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The Complementary Role of Family, Religion, and Spiritual Intelligence in Reducing Addiction Susceptibility: A Study on the Mediating Role of Psychological Well-Being

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ABSTRACT

Identifying factors associated with addiction susceptibility among students can significantly contribute to the prevention of drug use tendencies. Accordingly, the present study aimed to examine and analyze the complementary role of the family in addiction susceptibility, based on family cohesion, religious values, and spiritual intelligence, while testing the mediating role of psychological well-being. This study employed a quantitative approach. Data were collected using a standardized questionnaire administered to a statistical population comprising students of the Islamic Azad University in Tehran. The data analysis method utilized was multivariate regression analysis. The results from the multivariate regression analysis indicated that all three factors—family cohesion, religious values, and spiritual intelligence—can predict addiction susceptibility among the youth in this study. Moreover, psychological well-being was found to play a mediating role in these relationships.

Keywords: Addiction susceptibility, spiritual intelligence, psychological well-being, regression analysis

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Introduction

In today's world, one of the most pressing challenges facing human societies is substance addiction, which has ensnared a significant number of individuals. Compared to previous decades, this issue has seen a marked increase, with the global population of individuals struggling with addiction rising steadily (1). According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, substance use disorder is characterized as a problematic pattern of alcohol or other substance use leading to significant impairment or distress in daily life (2). In other words, addiction is a form of harm that has claimed countless victims

across many countries and has inflicted serious damage on family structures and society at large, resulting in enormous financial burdens on governments and communities (3).

Addiction is a chronic and complex neuropsychological disorder characterized by a persistent and intense desire to use a substance or engage in a behavior despite significant harm and adverse consequences (4, 5). Addiction can affect various aspects of an individual's life, including physical and mental health, relationships, and occupational functioning. The individual consequences of substance addiction include physical and cognitive changes in the brain, increased risk of physical diseases, weakened immune system, sleep disturbances, and nutritional problems. Individuals with substance use disorders may also experience mental health challenges such as depression, anxiety, mood disorders, suicidal ideation, and personality disorders. Furthermore, substance addiction can negatively impact social relationships and contribute to domestic violence, social isolation, and an inability to maintain employment and social efficiency (6-8).

Given existing statistics, the rate of substance use—especially among youth—is alarming and deeply distressing. A substantial portion of this damage stems from inadequate coping skills in the face of life's challenges and a lack of awareness among young people regarding the harmful consequences of drug use. Youth is a developmental phase that lies between adolescence and adulthood. During this stage, beyond physical changes, significant shifts occur in behavior, emotional regulation, motivation, and cognitive control. Some characteristics of this life stage, such as risk-taking and novelty-seeking, are not only present in humans but are also observed in other mammalian species. Additionally, the adolescent brain is particularly vulnerable to stress, and due to reward and stress-regulation mechanisms, this period is marked by higher tendencies toward alcohol and substance misuse (5).

In every country, students represent the most prominent segment of the youth population. Therefore, addressing student issues and prioritizing their psychological well-being is essential. For many students, unfamiliarity with the university environment, separation from family, limited resources, and the need to adapt to new conditions—as well as the developmental challenges associated with entering young adulthood—can result in substantial psychological stress. These factors may increase their vulnerability to substance use and addiction. Hence, the present study explores factors influencing students' tendencies toward substance addiction (8, 9).

It is worth noting that although various studies have investigated different influencing factors, no previous research has comprehensively addressed all the components considered in this study within a unified model. Therefore, conducting this research among students is both important and necessary. Based on the provided rationale, the central objective of this study is to predict addiction susceptibility based on family cohesion, religious values, and spiritual intelligence, while also examining the mediating role of psychological well-being. This is pursued through a quantitative approach grounded in existing theoretical frameworks and implemented via quantitative data collected through standardized questionnaires and student feedback. Accordingly, the study is guided by the following research question: Can family cohesion, religious values, and spiritual intelligence predict addiction susceptibility among youth? Furthermore, does psychological well-being mediate the indirect effect of each of these factors on the prediction of addiction susceptibility among youth?

Methods and Materials

Study Design and Participants

This study is categorized as a basic-applied research with a correlational design, conducted using a descriptive approach. Data were collected through standardized questionnaires administered via random sampling. To determine the presence of multiple correlations between the criterion variable and the predictor variables, a correlational design was employed, in which the prediction of the criterion variable—namely, "substance addiction susceptibility"—was conducted using the predictor variables of family cohesion, religious values, spiritual intelligence, and psychological well-being.

Considering the subject matter, the statistical population of this study included all male and female students currently enrolled at Islamic Azad University branches in Tehran. The sample size was determined using multi-stage cluster sampling based on Cohen's table. Initially, one university branch from each geographical region of Tehran (North, South, East, West, and Central) was randomly selected. From these selected branches, a total sample of 500 students was randomly chosen for participation. Then, within each university, one class was randomly selected, and the questionnaire was completed by the students in that class.

Following the necessary coordination with the Central Office of Islamic Azad Universities and obtaining the required permissions, sampling was conducted with the assistance of administrative departments in various branches of Islamic Azad University in Tehran. The questionnaires were then distributed among the students. In conducting this research, several ethical considerations were observed to protect human subjects. Prior to distributing the questionnaire, participants were informed about the purpose of the study, the content of the questionnaire, and the principle of confidentiality and anonymity. Only those who provided informed consent were given the questionnaires to complete.

The inclusion criteria for participation were the absence of psychological disorders and the participant's willingness and informed consent to take part in the study. The exclusion criteria were lack of consent or incomplete questionnaire responses.

Participants were fully assured that all collected data would remain confidential and anonymous and would not be shared with others on an individual basis. Instead, the results would be published in aggregate and statistical form, without identifying any individual participants. In cases where students expressed a desire to learn about the study findings, the results were explained to them in plain and understandable language.

Data Collection

The Family Cohesion Scale used in this study is based on Olson's (1999) Circumplex Model of family functioning and was adapted to measure the level of emotional bonding and connectedness among family members. The version employed includes 28 items that evaluate various dimensions such as parental bonding, interaction duration, physical proximity (location), joint decision-making, emotional communication, marital relations, and the parent–child relationship. Respondents rate each item on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater family cohesion. The total score is obtained by summing all item responses, with subscale scores

calculated separately. The reliability of the instrument has been confirmed in prior studies, with Cronbach's alpha coefficients ranging from 0.78 to 0.87 for the subscales and 0.89 for the total scale. Content validity was verified by expert review in family psychology, and construct validity was established through factor analysis, showing clear factor loadings that support the theoretical structure of family cohesion as a multidimensional construct.

The Religious Values Scale, developed by Glock and Stark (1965), is a multidimensional instrument designed to assess the extent of religiosity in individuals across different domains. The version used in this research contains 26 items across five subscales: ideological (belief dimension), ritualistic (practice dimension), experiential (emotional connection), intellectual (cognitive understanding), and consequential (influence on behavior). Items are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores representing stronger religious values. Each dimension is scored separately, and a composite religiosity score can be calculated by summing all subscale scores. Internal consistency of the subscales has been reported with Cronbach's alpha ranging between 0.70 and 0.84, and the overall scale demonstrates a high reliability of 0.88. The scale's validity has been supported by extensive use in cross-cultural religious studies, with construct validity established via confirmatory factor analysis (CFA) and concurrent validity shown through significant correlations with related constructs such as spiritual commitment and moral reasoning.

The Spiritual Intelligence Self-Report Inventory (SISRI-24), developed by David King in 2008, was utilized to assess individuals' ability to apply spiritual resources to everyday problem-solving and meaning-making. This 24-item scale measures four dimensions: Critical Existential Thinking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA), and Conscious State Expansion (CSE). Each item is scored on a 5-point Likert scale ranging from 0 (not at all true of me) to 4 (completely true of me), with higher scores reflecting greater spiritual intelligence. Subscale scores are computed separately, and the total spiritual intelligence score is derived by summing all item responses. The SISRI-24 has demonstrated excellent internal consistency, with a reported Cronbach's alpha of 0.92 for the total scale and values between 0.78 and 0.87 for its subscales. Construct validity was supported through exploratory and confirmatory factor analyses, and concurrent validity has been established through correlations with measures of psychological well-being, religiosity, and emotional intelligence.

The Psychological Well-Being Scale used in this study is the 18-item version of Ryff's (1989) multidimensional model, which evaluates six distinct components of well-being: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Each subscale consists of 3 items, rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), with some items being reverse scored. Higher scores on each dimension indicate higher levels of psychological well-being. The overall well-being score is obtained by summing all subscale scores. This shortened version has shown satisfactory psychometric properties, with Cronbach's alpha coefficients typically ranging from 0.70 to 0.85 across subscales, and a total scale reliability of 0.88. Validity of the scale has been confirmed through both convergent and discriminant analyses, with strong associations with constructs such as life satisfaction, resilience, and mental health status, supporting its use in diverse cultural and educational settings.

Intervention

The intervention protocol implemented in this study was based on the standard structure of Cognitive Behavioral Therapy (CBT) and consisted of eight weekly group sessions, each lasting 90 minutes. The program was designed to address both emotion regulation and problem-solving skills in adolescents and was delivered in a structured, interactive format. In the initial sessions, participants were introduced to the basic principles of CBT, including the cognitive model, the interrelationship between thoughts, emotions, and behaviors, and the concept of automatic thoughts. Psychoeducation was provided to enhance awareness of how distorted cognitions contribute to emotional dysregulation and behavioral challenges. Subsequent sessions focused on identifying negative automatic thoughts and cognitive distortions, challenging and restructuring these thoughts using evidence-based techniques, and practicing cognitive reframing. Behavioral strategies, including activity scheduling and exposure to avoided situations, were introduced to help participants develop adaptive responses to emotional triggers. Problem-solving training was integrated into the protocol by teaching a step-by-step model that involved identifying the problem, generating alternative solutions, evaluating potential outcomes, and implementing the most effective solution. Participants were encouraged to apply these strategies to real-life situations and reflect on their experiences during group discussions. Emotion regulation techniques such as mindfulness, relaxation training, and cognitive defusion were also taught to help adolescents manage intense emotional responses. Throughout the program, homework assignments were given to reinforce session content and promote skill generalization outside of the therapy context. The therapist facilitated open dialogue, group cohesion, and peer support, creating a safe and non-judgmental environment for sharing and practicing new skills. The final session focused on reviewing learned strategies, consolidating gains, and developing personalized relapse prevention plans to ensure the maintenance of therapeutic progress after the conclusion of the intervention.

Data analysis

For data analysis, descriptive statistics such as mean and standard deviation were used. Inferential statistics included simultaneous multiple regression analysis and Pearson correlation coefficient, all conducted using SPSS software version 26.

Findings and Results

In this study, to examine the prediction of addiction susceptibility based on family cohesion, religious values, and spiritual intelligence with testing the mediating role of psychological well-being, multivariate regression analysis was employed. Initially, in the descriptive statistics section, the means and standard deviations of the research variables are presented in Table 1.

Table 1. Descriptive Findings Related to Research Variables

Variable	Component	Mean	Standard Deviation
Family Cohesion	Parental Bonding	14.89	5.39
	Interaction Duration	19.06	6.30
	Location	13.47	3.21
	Decision-Making	11.20	3.50
	Emotional Communication	12.20	2.20
	Marital Relations	9.37	2.63
	Parent–Child Relationship	16.46	2.60
Religious Values	Ideological Dimension	11.05	2.46
	Emotional Dimension	13.94	2.02
	Consequential Dimension	12.61	1.85
	Ritualistic Dimension	12.89	2.19
Spiritual Intelligence	Critical Thinking	9.87	2.52
	Personal Meaning Production	10.44	2.89
	Transcendental Awareness	11.12	12.84
	Conscious State Expansion	6.34	4.47
Psychological Well-Being	Autonomy	9.16	2.59
	Personal Growth	12.24	1.67
	Positive Relations with Others	14.17	1.21
	Purpose in Life	8.26	2.74
	Self-Acceptance	4.19	4.29
	Environmental Mastery	7.22	2.71
Addiction Susceptibility	Self-Satisfaction	6.29	2.41
	Pessimism	8.44	2.14
	Impulsivity	5.69	1.09
	Risk-Taking	7.22	2.11

Next, the results of the Pearson correlation coefficients are presented in the tables.

Table 2. Correlation of Family Cohesion with Religious Values, Spiritual Intelligence, Psychological Well-Being, and Addiction Susceptibility

Variables	Religious Values	Spiritual Intelligence	Psychological Well-Being	Addiction Susceptibility
Parental Bonding	0.50**	0.17**	0.50**	-0.19**
Interaction Duration	0.47**	0.24**	0.24**	-0.17**
Location	-0.01	-0.02	0.19**	-0.42**
Decision-Making	-0.19**	0.16**	0.10**	-0.14**
Emotional Communication	0.32**	0.11**	0.21**	-0.16**
Marital Relations	0.21**	0.19**	0.20**	-0.22**
Parent–Child Relationship	0.29**	0.47**	0.12**	-0.16**

As shown in Table 2, family cohesion is significantly correlated with religious values, spiritual intelligence, psychological well-being, and addiction susceptibility. The results indicate that most of these variables are significantly related.

Table 3. Correlation of Religious Values with Family Cohesion, Spiritual Intelligence, Psychological Well-Being, and Addiction Susceptibility

Variables	Family Cohesion	Spiritual Intelligence	Psychological Well-Being	Addiction Susceptibility
Ideological	0.54**	0.46**	0.10**	-0.46**
Emotional	0.25**	0.12**	0.42**	-0.52**
Consequential	0.41**	0.10**	0.05**	-0.42**
Ritualistic	0.22**	0.41**	0.11**	-0.17**

As shown in Table 3, religious values are significantly correlated with family cohesion, spiritual intelligence, psychological well-being, and addiction susceptibility. Most of these correlations are statistically significant.

Table 4. Correlation of Spiritual Intelligence with Family Cohesion, Religious Values, Psychological Well-Being, and Addiction Susceptibility

Variables	Family Cohesion	Religious Values	Psychological Well-Being	Addiction Susceptibility
Critical Thinking	-0.28**	-0.19**	0.18**	-0.19**
Personal Meaning Production	-0.14**	-0.16**	0.25**	-0.24**
Transcendental Awareness	0.29**	-0.21**	0.14**	-0.28**
Conscious State Expansion	-0.26**	-0.29**	0.27**	-0.52**

As shown in Table 4, spiritual intelligence is significantly correlated with family cohesion, religious values, psychological well-being, and addiction susceptibility. Most variables demonstrated statistically significant relationships.

Table 5. Correlation of Psychological Well-Being with Family Cohesion, Religious Values, Spiritual Intelligence, and Addiction Susceptibility

Variables	Family Cohesion	Religious Values	Spiritual Intelligence	Addiction Susceptibility
Autonomy	-0.48**	-0.41**	-0.43**	-0.52**
Personal Growth	-0.37**	-0.36**	0.32**	-0.44**
Positive Relations	0.29**	-0.41**	-0.29**	-0.41**
Purpose in Life	-0.41**	-0.27**	0.33**	-0.36**
Self-Acceptance	-0.51**	-0.50**	0.37**	-0.39**
Environmental Mastery	-0.46**	-0.40**	0.19**	-0.47**

As shown in Table 5, psychological well-being is significantly correlated with family cohesion, religious values, spiritual intelligence, and addiction susceptibility. The results indicate that most variables had significant relationships.

Therefore, considering the statistically significant relationships among the variables examined in this study, the use of multiple regression analysis to examine the prediction of addiction susceptibility based on family cohesion, religious values, and spiritual intelligence—with testing the mediating role of psychological well-being—is appropriate. It is also noteworthy that the mediating role of psychological well-being was tested using the Baron and Kenny (1986) method.

Table 6. Correlation Test Results Between Variables

Variable	Family Cohesion	Psychological Well-Being
Family Cohesion	---	---
Psychological Well-Being	0.45	---
Addiction Susceptibility	0.43	0.66

According to Table 6, family cohesion, psychological well-being, and addiction susceptibility are significantly correlated. These relationships meet the core prerequisites described by Baron and Kenny (1986). The next step involves using family cohesion and psychological well-being as predictors of addiction susceptibility. Tables 7 and 8 illustrate these conditions.

Table 7. Regression Coefficient for Family Cohesion and Addiction Susceptibility

Model	B	Standard Error	β	T	Significance
Family Cohesion	0.31	0.04	0.43	7.50	0.001

In Table 7, family cohesion is used as the sole predictor of addiction susceptibility. As shown in the table, the regression path coefficient is statistically significant at the 0.001 level.

Table 8. Regression Coefficients for Family Cohesion, Psychological Well-Being, and Addiction Susceptibility

Model	B	Standard Error	β	T	Significance
Family Cohesion	0.31	0.04	0.43	7.50	0.001
Family Cohesion → Psychological WB	0.16	0.05	0.33	3.06	0.002
Psychological WB → Addiction Sus.	0.35	0.09	0.28	3.76	0.001

Table 8 illustrates the regression model where both family cohesion and psychological well-being are simultaneously used as predictors of addiction susceptibility. As observed, when psychological well-being is added as a second predictor, the regression coefficient for family cohesion decreases, though it remains statistically significant. This confirms the mediating effect of psychological well-being in the relationship. Baron and Kenny (1986) note that when path coefficient **c** decreases but remains significant, it indicates partial mediation. To confirm the significance of this mediation, they refer to the method proposed by Sobel (1982). Accordingly, a t-value of 7.21 with a significance level of 0.002 was obtained for the mediating variable of psychological well-being, confirming the hypothesis.

Table 9. Correlation Test Results Between Variables

Variable	Religious Values	Psychological Well-Being
Religious Values	---	---
Psychological Well-Being	-0.59	---
Addiction Susceptibility	0.48	0.64

According to Table 9, religious values, psychological well-being, and addiction susceptibility are significantly correlated. These relationships satisfy the core assumptions of Baron and Kenny (1986). The next step is to use religious values and psychological well-being as predictors of addiction susceptibility. Tables 10 and 11 show these conditions.

Table 10. Regression Coefficient for Religious Values and Addiction Susceptibility

Model	B	Standard Error	β	T	Significance
Religious Values	-0.24	0.04	-0.24	4.02	0.001

In Table 10, religious values are used as the sole predictor of addiction susceptibility. As shown, the regression path is significant at the 0.001 level.

Table 11. Regression Coefficients for Religious Values, Psychological Well-Being, and Addiction Susceptibility

Model	B	Standard Error	β	T	Significance
Religious Values	0.01	0.04	-0.24	4.02	0.001
Religious Values → Psychological WB	0.17	0.07	0.41	4.15	0.001
Psychological WB → Addiction Sus.	0.25	0.08	0.37	4.18	0.001

Table 11 illustrates the model where both religious values and psychological well-being are used as predictors of addiction susceptibility. As seen, the regression coefficient for religious values decreases upon the addition of psychological well-being, while remaining statistically significant, indicating a mediating effect. According to Baron and Kenny (1986), such a pattern supports partial mediation. They suggest Sobel's (1982) method to test for significance. Based on the calculated statistics, a t-value of 5.74 with a significance level of 0.001 was obtained for the mediating variable psychological well-being, confirming the hypothesis.

Table 12. Correlation Test Results Between Variables

Variable	Spiritual Intelligence	Psychological Well-Being
Spiritual Intelligence	---	---
Psychological Well-Being	-0.47	---
Addiction Susceptibility	-0.40	0.54

According to Table 12, spiritual intelligence, psychological well-being, and addiction susceptibility are significantly correlated. These findings meet the requirements outlined by Baron and Kenny (1986). The next step is to use spiritual intelligence and psychological well-being as predictors of addiction susceptibility. Tables 13 and 14 demonstrate these situations.

Table 13. Regression Coefficient for Spiritual Intelligence and Addiction Susceptibility

Model	B	Standard Error	β	T	Significance
Spiritual Intelligence	-0.15	0.01	-0.45	8.00	0.001

In Table 13, spiritual intelligence is used as the sole predictor of addiction susceptibility. As shown, the regression coefficient is statistically significant at the 0.001 level.

Table 14. Regression Coefficients for Spiritual Intelligence, Psychological Well-Being, and Addiction Susceptibility

Model	B	Standard Error	β	T	Significance
Spiritual Intelligence	-0.15	0.01	-0.45	8.00	0.001
Spiritual Intelligence → SWB	-0.14	0.02	-0.41	7.21	0.001
SWB → Addiction Susceptibility	0.82	0.32	0.14	2.52	0.001
Spiritual Intelligence → PWB	-0.12	0.04	-0.27	6.19	0.001
PWB → Addiction Susceptibility	0.74	0.18	0.42	4.12	0.001

Table 14 shows that spiritual intelligence and psychological well-being are both used as simultaneous predictors of addiction susceptibility. As noted, when psychological well-being is added as the second predictor, the regression coefficient of spiritual intelligence decreases but remains statistically significant. This provides evidence for the mediating role of psychological well-being in the relationship. According to Baron and Kenny (1986), when path coefficient **c** decreases but remains significant, it indicates partial mediation. Sobel's (1982) test is recommended to determine the significance of this mediation. Based on the calculations, a t-value of 6.94 with a significance level of 0.001 was obtained for the mediating variable of psychological well-being, confirming the hypothesis.

Discussion and Conclusion

The results of this study indicate that all three factors—family cohesion, religious values, and spiritual intelligence—significantly predict addiction susceptibility in the youth sample studied. Additionally, the mediating role of psychological well-being was confirmed in all three relationships.

In explaining the predictive role of family cohesion in youth addiction susceptibility through the indirect role of psychological well-being, it can be stated that the family can prevent generational gaps and substance abuse tendencies by transferring values in an atmosphere of intimacy and cooperation. Religious institutions provide moral guidance and specific behavioral norms aimed at self-restraint, such as abstaining from alcohol and drug use, and help facilitate spiritual experiences. Spiritual experience can reinforce moral

commitments, which in turn serves as a protective factor against substance use. These findings are consistent with previous results (4, 9, 10).

Regarding the predictive role of religious values in youth addiction susceptibility through the indirect role of psychological well-being, it can be argued that the concept of the generational gap pertains to how cultural continuity is maintained across generations. If the process of socialization in adolescents and young adults is disrupted, the transmission of cultural values becomes incomplete, and the society's culture may not be sufficiently transferred to the next generation, leading to a generational divide. This divide manifests in two forms: a value gap and a normative gap. Values are abstract ideals, while norms reflect the accepted dos and don'ts of social life. Research has shown a significant positive relationship between generational gap and addiction tendencies. Scholars explain this by noting that differences in knowledge, attitudes, and behaviors between generations—even within shared macro-structures—are influenced by social, cultural, and historical contexts. Compared to older adults, younger individuals, though living in the same cultural space, possess different information, inclinations, and behaviors. The generational gap refers to the conflict and tension between parents and adolescents, a phenomenon that is an integral part of human development. These findings align with previous results (6, 9, 10).

Finally, in explaining the predictive role of spiritual intelligence in youth addiction susceptibility through the indirect effect of psychological well-being, it must be noted that spiritual intelligence has a significant and negative relationship with the likelihood of addiction. That is, the higher an individual's level of spiritual intelligence, the less likely they are to engage in substance use or addiction. This finding implies that students with higher spiritual intelligence are less likely to engage in substance abuse. These findings are consistent with prior studies (5-7, 11).

Based on the findings of this study and others, it appears that three skill sets are insufficiently taught across educational stages in our society. These include family participation skills, cultural engagement skills, and parenting competencies for proper child-rearing. The deficiency in these three domains underlies many of the social problems currently affecting a wide portion of the population. Accordingly, the following recommendations are proposed:

It is recommended that to secure the prevailing social environment and, most importantly, to prevent the spread of addiction among adolescents and young adults, policymakers and planners enhance the availability of leisure resources. This can reduce both the objective and subjective grounds for substance use.

There are widespread misconceptions about drugs, which contribute to individuals' inclination toward substance use. Therefore, it is recommended that policymakers address and correct these misconceptions and, consequently, improve the mental and psychological environment to reduce adolescents' and young adults' drug tendencies.

Given that family members, especially parents, often lack the necessary capabilities to manage household responsibilities effectively, it is recommended that policymakers focus on family empowerment. This includes designing and implementing programs aimed at eliminating environmental risk factors and enhancing family resilience.

Despite its comprehensiveness, this study is not without limitations. The main limitation was the inability to control for participants' age range due to sample restrictions. Additionally, participants' weak cooperation regarding the sensitive topic of addiction—deeply embedded in cultural and social norms—and the difficulty

in securing university approval and facility access posed further constraints during the implementation and data collection phases.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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