..

To my family..

To my friends..

To my colleagues..

To everyone who participated in this study..

I dedicate this work..

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List of Abbreviations

BZ-R	Benzodiazepines Receptors
CNS	Central Nervous System
DSM-5	Diagnostic ans statistical manual of mental disorders-5
DXM	Dextromethorphan
FCTC	Framework Convention on Tobacco Control
SD	Standard deviation
SPSS	Statistical package for social sciences
U.S.	United States
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Abstract

Background: Substance use involves psychoactive drug consumption (both legal and illegal), including alcohol, tobacco, captagon, methamphetamine, and medically restricted drugs. It's a global public health issue, with over 275 million people (over 5% of the global population aged 15-64) using substances, with a 22% increase since 2010. In Iraq, substance use is a major concern, especially among males.

Objectives: To assess the prevalence of substance use among students in the University of Kufa and to identify its associated factors.

Methodology: A cross-sectional study conducted in the University of Kufa during the period from February 15th till May 15th, 2023. Socio-demographic data was collected using a specially designed questionnaire and a total of (396) participants from four different colleges were randomly selected.$

Results: Mean age was (21.4 ± 2.2) years. More than half of the participants were females. Tobacco use was the most common used substance within the last year (19.9%) which was significantly higher among males (P-value < 0.001). Pain killers use was the second most common (10.1%) with a significantly higher prevalence among females (P-value = 0.002).

Conclusions: This study concludes that substance use is present among college students, mainly of tobacco and pain killers. Peer pressure was one of the important factors that influence substance use.

Chapter One
Introduction

1.1. Background

Substance use is a term that refers to the use of psychoactive drugs and substances, whether being legal or illegal, including alcohol, tobacco (cigarettes, water-pipe, and chewing tobacco), heroin, cocaine, and other drugs that are restricted to be used only for medical purposes (such as oxycodone and hydrocodone)[McLellan 2017].

Substance use is considered an emerging public health concern worldwide[Lo et al., 2020]. Recent reports by the United Nations (UN) Office on Drugs and Crime (UNODC) highlights that approximately 275 million individuals used substances worldwide, forming more than 5% of the global population in the age group 15-64, increasing by a proportion of 22% from the year 2010[United Nations 2021].

Substance use in the Middle East presents a complex and evolving challenge, influenced by cultural, social, and political factors. While the Middle East region is known for its stringent drug control measures, there is evidence of substance use and its associated consequences[Khafagy et al., 2021].

In Iraq, the problem of substance use, especially of tobacco products and alcoholic beverages, is still of concern, mostly among male population. Complicating the problem is the fact that the current available estimates in Iraq are mostly affected by under-reporting due to the cultural constrains related to this problem, as the majority of current estimates depend on self-reported surveys[Al-Hemiery et al., 2017].

1.2. DSM-V Criteria for Substance Use

The DSM (Diagnostic and Statistical Manual of Mental Disorders) is a widely recognized classification system used for diagnosing, treating, and researching mental disorders. It has undergone multiple revisions since its first publication in 1952, with the latest version being DSM-5, which was released in 2013. That update was driven by the significant advancements in understanding of psychiatric disorders, including substance use disorders [Regier et al., 2013].

The DSM-5 stated that "The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems." [DSM-5, 2015].

Tolerance was defined by DSM-5 as "Individual requires increasingly higher doses of the substance to achieve the desired effect, or the usual dose has a reduced effect". Whereas withdrawal was defined as "A collection of signs and symptoms that occurs when blood and tissue levels of the substance decrease" [Hasin et al., 2013; DSM-5, 2015].

The diagnosis of substance use is mainly based on 11 criteria that reflect certain patterns (organized in four distinct groups) that address the behaviors related to substance use. These four groups are:

- Impaired control (criteria 1 to 4)
- Social impairment (criteria 5 to 7)
- Risky use (criteria 8 and 9)
- Pharmacological criteria (criteria 10 and 11)

The diagnostic criteria for substance use and disorders are described in details in Table (1-1) [DSM-5, 2015].

Table (1-1): DSM-5 diagnostic criteria for substance use disorders

Group	criteria	Description
Impaired control over substance use	1	Consuming the substance in larger amounts and for a longer amount of time than intended.
	2	Persistent desire to cut down or regulate use. The individual may have unsuccessfully attempted to stop in the past.
	3	Spending a great deal of time obtaining, using, or recovering from the effects of substance use.
	4	Experiencing craving, a pressing desire to use the substance.
Social impairment	5	Substance use impairs ability to fulfill major obligations at work, school, or home.
	6	Continued use of the substance despite it causing significant social or interpersonal problems.
	7	Reduction or discontinuation of recreational, social, or occupational activities because of substance use.
Risky use	8	Recurrent substance use in physically unsafe environments.
	9	Persistent substance use despite knowledge that it may cause or exacerbate physical or psychological problems.
Pharmacological	10	Tolerance
	11	Withdrawal

1.3. Problem Extent Among University Students

Substance use among university students is a significant concern within the realm of public health and higher education. University campuses often serve as environments where young adults experience newfound independence, social pressures, and increased stress levels, which can contribute to the initiation and escalation of substance use behaviors. Therefore, understanding the prevalence, patterns, and consequences of substance use in this population is crucial for the development of effective prevention and intervention strategy [Arria et al., 2015; Schulenberg et al., 2017].

According to international studies, substance use among university students is alarmingly prevalent. A survey conducted by Johnston et al. (2018) revealed that approximately 60% of college students in the United States had consumed alcohol within the past 30 days, while 36% engaged in binge drinking, which is the excessive consumption of alcohol in a short period[Johnston et al., 2018]. In addition, marijuana is the most commonly used substance among university students[Schulenberg et al. 2017]. Furthermore, misuse of prescription medications, such as stimulants and opioids, has gained attention as a growing problem on college campuses[McCabe et al., 2012].

The consequences of substance use among university students are multifaceted and can impact various aspects of their lives. Academic

performance is one area that is significantly affected, with substance use being associated with lower grades, increased likelihood of dropping out, and diminished overall educational attainment [Arria et al., 2015; Hingson et al., 2009]. Additionally, substance use can have negative implications for mental health, physical well-being, social relationships, and future employment prospects. Understanding these consequences is vital for implementing targeted prevention and intervention programs[Schulenberg et al., 2017].

1.4. Tobacco Use

Tobacco use remains a significant public health issue globally, contributing to a wide range of adverse health outcomes. According to the World Health Organization (WHO), tobacco use is the leading cause of preventable deaths worldwide, responsible for over 8 million deaths annually [World Health Organization, 2019]. The use of tobacco products, such as cigarettes, cigars, and smokeless tobacco, poses serious health risks, including various types of cancer, cardiovascular diseases, respiratory disorders, and reproductive complications[U.S. Department of Health and Human Services, 2014]. Furthermore, tobacco use is associated with substantial economic burdens, including healthcare costs and productivity losses[Goodchild et al., 2018].

In recent years, efforts have been made to address tobacco use through comprehensive tobacco control measures. The WHO Framework

Convention on Tobacco Control (FCTC), which was implemented in 2005, serves as an international treaty aimed at reducing tobacco consumption and its related harm. This includes implementing measures such as taxation, advertising and promotion restrictions, smoke-free policies, health warnings on packaging, and support for smoking cessation programs. Despite these efforts, tobacco use remains a global challenge, with high prevalence rates in certain regions and populations[Craig et al., 2019].

In Iraq, prevalence of tobacco smoking exceeds 20% of the general population, with the highest proportion being among young males aged less than 40 years. Despite the observed correlation between lower socio-economic status and higher prevalence of tobacco smoking; smoking is still prevalence among society members of higher socio-economic status, such as healthcare providers[Al-Badri et al., 2017; Baey, Wahhudi et al., 2011].

1.5. Alcohol Use

Alcohol use is a widespread public health concern with significant implications for individuals and society as a whole. Alcohol consumption is associated with a wide range of negative health outcomes, including liver disease, cardiovascular problems, neurological disorders, and an increased risk of various types of cancer [World Health Organization, 2018]. The harmful use of alcohol also contributes to social and economic

burdens, such as impaired productivity, alcohol-related accidents and injuries, violence, and increased healthcare costs. Furthermore, alcohol use disorders and alcohol addiction pose significant challenges to individuals' well-being and can lead to long-term physical and mental health problems[Rehm et al., 2015; Rehm and Shield, 2019].

Global alcohol consumption patterns vary across countries and cultures. The World Health Organization (2018) reports that alcohol consumption is influenced by factors such as cultural norms, socioeconomic status, marketing and availability of alcohol, and policy regulations. Heavy episodic drinking, commonly referred to as binge drinking, is a particular concern among young adults and college students[World Health Organization, 2018]. The “Monitoring the Future” study conducted in the United States showed that approximately 30% of college students engaged in binge drinking within the past two weeks [Johnston et al., 2019]. Similarly, in Europe, the European School Survey Project on Alcohol and Other Drugs found that around 35% of European students aged 15-16 had engaged in binge drinking in the past 30 days [ESPAD Group, 2019].

1.6. Cannabis Use

Cannabis, also known as marijuana, weed, and hashish, has gained significant attention in recent years due to changing attitudes, policy reforms, and emerging evidence regarding its potential health effects. Cannabis is a psychoactive substance derived from the *Cannabis sativa* plant, it has both CNS depressant and CNS stimulant effects by

interacting with cannabinoid receptors leading to alterations in mood, perception, appetite, and pain sensation, and its use can lead to a range of physiological, psychological, and social consequences. The main psychoactive component in cannabis is delta-9-tetrahydrocannabinol (THC), which is responsible for the drug's mind-altering effects. While cannabis is used in recreational manner for its psychoactive properties, it also has potential therapeutic applications, particularly in the management of chronic pain, nausea, and certain neurological conditions [Volkow et al., 2014].

The prevalence of cannabis use varies across countries and populations, influenced by cultural norms, drug policies, and accessibility. Concerns surrounding cannabis use include potential adverse health effects, particularly among heavy or chronic users. Research suggests that regular cannabis use may be associated with cognitive impairments, such as decreased memory, attention, and executive functioning, especially in adolescents and young adults [Volkow et al., 2016]. Additionally, cannabis use has been linked to an increased risk of mental health disorders, including cannabis use disorder, psychosis, and an exacerbation of pre-existing psychiatric conditions [Volkow et al., 2014]. The potency of cannabis products, particularly those with higher THC concentrations, also raises concerns regarding its potential impact on health and addiction risk [Freeman et al., 2020].

1.7. Captagon Use

Captagon, a brand name of fenethylline (also known as amphetamine-ethyl-theophylline and amfetyline) is a synthetic stimulant drug that combines amphetamine-like properties with theophylline [Alshenguity et al., 2023]. Originally developed for medical purposes, Captagon is now widely abused as a recreational drug, particularly in the Middle East. It is known for its stimulant effects, including increased energy, alertness, and euphoria. However, Captagon abuse can lead to a range of health consequences, including addiction, cardiovascular problems, and psychological disturbances. Despite efforts to curb its production and distribution, the illicit trade and use of Captagon continue to pose significant challenges to public health and law enforcement agencies [Al-Imam et al., 2017; Wu et al., 2019].

1.8. Narcotics Use

Narcotics are medications that are used for the relief of moderate to severe pain. The produce analgesia (relief of pain), narcosis (state of drowsiness or sleep), and addiction (dependence). They include medications such as morphine, ketamine, tramadol, codeine and pethidine. Although the prescription of these medications is restricted to medical uses only; misuse and dependency on those medications is considered an increasing concern globally[Akande-Sholabi et al., 2019; Listos et al., 2019; Ahmedi-Nejad et al., 2012].

1.9. Benzodiazepines Use

Benzodiazepines are a class of medications that act on the central nervous system (CNS), particularly on the benzodiazepines receptors (BZ-R). Common solvents for benzodiazepines include propylene glycol, ethanol, and water for injection. These medications are regarded by the World Health Organization (WHO) as essential medications used in the management of certain clinical conditions, including attacks of epilepsy, panic attacks, depression, anxiety, phobias, as well as insomnia.[Sanabria et al., 2021; Edinoff et al., 2021]

Abuse of benzodiazepines is highly prevalent worldwide, most commonly in young adults. It is regarded as a growing public health issue that is increasing rapidly over the recent years[Schmitz et al., 2016; Votaw et al., 2019].

1.10. Cough Syrups Use

Cough syrup use is a concerning form of substance abuse that involves the misuse and excessive consumption of cough syrups containing codeine or other opioid substances. Dextromethorphan (DXM), which is a centrally-acting cough suppressant, is an active ingredient found in more than 140 over-the-counter cough and cold medications. While intended for relieving cough symptoms, DXM abuse for recreational purposes has become a concerning issue., especially given the fact that it can be acquired in many regions without medical

prescription, such as many middle- and low-income countries [Martinak et al., 2017; Spangler et al., 2016].

1.11. Importance of the Study

The importance of the study is to provide insights on the prevalence of substance use among university students. These findings provide significant information for policymakers, educators, and healthcare professionals, and may influence the development of targeted interventions and preventive measures to promote student health and well-being, as well as to help students avoid being involved in illegal and criminal activities. They also serve as a baseline for future research, enabling future studies and comparisons with other educational institutions, thereby enhancing the understanding of substance use trends and facilitating evidence-based decision-making in student health.

The World Health Organization, through their Sustainable Development Goals (SDGs) aims to “strengthen the prevention and treatment of substance abuse, including pain killers drug abuse and harmful alcohol use”. This target had been monitored globally using certain relevant indicators. [World Health Organization, 2022]. However, it is still a challenging issue to address, as many factors were found to be related to substance use, including adverse experiences during childhood, as well as certain mental health issues such as mood disorders and anxiety [Norman et al., 2012; Hughes et al., 2017; Roberts et al., 2021].

1.12. Aim of the Study

To assess the prevalence of substance use among students at Kufa University, and to identify its associated factors.

Chapter Two
Subjects and Methods

2.1. Study design and setting:

This study is a cross sectional study conducted in the University of Kufa during the period from February 15th, 2023 till May 15th, 2023.

2.2. Study sample and sample size:

The study sample was obtained using multistage sampling technique. Two scientific colleges and two humanitarian colleges were randomly selected by using simple random among the list of all colleges in the university. Names of scientific colleges were written on paper slips, and two of them were randomly chosen by the researcher. Similar approach was used for the humanitarian colleges.

Calculation of sample size was performed according to the equation of Fisher Formula (Charan J. & Biswas T., 2013), using the proportion (P) = 0.5 so at to provide conservative estimate and ensure maximum variability:

$$\text{Sample Size} = \frac{{Z_{1-a/2}}^2 p(1-p)}{d^2}$$

Z = 1.96

P = the proportion (0.5)

d = relative precision (0.05)

$$\text{Sample Size} = \frac{1.96^2 \times 0.5 * (1-0.5)}{0.05^2} = 384.2 \simeq 384$$

Colleges that were picked included two scientific colleges (faculty of pharmacy and faculty of dentistry), and two humanitarian colleges (faculty of basic education and faculty of arts - English department).

A total of (396) students were included, excluding students in 1st and 5th stage in order to focus on students who are more settled in their academic environment and lifestyle, thereby ensuring a more homogeneous sample. Equal proportions of each of the selected colleges were enrolled in the study.

2.3. Data collection tool:

Data was collected after obtaining informed consent from participants using a specially designed self-administered questionnaire that was developed and used previously in the Iraqi National Household Survey of Alcohol and Drug Use (2014) as well as in another Iraqi study conducted in Kerbala University (Al-Hemiery et al., 2017; Alasady et al., 2024).

The questionnaire included socio-demographic characteristics that included age, sex, stage, marital status, residence, as well as economical status. It also included detailed questions about substance use including whether the students ever used substances, history of use within last year and last month, age at starting use, frequency of substance use, as well as knowing other persons who used the same substance (Appendix I).

Substances that were queried in the questionnaire included:

- Tobacco
- Alcohol
- Cannabis

- Captagon (Fenethylline)
- Crystal meth (methamphetamine)
- Inhalants (such as nitrous oxide or paint thinners)
- Cough syrups (including dextromethorphan-based syrups, promethazine-based syrups, and codeine-containing syrups)
- Benzodiazepines
- Benzhexol (Artane)
- Tramadol
- Narcotics (pain killers)
- Somadril (carisoprodol)
- Other medications (including Allermine, Methadone, and Phenobarbital).

Contents of the questionnaire form was explained in details to the participating students, and students were encouraged to respond to the form with honesty and clarity.

2.4. Ethical considerations:

Ethical approval was obtained from the research ethical committee at College of Medicine, University of Kerbala administration. Approval was also obtained from University of Kerbala, and facilitation letter was issued to the University of Kufa (Issue No. 261/6/7 on 22/1/2023) (Appendix II).

Informed verbal consent was obtained from each student prior to data collection. Students were assured that the information obtained will be kept confidential, and privacy will be maintained throughout the study. No personal information (names, phone numbers, etc..) were requested from the students. Data obtained using questionnaire forms were coded in

order to protect the privacy of the participants, and no personal identification information were collected from the participants.

2.5. Statistical analysis:

SPSS® software (version 23.0 For Linux® operating system) was used to perform statistical analysis for this study. Questionnaire forms were input into a specifically-structured database, and statistical analysis was performed. Continuous variables were represented as means ± SD while categorical variables were represented as frequencies and percentages. Student's t-test was used to compare means between two groups, while chi-square test and Fisher exact test were used to assess the relationship between categorical variables. P-value of ≤ 0.05 was considered statistically significant.

Chapter Three
Results

3. Results

3.1. Demographic Characteristics

This study included a total of (396) participating students, mean age of participants was (21.4 ± 2.2) years. Majority of participants were students of the 2nd grade (48.0%).

Female participants formed the larger proportion (56.8%) compared to the proportion of male participants (43.2%). Equal proportions of students were included from four different colleges.

Regarding the demographic characteristics, the majority of participants were single (84.8%), living in their family homes (83.1%) and their residence was in urban areas (81.6%). More than half of the participants (55.8%) reported having fair economical status. Details are provided in Table (3-1).

Table (3-1): Demographic characteristics of participating students (n=396)

Characteristics		Frequency	Percentage (%)
Age	(Mean ± SD)	21.4 ± 2.2 years	
Sex	Male	171	43.2%
	Female	225	56.8%
Marital status	Single	336	84.8%
	Married	53	13.4%
	Divorced/Widow	7	1.8%
Residential setup	At home with family	329	83.0%
	With other students	67	17.0%
Income	Good	154	38.9%
	Fair	221	55.8%
	Poor	21	5.3%
Residence	Urban	323	81.6%
	Rural	73	18.4%
Grade	Second	190	48.0%
	Third	116	29.3%
	Fourth	90	22.7%
	Total	396	100%
College	Faculty of Dentistry	98	24.7%
	Faculty of Pharmacology	98	27.7%
	Faculty of Basic Education	96	24.2%
	Faculty of Arts – English Dept.	104	26.3%

Total	396	100%

3.2. Substance Use

The most common substance ever used as reported by participating students was tobacco smoking, with a proportion of (30.8%) of the total participants.

The second most common substance that was ever used as reported by the participants was pain killers (12.9%), followed by benzodiazepines (3.8%), alcohol (3.3%), and cough syrups (2.5%), as illustrated in Figure (3-1).

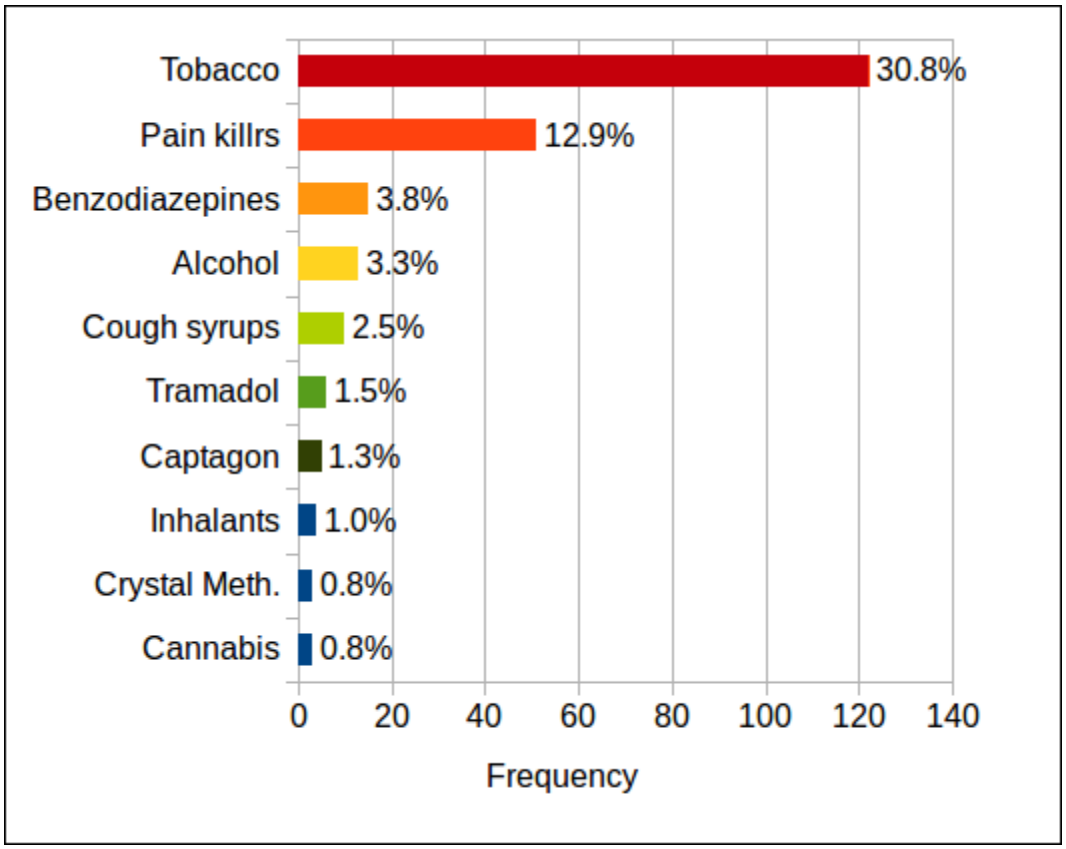

Figure (3-1): Top ten types of substances that were ever used among students in Al-Kufa University

Regarding substance use within the last year, the most common was tobacco (19.9%) followed by analgesics (10.1%) and benzodiazepines (2.3%), as detailed in Table (3-2).

Table (3-2): Frequency and percentage of substance use among participating students (n=396)

Substance	Students who ever used substance		Students who used substance within the last year		Students who used substance within the last month	
	N (%)*	95% C.I.	N (%)*	95% C.I.	N (%)*	95% C.I.
Tobacco	122 (30.8%)	26.3% - 35.4%	79 (19.9%)	16.0% - 23.9%	73 (18.4%)	14.6% - 22.3%
Pain killers	51 (12.9%)	9.6% - 16.2%	40 (10.1%)	7.1% - 13.1%	28 (7.1%)	4.6% - 9.6%
Benzodiazepines	15 (3.8%)	1.9% - 5.7%	9 (2.3%)	0.8% - 3.7%	4 (1.0%)	0.1% - 1.9%
Alcohol	13 (3.3%)	1.5% - 5.0%	7 (1.8%)	0.5% - 3.1%	2 (0.5%)	0.0% - 1.2%
Cough syrups	10 (2.5%)	1.0% - 4.1%	5 (1.3%)	0.2% - 2.4%	2 (0.5%)	0.0% - 1.2%
Tramadol	6 (1.5%)	0.3% - 2.7%	5 (1.3%)	0.2% - 2.4%	1 (0.3%)	0.0% - 0.8%
Captagon	5 (1.3%)	0.2% - 2.4%	2 (0.5%)	0.0% - 1.2%	0 (0.0%)	0.0%
Inhalants	4 (1.0%)	0.0% - 2.0%	1 (0.3%)	0.0% - 0.8%	0 (0.0%)	0.0%
Crystal meth	3 (0.8%)	0.0% - 1.6%	3 (0.8%)	0.0% - 1.6%	0 (0.0%)	0.0%

Cannabis	3 (0.8%)	0.0% - 1.6%	1 (0.3%)	0.0% - 0.8%	0 (0.0%)	0.0%

* Percentages are non-mutually exclusive, as each student may report more than one type of substance use

3.3. Tobacco Use

Tobacco smoking within the last year was reported by (79) students (19.9% of total participants, 95% C.I. = 16.0% - 23.9%), forming the highest reported substance use among students in University of Kufa.

Tobacco smoking within the last year was compared with demographic and socio-economic characteristics of the participants. Regarding age, students who smoked tobacco were significantly older (22.6 ± 2.4 years) than students who did not smoke tobacco (21.1 ± 2.0 years), Student's t-test = 5.8, d.f.=394, P-value < 0.001.

Tobacco smoking was significantly higher among male students compared to female students (P-value < 0.001). More than one-third of the male students (37.6%) were tobacco smokers, compared to a proportion of (6.7%) among female students.

Field of study was also found to be significantly associated with tobacco smoking. Students in scientific field of study (dentistry and pharmacology) had significantly lower proportion of tobacco smoking (11.2%) compared to students in humanitarian field of study (faculty of basic education, faculty of arts - English department) with a proportion of (28.5%), P-value < 0.001.

Marital status was also significantly associated with tobacco smoking (P-value = 0.023). Tobacco smoking was higher among married students (34.0%) compared to single students (17.9%) or divorced/widow (14.3%).

Tobacco smoking was also found to be significantly higher among students living with other students (dormitory or shared students residence) with a proportion of (37.3%) compared to students living with their family homes (16.4%), P-value < 0.001.

Rural residence was also associated with higher tobacco smoking (P-value = 0.002). No significant relationship was observed between tobacco smoking and income (P-value = 0.099).

Table (3-3) provides detailed comparison between tobacco smokers and non-smokers in regards of demographic and socio-economic characteristics.

Table (3-3): Comparison between tobacco smokers and non-smokers regarding demographic characteristics

Characteristics		Tobacco smoking within last year		Total	P-value
		Yes	No		
Gender	Male	64 (37.6%)	107 (62.6%)	171 (100%)	**<0.001***
	Female	15 (6.7%)	210 (93.3%)	225 (100%)	
Field of Study	Scientific	22 (11.2%)	174 (88.8%)	196 (100%)	**<0.001***
	Humanitarian	57 (28.5%)	143 (71.5%)	200 (100%)	
Marital status	Single	60 (17.9%)	276 (82.1%)	336 (100%)	**0.023***
	Married	18 (34.0%)	35 (66.0%)	53 (100%)	
	Divorced/Widow	1 (14.3%)	6 (85.7%)	7 (100%)	
Residential setup	At home with family	54 (16.4%)	275 (83.6%)	329 (100%)	**<0.001***
	With other students	25 (37.3%)	42 (62.7%)	67 (100%)	
Residence	Urban	55 (17.0%)	268 (83.0%)	323 (100%)	**0.002***
	Rural	24 (32.9%)	49 (67.1%)	73 (100%)	
Income	Good	24 (15.6%)	130 (84.4%)	154 (100%)	0.099
	Fair	48 (21.7%)	173 (78.3%)	221 (100%)	
	Poor	7 (33.3%)	14 (66.7%)	21 (100%)	

* Significant at P < 0.05

The median age at which tobacco smokers had started smoking for the first time was (18) years, with a range of (5-28) years. Students who smoked tobacco within the last year formed (64.8%) of those who had ever smoked tobacco.

The most common form of tobacco smoking was hookah by 60 students (49.2% of smokers), followed by cigarettes by 57 students (46.7%). Electronic cigarettes were smoked by 27 students (22.1%).

The median number of cigarettes smoked per day was (15), while the median number of minutes spent smoking hookah daily was (50) minutes. The median number of minutes spent using electronic cigarette per day was (15) minutes (Table 3-4).

Table (3-4): Daily Tobacco Consumption Patterns Among Students

Type of tobacco use	Prevalence among smokers N (%)	Median amount per day
Cigarettes	57 (46.7%)	15 cigarettes
Hookah	60 (49.2%)	50 minutes
Electronic Cigarettes	27 (22.1%)	15 minutes

Source of the first cigarette was friends in (50%), followed by buying it themselves in (26.2%) and relatives in (23.8%), as illustrated in Figure (3-2).

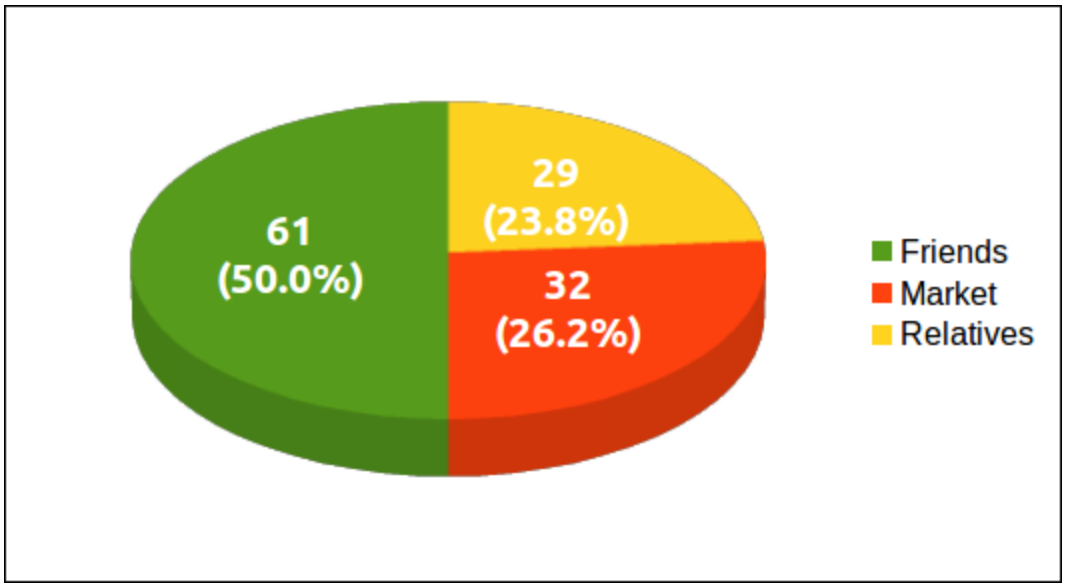

Figure (3-2): Source of first cigarette among smokers

More than half of the smokers reported that they were concerned about smoking too much tobacco within the last year. Approximately three-quarters (71.9%) of tobacco smokers reported they desire to quit smoking. The majority (86.1%) reported having family members who were smokers, while (57.1%) reported having smokers among friends.

3.4. Pain Killers Use

Pain killers use within the last year (including codeine, pethiding, neodol, etc.) was reported by (40) students, forming (10.1%) of total participants with a 95% C.I. of (7.1% - 13.1%). Students who reported knowing in person someone who used pain killers formed 11.9%.

Use of pain killers within the last year was compared with demographic characteristics of the students using T-test and chi-square. There was significant difference in age between students who used pain killers (20.5 ± 1.3 years) and those who did not use pain killers (21.5 ± 2.2 years), P-value < 0.001. Regarding gender, pain killers use was found to be significantly higher among females (14.2%) compared to males (4.7%), P-value = 0.002. No other significant differences were observed (Table 3-5).

Table (3-5): Comparison between students who used pain killers and those who don't regarding demographic characteristics

Characteristics		Pain killers use within last year		Total	P-value
		Yes	No		
Age	Mean ± SD	20.5 ± 1.3	21.5 ± 2.2	21.4 ± 2.2	**<0.001***
Gender	Male	8 (4.7%)	163 (95.3%)	171 (100%)	**0.002***
	Female	32 (14.2%)	193 (85.8%)	225 (100%)	
Study field	Scientific	24 (12.2%)	172 (87.8%)	196 (100%)	0.161
	Humanitarian	16 (8.0%)	184 (92.0%)	200 (100%)	
Marital status	Single	35 (10.4%)	301 (89.6%)	336 (100%)	0.759
	Married	4 (7.5%)	49 (92.5%)	53 (100%)	
	Divorced/ Widow	1 (14.3%)	6 (85.7%)	7 (100%)	
Residential setup	At home with family	33 (10.0%)	296 (90.0%)	329 (100%)	0.918
	With other students	7 (10.4%)	60 (89.6%)	67 (100%)	
Residence	Urban	36 (11.1%)	287 (88.9%)	323 (100%)	0.147
	Rural	4 (5.5%)	69 (94.5%)	73 (100%)	
Economic status	Good	17 (11.0%)	137 (89.0%)	154 (100%)	0.666
	Fair	22 (10.0%)	199 (90.0%)	221 (100%)	
	Poor	1 (4.8%)	20 (95.2%)	21 (100%)	

The median age at which students started taking pain killers was (15) years, with a range of (11-20) years. The median days (within the last 30 days) in which students used pain killers was (3) days, with a range of (1-15) days. The median number of tabs taken was (1) tab, with a range of (1-8) tabs.

More than one-third of the students taking pain killers reported feeling concerned about consuming too much pain killers within the last year (Table 3-6).

Table (3-6): Pain killers users who reported being concerned of consuming too much pain killers within the last year

Response	Percentage (%)
Always	5.7%
Sometimes	34.3%
Rarely	25.7%
Never	34.3%

Interestingly, the majority of students who reported using pain killers have also reported they knew in person someone who used pain killers (P-value < 0.001) as detailed in Table (3-7).

Table (3-7): Students using pain killers who reported knowing someone who used pain killers

Know pain killers users	Pain killers use within the last year		Total	P-value
	Yes	No		
Yes	33 (70.2%)	14 (29.8%)	47 (100%)	**<0.001***
No	7 (2.0%)	342 (98.0%)	349 (100%)	
Total	40 (10.1%)	356 (89.9%)	396 (100%)	

* Significant at P < 0.05

3.5. Benzodiazepines Use

Benzodiazepines use within the last year was reported by nine students (2.3%). A proportion of students (3.8%) reported knowing in-person someone who used benzodiazepines.

The median age at which students started using benzodiazepines was (19.5) years, with a range of (17-21) years. Nine students (60.0%) reported using benzodiazepines within the last year.

The median days (within the last 30 days) in which students used benzodiazepines was (1) day, with a range of (1-2) days. The median number of tabs taken was (1.5) tab, with a range of (1-2) tabs (Table 3-8)

Table (3-8): Benzodiazepine Use Patterns Among Students

Variable	Median Amount	Range
Days Used Benzodiazepines	1 day	1 - 2 days
Number of Tabs Taken	1.5 tabs	1 - 2 tabs

Regarding demographic characteristics, there was no significant difference in age between those who used benzodiazepines (22.1 ± 1.9 years) and those who did not (21.4 ± 2.2 years), P-value = 0.229. No significant relationship was observed between benzodiazepines use and any of the demographic and socio-economic characteristics of participants, P-value > 0.05 (Table 3-9).

Table (3-9): Comparison between students who used benzodiazepines and those who don't regarding demographic characteristics

Characteristics		Benzodiazepines use within last year		Total	P-value
		Yes	No		
Gender	Male	4 (2.3%)	167 (97.7%)	171 (100%)	0.938
	Female	5 (2.2%)	220 (97.8%)	225 (100%)	
Study field	Scientific	3 (1.5%)	193 (98.5%)	196 (100%)	0.327
	Humanitarian	6 (3.0%)	194 (97.0%)	200 (100%)	
Marital status	Single	8 (2.4%)	328 (97.6%)	336 (100%)	0.898
	Married	1 (1.9%)	52 (98.1%)	53 (100%)	
	Divorced/ Widow	-	7 (100%)	7 (100%)	
Residential setup	At home with family	7 (2.1%)	322 (97.9%)	329 (100%)	0.668
	With other students	2 (3.0%)	65 (97.0%)	67 (100%)	
Residence	Urban	8 (2.5%)	315 (97.5%)	323 (100%)	0.567
	Rural	1 (1.4%)	72 (98.6%)	73 (100%)	
Income	Good	2 (1.3%)	152 (98.7%)	154 (100%)	0.379
	Fair	7 (3.2%)	214 (96.8%)	221 (100%)	
	Poor	-	21 (100%)	21 (100%)	

Half of the students who used benzodiazepines reported having no concerned of consuming too much of the medication within the last (12) months (Table 3-10).

Table (3-10): Benzodiazepines users who reported being concerned of consuming too much of the medication within the last year

Response	Percentage (%)
Always	0.0%
Sometimes	30.0%
Rarely	20.0%
Never	50.0%

More than half of students who reported knowing someone who used benzodiazepines have also reported using benzodiazepines (P-value < 0.001), Table (3-11).

Table (3-11): Students using benzodiazepines who reported knowing someone who used benzodiazepines

Know benzodiazepines users	Benzodiazepines use within last year		Total	P-value
	Yes	No		
Yes	8 (53.3%)	7 (46.7%)	15 (100%)	**<0.001***
No	1 (0.3%)	380 (99.7%)	381 (100%)	
Total	9 (2.3%)	387 (97.7%)	396 (100%)	

* Significant at P < 0.05

3.6. Alcohol Use

Alcohol drinking within last year was reported by (7) students, forming (1.8%) of total participating students (95% C.I. 0.5% - 3.1%). Twenty-nine students (7.3%) reported knowing someone who drink alcohol.

Regarding demographic characteristics, no significant difference was observed in age between those who used alcohol within last year (22.7 ± 1.7 years) and those who did not (21.4 ± 2.2 years), P-value = 0.108. Alcohol drinking was significantly higher among males (3.5%) compared to females (0.4%), P-value = 0.022. Income was also found to be significantly related to alcohol consumption (P-value = 0.016). No other significant differences were observed in relation with alcohol drinking (Table 3-12).

Table (3-12): Comparison between students who drink alcohol and those who don't regarding demographic characteristics

Characteristics		Alcohol Drinking within last year		Total	P-value
		Yes	No		
Gender	Male	6 (3.5%)	165 (96.5%)	171 (100%)	**0.022***
	Female	1 (0.4%)	224 (99.6%)	225 (100%)	
Study field	Scientific	2 (1.0%)	194 (99.0%)	196 (100%)	0.264
	Humanitarian	5 (2.5%)	195 (97.5%)	200 (100%)	
Marital status	Single	6 (1.8%)	330 (98.2%)	336 (100%)	0.937
	Married	1 (1.9%)	52 (98.1%)	53 (100%)	
	Divorced/ Widow	-	7 (100%)	7 (100%)	
Residential setup	At home with family	5 (1.5%)	324 (98.5%)	329 (100%)	0.407
	With other students	2 (3.0%)	65 (97.0%)	67 (100%)	
Residence	Urban	5 (1.5%)	318 (98.5%)	323 (100%)	0.485
	Rural	2 (2.7%)	71 (97.3%)	73 (100%)	
Income	Good	3 (1.9%)	151 (98.1%)	154 (100%)	**0.016*F**
	Fair	2 (0.9%)	219 (99.1%)	221 (100%)	
	Poor	2 (9.5%)	19 (90.5%)	21 (100%)	

* Significant at $P < 0.05$

F Calculated using Fisher exact test

The median age at which students started using alcohol was (19.5) years, with a range of (14–23) years. A proportion of 42.9% of those who drink alcohol reported feeling concerned about drinking too much (Table 3-13).

Table (3-13): Alcohol drinkers who reported being concerned of consuming too much alcohol within the last year

Response	Percentage (%)
Always	42.9%
Sometimes	14.3%
Rarely	14.3%
Never	28.5%

Most of alcohol users know in person someone who also drinks alcohol, P-value < 0.001 (Table 3-14).

Table (3-14): Students drinking alcohol who reported knowing someone who also drink alcohol

Know others who drink alcohol	Used alcohol within last year		Total	P-value
	Yes	No		
Yes	5 (17.2%)	24 (82.8%)	29 (100%)	**<0.001*F**
No	2 (0.5%)	365 (99.5%)	367 (100%)	
Total	7 (1.8%)	389 (98.2%)	396 (100%)	

* Significant at P < 0.05

F Calculated using Fisher exact test

Chapter Four
Discussion

4.1. Discussion

Mean age of students included in the present study was 21 years, which is a highly vulnerable group. It has been reported that people aged between 15 and 24 years had the highest increase in deaths resulting from overdose due to drug abuse in 2020 [Hsiung et al., 2022].

Regarding substance use, the highest reported substance use within the last 12-months was tobacco, accounting for approximately one-fifth of the participants (19.9%). This finding is slightly lower than the finding reported by Alasady et al. in their study conducted in the University of Kerbala during 2019, in which they reported a prevalence of tobacco use of 23% within the last year [Alasady et al., 2024]. However, the finding in this study is lower than the 28% prevalence of cigarette smoking among college students in Iran reported by Khodadost et al. in their meta-analysis [Khodadost et al., 2020].

Tobacco smokers among students in University of Kufa were found to be older than non-smokers (22.6 years vs. 21.1 years, respectively). This finding may suggest that many of the students start smoking during their study years in the university. This is supported by the finding by Bin Abdulrahman et al. in their study conducted at a public university in Riyadh, Saudi Arabia, in which they found that approximately half of the participants started their smoking within the last five years at time of inquiry [Bin Abdulrahman et al., 2022].

Tobacco smoking among male students was significantly higher than female students (37.6% vs 6.7%, respectively). Both of those proportions were slightly higher than the proportions of the general population in Iraq, which were reported to be between (29-31%) among males and (3-4%) among females [Hussain and Sullivan, 2017; Ibrahim et al., 2018]. This variation could be attributed to the high vulnerability of this certain age group (college years) in comparison to other age groups in the general population.

The higher prevalence of smoking among males compared to females, both in college students and the general population, may be attributed to social norms and acceptance that favor male smoking. Additionally, potential under-reporting among females due to specific cultural norms within the Iraqi population may also play a role. This disparity is further supported by the observation that smoking rates among females are typically lower than those among males, particularly in developing countries [Ng, Freeman et al., 2014; Hagen et al., 2016].

Tobacco smoking was found to be significantly lower among students in scientific field of study (dentistry and pharmacology studies) compared to those in a humanitarian field of study (basic education and English language studies), with proportions of (11.2%) and (28.5%), respectively. This finding is lower than the finding reported by Alexopoulos et al. in their study, who reported smoking by a proportion of (35.3%) among medical students compared to a proportion of (50.2%) among non-medical students [Alexopoulos et al., 2010]. However, borth

the present study and the study by Alexopoulos et al. had shown higher proportion of smokers among non-medical students. This observation suggests that medical education may have altered students' attitude towards tobacco smoking.

In the present study, students living in rural areas had significantly higher prevalence of smoking. In addition, students who were living with other students in dormitories had higher proportion of smoking (37.3%) compared to those living with their families (16.4%). Nasser et al. had reported similar finding in their study conducted in Yemen, with proportions of (23.2%) and (8.5%), respectively [Nasser et al., 2018]. This difference could be attributed to the peer pressure by colleagues sharing the same residence who may urge their roommates to experience tobacco smoking. The higher prevalence of smoking among students in rural areas may result from limited access to education about smoking risks, cultural acceptance of tobacco use, and fewer recreational alternatives. In these communities, smoking is often normalized, leading to increased experimentation and use, compounded by a lack of health resources and support systems.

Although hookah and cigarettes were the commonest forms of smoked tobacco; a considerable proportion of (22.1%) had reported smoking e-cigarettes, some of them do so alongside other forms of tobacco. Although some people consider e-cigarettes less harmful than traditional forms of tobacco smoking; evidence had shown that those e-cigarettes expose users to certain health risks as they emit various

amounts of toxic and carcinogenic substances that have potential harm to the users [Feeney et al., 2022].

Source of the first cigarette in half of the smokers was friends. This is mostly due to the students being vulnerable to social influences and peer pressure, as reported by Robalino and Macy in their study conducted in the United Stated of America (USA) in which high-school students were surveyed for the influence of peers on smoking behavior [Robalino and Macy, 2018].

Pain killers use within the last year was the second reported substance use in the present study, with a proportion of (10.1%) among participating college students. Interestingly, the age of pain killers users was significantly lower than those who did not use pain killers. This could reflect an alarming trend of increasing pain killers use among younger age groups, as it has been reported that younger age groups are more likely to be involved in drug abuse than older groups [Winters and Arria, 2011]. However, it is possible that the large sample size in the present study contributed to this statistically significant finding.

Another finding was that female students tend to have significantly higher proportion of pain killers users compared to male students. Although it has been reported that males are more likely to have drug abuse, it was found that abuse of non-prescription drugs was higher among females, especially for pain killers and tranquilizers [Greenfield et al., 2010]. Females may have greater access to prescription medications

due to more frequent healthcare visits, may use painkillers as coping mechanisms for stress and emotional issues, and may prefer non-prescription drugs perceived as safer or more socially acceptable compared to illicit substances often used by males, in addition to the hormonal differences between males and females.

It has been noted that students in scientific fields (dentistry and pharmacology) had significantly higher proportion of pain killers use compared to those in humanitarian fields. This finding can be explained by the possible influence of self-medication on substance use, as it has been reported that self-medication is more prevalent among students of medical fields [Alshogran et al., 2018].

In addition, an important finding was the significant relationship between using pain killers and knowing someone who used pain killers. This illustrates the importance of peer influence in the development of substance use habits, which was described in previous studies [Marziali et al., 2022; Stritzel, 2022]. This finding highlights that social connections and peer relationships significantly influence attitudes and behaviors toward substance use, as knowing someone who uses painkillers may normalize and encourage similar behavior.

Benzodiazepines use was reported in (2.3%) of the participants. There has been no relationship between benzodiazepines use and either of age, gender, study field, or other demographic characteristics. However, as in pain killers use; there was significant relationship between using

benzodiazepines and knowing other persons who also use benzodiazepines. Again this highlights the critical role of peer influence on substance use, especially in such vulnerable age group.

Benzodiazepines use is regarded as an increasing global health concern [Votaw et al., 2019] It has been reported that the increased prescription of benzodiazepines had contributed to the increased use of those medications, which was associated with an increase in deaths related to benzodiazepines overdose [Bachhuber et al., 2016; Jones and McAninch, 2015].

Despite the religious and cultural constraints regarding alcohol use, alcohol use during the last year was still reported by a proportion of (1.8%), most of them were males. Older age was significantly associated with alcohol use, and income was also significantly related to alcohol use. No other socio-demographic characteristics were particularly associated with alcohol use. Consumption of alcohol by older males is probably to the easier access to alcohol by this particular group, as males can obtain alcohol from black market more easier than females.

4.2. Limitations of the Study

1. Study Design: The cross-sectional design of the study limits the ability to establish causal relationships between substance use and its associated factors.

2. Data collection: Reliance on self-reported questionnaires may lead to underreporting of substance use due to social and cultural attitudes towards substance use, especially in Iraq, affecting the accuracy of the data.

3. Generalizability of findings: Study findings may not be generalizable to other universities or regions in Iraq, as the study is confined to the University of Kufa.

Chapter Five
Conclusions and Recommendations

Conclusions

- The commonest substance used among college students was tobacco, which was prevalent in almost one-third of the students. Smoking was prevalent among males, mostly in older age groups. Living in dormitories, being married, and residing in rural areas.
- Half of students started smoking under the influence of their friends and peer pressure, and a significantly higher proportion of students were within the scientific field of study, particularly in medical colleges (pharmacology and dentistry).
- Pain killers use was the second most common substance use among students, especially among females. Pain killers users are younger than non-users.
- Pain killers use was highly influenced by knowing other users of pain killers. Students of pharmacology & dentistry colleges had also higher proportion of pain killers use, which can be related to self-medication.
- Benzodiazepines use, alcohol use, cough syrups, and tramadol were also reported by college students.

Recommendations

- Public awareness of high-school students about the complications of smoking and the critical role played by peers in starting the habit of smoking.
- Include quit-smoking education as part of curriculum of both scientific and humanitarian colleges.
- Implement strict medication prescription polices, and limit the over-the-counter availability of medications that can be used for non-medical purposes in pharmacies.
- Raise awareness of the risks of harmful substance use, particularly tobacco smoking and pain killers, and the importance of seeking professional help to overcome the problem of substance use, by holding lectures, workshops, posters, media conferences, and symposiums about substance use and risks of smoking in coordination with the Ministry of Higher Education and Scientific Research regarding, and by utilization of the social media for that purpose, and implementing smoking zone policy inside colleges.
- Perform further studies that address particular substances use, and extend those studies to further include other groups of the population.

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Appendix I: Questionnaire form

استبيان لتقييم مدى انتشار استخدام المواد بين طلبة جامعة الكوفة

عزيزي الطالب، هذا البحث يهدف إلى دراسة انتشار استخدام المواد (مثل التبغ، الكحول، المخدرات) بين طلبة الجامعات، والعوامل المرتبطة بهذا السلوك، وتسليط الضوء على هذه المشكلة من اجل السعي إلى تخليص الشباب منها.

هذا الاستبيان اختياري، وسيتم الحفاظ على خصوصية وسرية المعلومات. مشاركتك مهمة وهي دليل على وعيك. لن يستغرق هذا الاستبيان سوى دقائق قليلة من وقتك.

الخصائص الديموغرافية:

العمر		**الجنس**	[ ] ذكر	[ ] أنثى
الكلية		**القسم**		
المرحلة الدراسية	[ ] الثانية	[ ] الثالثة	[ ] الرابعة	
الحالة الاجتماعية	[ ] اعزب	[ ] متزوج	[ ] مطلق	[ ] أرمل
نوع السكن	[ ] قسم داخلي	[ ] سكن مشترك مع طلبة آخرين	[ ] المنزل(قريب من الجامعة)	
الحالة الاقتصادية	[ ] جيدة	[ ] متوسطة	[ ] ضعيفة	

أ. التبغ (التدخين): الأسئلة التالية حول تدخين التبغ، وتشمل السجائر والسيكار والغليون والشيشة/النركيلة والتبغ الممضوغ والسيكارة الالكترونية.

.1	**هل قمت شخصياً بتدخين التبغ يوماً ما (السكائر أو النركيلة والسيجارة الإلكترونية)؟**	[ ] نعم	[ ] كلا		
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ب):				
.2	**كم كان عمرك تقريباً عند تدخين التبغ لأول مرة؟**				
.3	**هل قمت بتدخين التبغ خلال ١٢ شهر الأخيرة؟**	[ ] نعم	[ ] كلا		
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ب):				
.4	**ماذا تدخن؟**	[ ] السجائر	[ ] النركيلة	[ ] سيكارة إلكترونية	[ ] أخرى
.5	**خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي دخنت فيها؟**				
.6	**في اليوم الذي تدخن فيه السجائر، كم عدد السجائر التي تدخنها؟**				
.7	**في اليوم الذي تدخن فيه النركيلة، كم عدد الدقائق التي تقضيها في تدخينها؟**				
.8	**في اليوم الذي تدخن فيه السيكارة الإلكترونية، كم الدقائق التي تقضيها في تدخينها؟**				
.9	**هل شعرت يوماً بالقلق من تدخينك كميات كبيرة من التبغ خلال الإثني عشر شهراً الماضية؟**				
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ب. الكحول:
الأسئلة التالية حول تناول الكحول، وتشمل جميع المشروبات التي تحتوي على الكحول مثل البيرة، الواين، الويسكي.

.1	هل تعرف شخصياً طلبة معك يشربون الكحول؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتناول الكحول يوماً ما؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (جـ):		
.3	كم كان عمرك تقريباً عندما جربت الكحول لأول مرة؟		
.4	هل قمت بتناول الكحول خلال ١٢ شهر الأخيرة؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (جـ):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتناول الكحول؟		
.6	في اليوم الذي تتناول فيه الكحول، ما هي الكمية التي تشربها؟		
.7	هل شعرت يوماً بالقلق من تناولك الكحول خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

جـ. القنب (الحشيشة او الماريجوانا): الأسئلة التالية حول تعاطي القنب، ويعرف أيضاً بالماريجوانا أو الحشيش، تدخن غالباً في سجائر أو غليون، وأحياناً تطبخ مع الطعام. الحشيش يسمى أحياناً "هاش" ويشمل نوع آخر يسمى زيت الحشيش.

.1	هل تعرف شخصياً طلبة معك يتعاطون القنب؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي القنب يوماً ما؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (د):		
.3	كم كان عمرك تقريباً عندما جربت القنب لأول مرة؟		
.4	هل قمت بتناول القنب خلال ١٢ شهر الأخيرة؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (د):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي القنب؟		
.6	هل شعرت يوماً بالقلق من تعاطيك للقنب خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

د. الكبتاكون (حبوب صفر-واحد): الأسئلة التالية حول تناول الكبتاكون او حبوب "01" (صفر واحد).

.1	هل تعرف شخصياً طلبة معك يتعاطون الكبتاكون؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي الكبتاكون يوماً ما؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (هـ):		
.3	كم كان عمرك تقريباً عندما تعاطيت الكبتاكون لأول مرة؟		
.4	هل قمت بتعاطي الكبتاكون خلال ١٢ شهر الأخيرة؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (هـ):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي الكبتاكون؟		
.6	في اليوم الذي تتعاطى فيه الكبتاكون، كم عدد الحبوب التي تتعاطاها؟		
.7	هل شعرت يوماً بالقلق من تعاطيك للكبتاكون خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

هـ. الكريستال: الأسئلة التالية حول تعاطي الكريستال او الميتامفيتامين.

.1	هل تعرف شخصياً طلبة معك يتعاطون الكريستال؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي الكريستال يوماً ما؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (و):		
.3	كم كان عمرك تقريباً عندما تعاطيت الكريستال لأول مرة؟		
.4	هل قمت بتعاطي الكريستال خلال ١٢ شهر الأخيرة؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (و):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي الكريستال؟		
.6	هل شعرت يوماً بالقلق من تعاطيك للكريستال خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

و. الافيون: الأسئلة التالية حول تعاطي الافيون او الترياك او الهروين

.1	هل تعرف شخصياً طلبة معك يتعاطون الافيون؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي الافيون يوماً ما؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ز):		
.3	كم كان عمرك تقريباً عندما تعاطيت الافيون لأول مرة؟		
.4	هل قمت بتعاطي الافيون خلال ١٢ شهر الأخيرة؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ز):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي الافيون؟		
.6	هل شعرت يوماً بالقلق من تعاطيك للافيون خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ز. المستنشقات: الأسئلة التالية حول تعاطي المحاليل أو البخاخ أو الغازات التي يستنشقها الأشخاص للحصول على شعور مبهج

.1	هل تعرف شخصياً طلبة معك يتعاطون المستنشقات؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي المستنشقات يوماً ما؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ح):		
.3	كم كان عمرك تقريباً عندما تعاطيت المستنشقات لأول مرة؟		
.4	هل قمت بتعاطي المستنشقات خلال ١٢ شهر الأخيرة؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ح):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي المستنشقات؟		
.6	هل شعرت يوماً بالقلق من تعاطيك للمستنشقات خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ح. شرابات السعال: الأسئلة التالية حول تناولك شراب السعال عندما لا يكون لديك سعال للحصول على شعور مبهج، أو استخدام جرعات اكثر من المطلوب، ونشمل البلموكودين والسيمو والتوسيرام.

.1	هل تعرف شخصياً طلبة معك يتعاطون شرابات السعال بدون سبب طبي؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي شرابات السعال يوماً ما بدون سبب طبي؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ط):		
.3	كم كان عمرك تقريباً عندما تعاطيت شرابات السعال بدون سبب طبي لأول مرة؟		
.4	هل قمت بتعاطي شرابات السعال خلال ١٢ شهر الأخيرة بدون سبب طبي؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ط):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي شراب السعال؟		
.6	هل شعرت يوماً بالقلق من تعاطيك لشرابات السعال بكميات كبيرة خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ط. البنزوديازيبينات (الفاليوم): الأسئلة التالية حول تعاطيك البنزوديازيبينات (المهدئات) بدون وصفة طبية، تشمل هذه الادوية الفاليوم، الزولام، الاتيفان، ومهدئات اخرى

.1	هل تعرف شخصياً طلبة معك يتعاطون البنزوديازيبينات بدون وصفة طبية؟	[ ] نعم	[ ] كلا		
.2	هل قمت شخصياً بتعاطي البنزوديازيبينات يوماً ما بدون وصفة طبية؟	[ ] نعم	[ ] كلا		
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ي):				
.3	كم كان عمرك تقريباً عندما تعاطيت البنزوديازيبينات لأول مرة بدون وصفة طبية؟				
.4	هل قمت بتعاطي البنزوديازيبينات خلال ١٢ شهر الأخيرة بدون وصفة طبية؟	[ ] نعم	[ ] كلا		
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ي):				
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي البنزوديازيبينات بدون وصفة طبية؟				
.6	في اليوم الذي تتعاطى فيه البنزوديازيبينات، كم عدد الحبوب التي تتعاطاها؟				
.7	هل شعرت يوماً بالقلق من تعاطيك البنزوديازيبينات بكميات كبيرة خلال الإثني عشر شهراً الماضية؟				
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ي. البنزهكسول (الآرتين): الأسئلة التالية حول تعاطيك البنزهكسول (الآرتين) من دون وصفة طبية.

.1	هل تعرف شخصياً طلبة معك يتعاطون البنزهكسول بدون وصفة طبية؟	[ ] نعم	[ ] كلا		
.2	هل قمت شخصياً بتعاطي البنزهكسول يوماً ما بدون وصفة طبية؟	[ ] نعم	[ ] كلا		
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ك):				
.3	كم كان عمرك تقريباً عندما تعاطيت البنزهكسول لأول مرة بدون وصفة طبية؟				
.4	هل قمت بتعاطي البنزهكسول خلال ١٢ شهر الأخيرة بدون وصفة طبية؟	[ ] نعم	[ ] كلا		
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ك):				
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي البنزهكسول بدون وصفة طبية؟				
.6	في اليوم الذي تتعاطى فيه البنزهكسول، كم عدد الحبوب التي تتعاطاها؟				
.7	هل شعرت يوماً بالقلق من تعاطيك البنزهكسول بكميات كبيرة خلال الإثني عشر شهراً الماضية؟				
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ك. الترامادول: الأسئلة التالية حول تعاطيك الترامادول من دون وصفة طبية.

.1	هل تعرف شخصياً طلبة معك يتعاطون الترامادول بدون وصفة طبية؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي الترامادول يوماً ما بدون وصفة طبية؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ل):		
.3	كم كان عمرك تقريباً عندما تعاطيت الترامادول لأول مرة بدون وصفة طبية؟		
.4	هل قمت بتعاطي الترامادول خلال ١٢ شهر الأخيرة بدون وصفة طبية؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ل):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي الترامادول بدون وصفة طبية؟		
.6	في اليوم الذي تتعاطى فيه الترامادول، كم عدد الحبوب التي تتعاطاها؟		
.7	هل شعرت يوماً بالقلق من تعاطيك الترامادول بكميات كبيرة خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

ل. المسكنات: الأسئلة التالية حول تعاطيك المسكنات من دون وصفة طبية من اجل الاسترخاء أو الحصول على الشعور بالمتعة، تشمل الكودائين، البثدين، والنيودول.

.1	هل تعرف شخصياً طلبة معك يتعاطون المسكنات بدون وصفة طبية؟	[ ] نعم	[ ] كلا
.2	هل قمت شخصياً بتعاطي المسكنات يوماً ما بدون وصفة طبية؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (م):		
.3	كم كان عمرك تقريباً عندما تعاطيت المسكنات لأول مرة بدون وصفة طبية؟		
.4	هل قمت بتعاطي المسكنات خلال ١٢ شهر الأخيرة بدون وصفة طبية؟	[ ] نعم	[ ] كلا
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (م):		
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي المسكنات بدون وصفة طبية؟		
.6	في اليوم الذي تتعاطى فيه المسكنات بدون وصفة طبية، كم عدد الحبوب التي تتعاطاها؟		
.7	هل شعرت يوماً بالقلق من تعاطيك المسكنات بكميات كبيرة خلال الإثني عشر شهراً الماضية؟		
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً

م. السومادريل: الأسئلة التالية حول تعاطيك السومادريل من دون وصفة طبية من اجل الاسترخاء أو الحصول على الشعور بالمتعة.

.1	هل تعرف شخصياً طلبة معك يتعاطون السومادريل بدون وصفة طبية؟	[ ] نعم	[ ] كلا			
.2	هل قمت شخصياً بتعاطي السومادريل يوماً ما بدون وصفة طبية؟	[ ] نعم	[ ] كلا			
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ن):					
.3	كم كان عمرك تقريباً عندما تعاطيت السومادريل لأول مرة بدون وصفة طبية؟					
.4	هل قمت بتعاطي السومادريل خلال ١٢ شهر الأخيرة بدون وصفة طبية؟	[ ] نعم	[ ] كلا			
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ن):					
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي السومادريل بدون وصفة طبية؟					
.6	في اليوم الذي تتعاطى فيه السومادريل، كم عدد الحبوب التي تتعاطاها؟					
.7	هل شعرت يوماً بالقلق من تعاطيك السومادريل بكميات كبيرة خلال الإثني عشر شهراً الماضية؟					
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً	

ن. أدوية أخرى (حبوب): الأسئلة التالية حول تعاطيك لأي من الأدوية (الحبوب) التالية من دون وصفة طبية من اجل الاسترخاء أو الحصول على الشعور بالمتعة، تشمل هذه الأدوية (الرمين، ميثادون، لومينال/فينوباربيتون).

.1	هل تعرف شخصياً طلبة معك يتعاطون أي من هذه الأدوية بدون وصفة طبية؟	[ ] نعم	[ ] كلا			
.2	هل قمت شخصياً بتعاطي أي من هذه الأدوية يوماً ما بدون وصفة طبية؟	[ ] نعم	[ ] كلا			
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (س):					
.3	كم كان عمرك عندما تعاطيت أي من هذه الأدوية لأول مرة بدون وصفة طبية؟					
.4	هل قمت بتعاطي أي من هذه الأدوية خلال ١٢ شهر الأخيرة بدون وصفة طبية؟	[ ] نعم	[ ] كلا			
	إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (س):					
.5	خلال الثلاثين يوم الأخيرة، كم عدد الأيام التي قمت خلالها بتعاطي أي من هذه الأدوية بدون وصفة طبية؟					
.6	في اليوم الذي تتعاطى فيه أي من هذه الأدوية، كم عدد الحبوب التي تتعاطاها؟					
.7	هل شعرت يوماً بالقلق من تعاطيك أي من هذه الأدوية بكميات كبيرة خلال الإثني عشر شهراً الماضية؟					
	[ ] أبداً	[ ] نادراً	[ ] أحياناً	[ ] كثيراً	[ ] دائماً	

س. الحقن: الأسئلة التالية حول تعاطيك لأي من الأدوية عن طريق الحقن.

1.	**هل سبق وان قمت بتعاطي أي من الأدوية والمخدرات التي ذكرت سابقاً بواسطة الحقن (الإبر)؟**	[ ] نعم	[ ] كلا	
إذا كانت الإجابة (نعم) لطفاً الإجابة على الأسئلة التالية، إذا كانت الإجابة (لا) انتقل إلى الفقرة (ع):				
2.	**أذكر أنواع الأدوية والمخدرات التي قمت بحقنها؟**			[ ] لا أعلم
	[ ] الهروين	[ ] الترامادول	[ ] البنزوديازيبينات	
	[ ] كبتاكون (صفر واحد)	[ ] كريستال او ميتامفيتامين	[ ] أخرى (تذكر):_____	

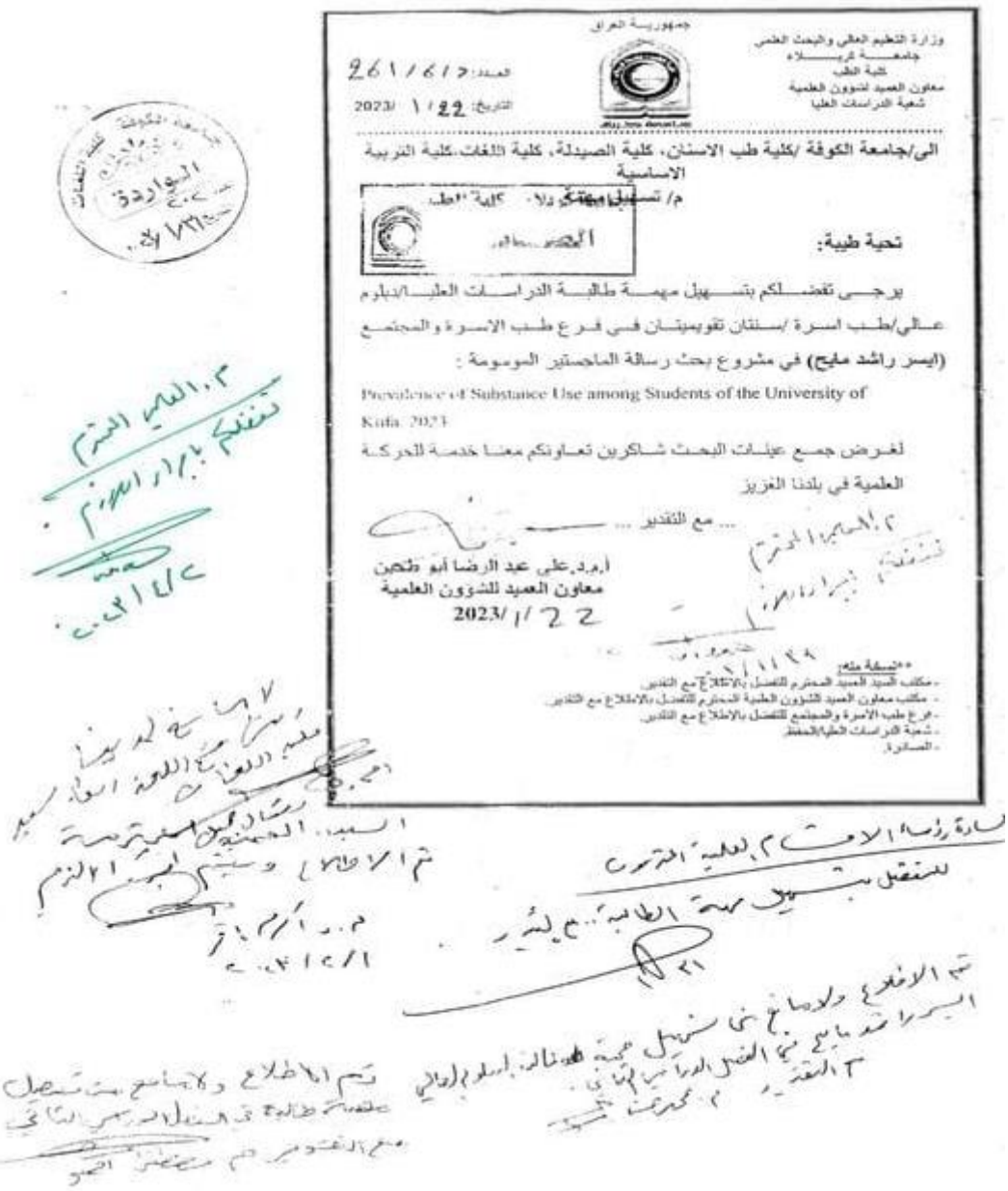
ع. تجربة العلاج:

1.	**خلال حياتك، هل أردت يوماً الحصول على المساعدة بخصوص تعاطيك للكحول او المخدرات؟**	[ ] نعم	[ ] كلا

ف. هل لديك أي ملاحظات أخرى أو مقترحات؟

شكراً لكم على المشاركة في الاستبيان
سيتم الحفاظ على خصوصية الاستمارة والتعامل مع معلوماتها بسرية تامة

Appendix II: Facilitation letter



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة كربلاء
كلية الطب
معاون العميد للشؤون العلمية
شعبة الدراسات العليا

العدد: ٢٦١/٦/١٢
التاريخ: 2023/ 1/22

الى/جامعة الكوفة /كلية طب الاسنان، كلية الصيدلة، كلية اللغات،كلية التربية الاساسية

م/ تسهيل مهمة

تحية طيبة:

يرجى تفضلكم بتسهيل مهمة طالبة الدراسات العليا/دبلوم عالي/طب اسرة /سنتان تقويميتان في فرع طب الاسرة والمجتمع (ايسر راشد مليح) في مشروع بحث رسالة الماجستير الموسومة :

Prevalence of Substance Use among Students of the University of Kufa 2023

لغرض جمع عينات البحث شاكرين تعاونكم معنا خدمة للحركة العلمية في بلدنا العزيز

... مع التقدير ...

أ.م.د.علي عبد الرضا ابو كتحين
معاون العميد للشؤون العلمية
2023/ 1/ 22

صورة منه:
- مكتب السيد العميد المحترم للتفضل بالاطلاع مع التقدير
- مكتب معاون العميد للشؤون العلمية المحترم للتفضل بالاطلاع مع التقدير
- فرع طب الأسرة والمجتمع للتفضل بالاطلاع مع التقدير
- شعبة الدراسات العليا/المعنية
- الصادرة

الملخص

المقدمة: يشير استخدام المواد إلى استهلاك العقاقير والمواد النفسية التي قد تكون قانونية أو غير قانونية، بما في ذلك الكحول والتبغ والهيروين والكوكايين وغيرها من العقاقير التي يتم تقييدها للاستخدام الطبي فقط. ويعتبر هذا الموضوع من قضايا الصحة العامة المتزايدة في جميع أنحاء العالم. أظهرت التقارير أن أكثر من 275 مليون شخص يستخدمون المواد (أي أكثر من 5% من السكان العالمي الذين تتراوح أعمارهم بين 15 و 64 عاماً)، وزاد هذا الرقم بنسبة 22% عن عام 2010. وفي العراق، لا تزال هذه المشكلة منتشرة وخاصة بين الذكور.

الهدف من الدراسة: تقييم مدى انتشار استخدام المواد بين طلبة جامعة الكوفة، وتحديد العوامل المرتبطة به.

الطرائق: هذه الدراسة هي دراسة مقطعية تم إجراؤها في جامعة الكوفة خلال المدة من ١٥ شباط وحتى ١٥ آذار ٢٠٢٣. تم جمع البيانات باستخدام استمارة استبانة معدة خصيصاً لهذا الغرض، وشملت الدراسة بالمجمل (٣٩٦) طالباً من أربعة كليات مختلفة.

النتائج: تضمنت الدراسة (٣٩٦) مشاركاً بالمجمـل، وبنسب متساوية من الكليـات المشمولة بالدراسة. كان معدل عمر المشاركين (٢١,٤ ± ٢,٢) عاماً. وكان أكثر من نصف المشاركين من الإناث. أظهرت الدراسة ان استخدام التبغ هو العقار الأكثر شيوعاً خلال السنة الأخيرة (١٩.٩٪)، والذي كان منتشراً بشكل اكبر بين الذكور مقارنة بالإناث (قيمة P < ٠,٠٠١). وكان استخدام استخدام المسكنات هو النوع الثاني الأكثر شيوعاً (١٠.١٪)، حيث كان ذلك اكثر انتشاراً بين الإناث (قيمة P = ٠,٠٠٢).

الاستنتاج: توصلت هذه الدراسة إلى أن استخدام المواد منتشر بين طلاب الكليات، بشكل رئيسي استخدام التبغ والمواد المهدئة. كانت ضغوط الأقران أحد العوامل الهامة التي تؤثر في انتشار استخدام المواد، خصوصاً بين الفئة العمرية من ٢٠ الى ٢٤ عاماً.

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة كربلاء
كلية الطب

انتشار استخدام الأدوية والمواد بين طلبة جامعة الكوفة خلال العام ٢٠٢٣

رسالة
مقدمة إلى كلية الطب ومجلس الدراسات العليا في جامعة كربلاء كجزء من متطلبات الحصول على شهادة الدبلوم في طب الأسرة

إعداد الطالبة
د. ايسر راشد مايح
بكلوريوس طب وجراحة عامة

إشراف
أ. د. علي عبدالرضا ابوطحين
زميل المجلس العراقي للاختصاصات الطبية / كلية الطب / جامعة كربلاء

أ. د. عرفات حسين خضير الدجيلي
زميل المجلس العراقي للاختصاصات الطبية / كلية الطب / جامعة الكوفة

٢٠٢٤ م
١٤٤٥ هجري