

**The psychological pension of antisocial (psychopathic) drug addicts.
A field study at the Al Wasit Center for the Treatment of Drug Addiction in
Adrar Province**

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Abstract: The study aimed to reveal the psychological condition of the antisocial personality (psychopath) addicted to drugs. The study included a sample of (20) addicts at the Al-Wasit Center for the Treatment of Addicts. The descriptive approach was relied upon because it is appropriate to the nature of the subject. After processing and analyzing the data, it was concluded that 60% of the sample resort to addiction to escape their daily problems and to lose the process of family guidance and counseling, and that 40% of the sample suffer from problems in parental relationships, including a harsh relationship. The indifference practiced on children, and it was also found that 80% of the sample members belong to families dominated by conflict, anxiety and tension, and that 85% of the sample members resort to drugs due to their feelings of anxiety, failure and frustration, and that 95% of the sample members stated the positive role of the psychological rehabilitation process, and stated their desire to abstain from drugs 100% after dialogue with the psychological counselor and conducting guidance interviews.

Keywords: psychopathic personality, addict, drugs, psychological rehabilitation.

ملخص: هدفت الدراسة إلى الكشف عن المعاش النفسي للشخصية المضادة للمجتمع (السيكوباتية) المدمنة على المخدرات، حيث شملت الدراسة عينة مكون من (20) مدمنًا بمركز الوسيط لعلاج المدمنين، تم الاعتماد على المنهج الوصفي لكونه مناسبًا لطبيعة الموضوع، وبعد معالجة البيانات وتحليلها تم التوصل إلى أن نسبة 60% من أفراد العينة تلجأ إلى الإدمان للهروب من مشاكلها اليومية، ولفقدانها لعملية التوجيه والإرشاد الأسري، وأن نسبة 40% من أفراد العينة يعانون مشاكل في العلاقات الوالدية منها العلاقة القاسية، اللامبالاة التي تمارس على الأبناء، كما تم التوصل أيضًا إلى أن نسبة 80% من أفراد العينة ينتمون إلى أسر يسودها الصراع والقلق والتوتر، وكذلك نسبة 85% من أفراد العينة يلجئون إلى المخدرات لإحساسهم بالقلق والفشل والإحباط، وأن 95% من أفراد العينة صرحوا بالدور الإيجابي لعملية إعادة التأهيل النفسي، وصرحوا برغبتهم في الامتناع عن المخدرات بنسبة 100% بعد التحوار مع المرشد النفسي وإجراء المقابلات الإرشادية.

الكلمات المفتاحية: الشخصية السيكوباتية، المدمن، المخدرات، التأهيل النفسي

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1Introduction:

Drug addiction has become a widespread phenomenon, no society or class is free from it. In addition to its prevalence among young people, who constitute the productive workforce in any society, it has also appeared among some young people. It also appears among both the poor and wealthy classes. The reasons for the spread of this phenomenon have varied according to the diverse viewpoints of researchers. Psychologists believe that the spread of this phenomenon is due to the individual himself, while sociologists believe that society is the reason for the emergence of this scourge. While another group believes that drug addiction is a combination of several psychological, social, economic and political factors, and even incorrect parenting methods adopted in childhood, and disputes between parents and their direct or indirect impact on the development of the addict's personality (Abdul Ghaffar, 2001).

In light of the widening scope of drug use, trafficking, and smuggling, and its role in the spread of violent crimes, theft, homosexuality, and other more serious problems of this type that hinder all efforts for social progress and comprehensive development in any society. Believing in the role that psychological rehabilitation can play in treating and preventing drug addiction, this study aims to shed light on the reality of antisocial personality disorder in terms of exposure to psychological and health care mechanisms, followed by rehabilitation programs that facilitate psychological and social adaptation for this group.

1- Research questions:

The psychological state of the antisocial (psychopathic) personality addicted to drugs indicates the presence of psychological, social, and economic factors that have contributed to the formation and development of this antisocial personality, often characterized by aggression and impulsive, reckless behavior. They suffer from psychological imbalance, low self-esteem, and mood swings. They despise others and seek revenge as a means of emotional release. Psychopathic individuals use drug addiction as a pretext to escape the painful reality of life in order to forget. In doing so, they compromise their self-esteem and lack a sense of responsibility and guilt. Based on this, we can pose the following research questions:

- What are the defining variables of the psychological reality of a drug-addicted antisocial personality (psychopath)?
- How is psychosocial rehabilitation of drug-addicted psychopaths conducted in Adrar?
- What types of sponsorship do addicts need to overcome their drug addiction without falling into mental illness?

2- Research objectives and importance

The researchers' objectives of this research are to seek:

- Identifying some of the underlying health, psychological, social, economic, and educational factors behind addiction.
- Identifying ways to reduce or prevent this phenomenon, and identifying organized methods for counseling, treatment, rehabilitation, and reducing relapse.
- Highlighting the role of psychological factors underlying addiction cases and calling for the need for integration between medical and psychological work in terms of diagnosis and treatment, and the need for cooperation between physicians and psychologists in order to find a correct explanation for this phenomenon and ensure effective treatment and ongoing prevention.

3- Operational definitions

3.1- Psychopathic personality:

It is an anti-social personality characterized by psychological disorder and emotional immaturity. Its behavior is dominated by social deviation and violation of the law and moral and religious standards. This disorder appears in the deficiency of the development of the superego and the individual's attachment, and is characterized by impulsiveness.

MamounMobaid also says that most people with this personality type show signs of deviance, drug abuse, and aggression at an early age through their behavior at home, school, and on the street.

3.2- Addiction:

Addiction is a complex disease, often chronic in nature that affects the functioning of the brain and body. It also causes significant harm to families, relationships, schools, workplaces, and neighborhoods, according to statistics from the Al-Wasit Center for the Treatment of Addiction in Adrar.

3.3- The Addict

As previously mentioned, an addict is someone who has a complete dependence on drug use or any other addictive behavior, and lives solely for the pursuit and use of drugs, according to statistics from the Al-Wasit Center for the Treatment of Addiction in Adrar.

4- The nature of the psychopathic personality:

In this section, we study and analyze the nature of the psychopathic personality according to the following elements:

4.1- Definition of the psychopathic personality:

It is an antisocial personality characterized by psychological disturbance and emotional immaturity. Its behavior is characterized by social deviation and violation of the law, moral, and religious standards. This disorder manifests itself in the underdevelopment of the superego and is inherent in the individual, who is characterized by impulsiveness. MamounMobaid also believes that Most people with this personality type show signs of deviance, drug abuse, and aggression at an early age through their behavior at home, school, and on the street. (Radwan, 2007).

Through the two previous definitions, we can define the psychopathic personality as a personality characterized by psychological and emotional imbalance and the inability to adapt socially as a result of addiction to drug use. Thus, it becomes an aggressive, vengeful personality that seeks to achieve self-realization by relying on methods of assaulting others, including parents and children.

4.2- Causes of a psychopathic personality:

There are many causes and factors that lead to a psychopathic personality, including:

- Psychological factors: Psychoanalytic theory explains that the psychopathic personality suffers from a conflict in its psychological system, where we find that the superego has not fully matured. Therefore, we see this personality being carried away by its instinctive impulses and not paying attention to the law, customs, and traditions.
- Social upbringing methods: which parents follow to raise children based on excess, pampering, and overprotection, or the opposite, such as punishment, cruelty, indifference, neglect, and discrimination between siblings. All of these contribute to the acquisition of a psychopathic personality.
- Organic factors: The presence of physical disabilities or congenital deformities may produce a feeling of deficiency and helplessness, so the person suffering from them resorts to compensation through taking revenge on society on the one hand, such as committing aggressive and criminal acts against others and against himself, and on the other hand, such as drug abuse and addiction in all its forms.
- Genetic factors: The pioneers of this trend believe that the signs of this personality appear in early childhood, such as the mental and educational aspects, in addition to imitating the behavior of others, such as the hero of films and the strong, bullying person (Walid, B.T., 34).

4.3- Symptoms and characteristics of a psychopathic personality:

According to the Diagnostic and Statistical Manual, IV, the symptoms and characteristics of a psychopathic personality are as follows:

- It is a comprehensive pattern of disregard for and violation of the rights of others.
- Failure to comply with social norms.
- Irregular behavior, such as lying, deception, fraud, and swindling others.
- Impulsive behavior and an inability to plan mentally and for the future.
- Self-centeredness and a lack of responsibility.
- Pervasive feelings of remorse and guilt.
- Loss of moral conscience.
- Inability to build romantic relationships.

5- The nature of drugs:

In this section, we will discuss the nature of drugs through the following elements:

5.1- Definition of drugs:

Drugs are defined as: any plant or manufactured substance that contains sedative, hypnotic, sedative, or stimulant elements, which, if used for purposes other than those for which they were intended, cause the body to become lethargic and sluggish, and paralyze its activity. They also cause chronic diseases in the central nervous system, the respiratory system, and the circulatory system, and lead to a state of habituation or what is called “addiction,” causing severe damage to psychological, physical, and social health.

5.2- Types of Drugs:

Drugs vary in type and form depending on how they are classified. Some are classified based on their effects, others based on their production methods, their color, and perhaps even their psychological and physical dependence (addiction).

The types of narcotic substances vary in their degree of influence and method of action on the human nervous system, such as:

- Marijuana and cannabis.
- Tranquilizers.
- Stimulant drugs such as cocaine.
- Hallucinogens such as LSD.
- Inhalants (aromatics) such as glue.
- Painkillers and sedatives such as morphine.

5.3- Effects and complications of drug addiction:

The effects and complications of drug addiction include the following:

- Health problems: Drug addiction can lead to physical and mental health problems, depending on the type of drug used. Loss of consciousness, coma, and sudden death can occur, especially when high doses are taken or when drugs or alcohol are combined.
- Infectious diseases such as AIDS, whether through promiscuous sexual relations or sharing needles.
- Traffic accidents while intoxicated.
- Suicidal tendencies.
- Irritability and violence.
- Digestive disorders.
- Family problems and marital disputes due to behavioral changes in the drug addict.
- Legal issues, as drug addiction leads to theft, driving under the influence, and other behaviors.
- Financial problems, as drug addiction leads to reckless spending of money to purchase drugs, placing the addict under the burden of debt and leading him or her to engage in illegal and immoral behavior.

6- Psychological rehabilitation mechanisms for psychopathic individuals (drug addicts):

Psychological rehabilitation for antisocial individuals (psychopaths) who are drug addicts relies on several mechanisms, including (Abdul Hakim, 1986, 67):

6.1- Addiction treatment:

Addiction treatment is multifaceted, encompassing physical, psychological, and social aspects. It is impossible for a person to rid themselves of addiction if they limit themselves to treating the body without the soul or the soul without the body, or if they ignore the role that society plays in treatment. Treatment begins the moment the person decides to stop using drugs. It is crucial that he be the one who made the decision to stop and not be forced to do so, otherwise he will quickly return to using drugs at the first opportunity. Here, a question arises about the judge's decision to detain a person who has been brought before the court and proven to be an addict. To a sanatorium for treatment for a certain period of time, this clearly appears not to have been his choice, but rather imposed on him by the court. Is it likely that he will not respond to treatment and will soon return to drug use? Yes, it is likely to happen, and this was confirmed by studies conducted on a sample of addicts who were admitted to clinics to receive treatment, and it was found that they continued to use drugs during their stay there and after their exit from it. Likewise, addicts whose families insist that they enter clinics to receive treatment have no choice but to agree after a long refusal. They do not stop using drugs during their stay in the clinics and until they leave them, the treatment has failed and their families have only suffered a huge financial loss represented by what they spent on fake treatment in addition to the large sums of money that the addict received to spend on the drug that he is addicted to using. In contrast, we see the addict who has made his decision to stop using, on his own and without pressure from anyone, he stubbornly resists the withdrawal that afflicts him and endures the pain it causes him, relying on what he believes will help him continue with what he has decided, such as prayer, fasting, and other forms of worship, in addition to physical and psychological treatment.

This is what we have noticed in the cases that were successful, so it was not strange that the percentage of those who did not succeed in treatment and returned to addiction was 64% of the total number of those who entered clinics for treatment. After the doctor senses the addict's desire for treatment and his striving for it, he begins to search for whether he has previously received treatment or not, because it is possible that the treatment he received had an effect but did not appear until late, which is something he must take into consideration. Especially after it became clear that the longest and best-organized treatment programs yielded results that could not have been predicted.

It is crucial to understand the nature of the relationship between the addict and his social environment, as this is related to the outcome of the treatment, whether it is successful or unsuccessful. People who receive social or familial support are expected to improve more than those who do not receive such support. In short, the problem that stands in the way of evaluating treatment is determining the treatment that is trying to achieve and for which type of individual. Regardless of the treatment methods and techniques, the addict's cooperation with those treating him or her to recover from addiction plays a crucial role in this process. However, it often happens that drug users themselves resist treatment for unknown reasons, do not want to quit or receive help. It has often been said, with a great deal of confidence, There is nothing anyone can do if the addict does not want to help himself. Therefore, the addict must be informed, from the beginning, of the various possibilities, both those accompanying and those following treatment, so that if the desired success is not achieved, he does not become greatly disappointed or lose confidence in the therapist. He must also be aware of his role in the success and failure of treatment, and that success is not necessarily immediate or quick, but rather requires a great deal of patience and endurance to

achieve it. Even before the addict comes forward to receive treatment, his automatic quest to recover from addiction or to completely stop using drugs must be coupled with the belief that there is a strong possibility of his recovery, which is more valuable and effective than medical treatment characterized by recklessness, lack of sympathy, or exaggeration in sympathy, it is as if the doctor tries to treat the addict by providing alternative drugs to the drug to which he is addicted, which is an action that would make automatic reduction in use less likely to be achieved. In the worst case scenario, it is a source of deadly amounts of toxic drugs. Naturally, we will not go into the details of treatment for two reasons: the first is that it differs from one person to another, and the second is that it includes numerous medical, psychological, and social efforts, among which there is a high degree of intertwining. In order to achieve the desired results, it requires the knowledge, experience, and faith of specialists, in addition to their cooperation with the addict, his family, and all those who care about him, and the cooperation of these people with them (Yamna, 2008, 89).

6.2- The role of the psychological counselor in rehabilitating the psychopathic personality addicted to drugs:

The role of the psychological counselor in rehabilitating the psychopathic personality addicted to drugs involves performing a number of procedures, including:

- Implementing intelligence tests for addicts.
- Implementing a set of personality tests for drug addicts.
- Implementing a set of psychological tests for addicts, such as depression tests, anxiety tests, and others.
- Implementing a set of tests specific to addiction cases.
- Scheduling a series of individual and group psychotherapy sessions, which are very important in the psychological rehabilitation of addicts.
- The guide should strive to use all available means. Here we point out the importance of the role of the media, whether print, audio or visual, and the preparation of periodic explanatory bulletins and the holding of competitions on methods of prevention and treatment and the harms of these materials, and those occasions should be invested in preparing for these activities and participating in them.

Psychological and behavioral rehabilitation programs begin after the stage of detoxification from the body and treatment of the symptoms of drug addiction in detoxification centers is completed, so that the stage passes safely and without any complications. There is no doubt that the journey of treating drug addiction and restoring a safe, healthy life is not an easy matter, nor that the period of addiction treatment will end in days, it is a lifelong commitment and hard work to stay away from drug use. If drug addicts are not properly rehabilitated, then it is possible for the person to relapse again. One of the most important principles of addiction treatment that have been established by specialists is the length of the addiction treatment period. The longer the addiction treatment period, the more likely it is to achieve recovery (Al-Mallah, 1983, 102).

6.3- Rehabilitation of the recovering addict:

Addiction rehabilitation is a term for the psychological treatment of dependence on psychoactive substances such as alcohol, prescription drugs, and street drugs such as heroin, cocaine, or amphetamines. The general intent is to enable the patient to stop abusing the substance in order to avoid the psychological effects, and the legal, financial, social, and physical consequences that can be caused, especially when used in excess.

Psychological rehabilitation is also known as a program consisting of several steps and stages followed, the goal of which is for the addict to understand the reality of his problem with addiction and how to solve it and deal with it throughout his life to ensure that he does not return to drug use. It is a program implemented throughout the day by therapists and supervisors residing inside the home 24 hours a day through the following procedures:

- Bringing about a complete behavioral change to address the social, psychological, financial, and physical problems caused by addiction. These steps are aimed at breaking the bad habits caused by addiction, with the help of therapists and in-home supervisors.
- Rehabilitation through a sports program to stimulate the body and mind and overcome the extreme lethargy associated with addiction, as well as an entertainment program.
- Organizing trips to reintegrate the addict into society and engage in normal activities.
- Training the addict at home to set short- and long-term goals and work to implement them on an ongoing basis. This program is a global one, which has so far been used to recover from addiction in all its forms.
- Implementing an open therapeutic community approach, including groups and 24-hour therapy sessions led by therapists, a family counseling program that is on how to deal with an addict within the family.

7- Methodological procedures for field study:

In this section, we discuss some of the methodological procedures for field studies, the most important of which are:

7.1- Study Methodology:

In this study, the researchers relied on the descriptive approach, the method the researcher follows in studying, interpreting, describing, controlling, and predicting the phenomenon, as well as the mechanisms, tools, and equipment the researcher uses.

Location and duration of the study:

The study was conducted at the Al-Wasit Center for the Treatment of Addiction in Adrar State during March 2024.

7.2- Study Sample:

The study included a sample of (20) drug addicts receiving ongoing treatment at the Al-Wasit Center for the Treatment of Addiction in Adra State. The following is a presentation of their characteristics:

Table No. (1): Shows the distribution of sample members according to age and gender:

Sex Age groups	Males		Females		Total	
	Frequency	Percentage %	Frequency	Percentage %	Frequency	Percentage %
{17-22}	04	20%	00	00%	04	20%
{22-26}	11	55%	03	15%	14	70%
{26-28}	02	10%	00	00%	02	10%
Total	17	85%	03	15%	20	100%

It is noted that the sample members, in terms of gender, have a higher percentage of males than females, with the former being 85% and the latter 15%. If we try to find the reason, we find that the nature of the pressure exerted on girls in Algerian society prevents the emergence of cases even if they exist.

As for the age groups, we find that the group that represents the majority is the age group [17-26], which reached about 90%. We note that the majority of the sample members are young people, and they are the group most exposed to addictive behaviors due to the poor social situation and the low economic condition. In addition to the lack of awareness, this group flees from this bitter, undesirable, and completely unacceptable reality, to replace it with another, subconscious world in which they achieve their dreams, forget their worries, and make their fantasies an alternative to lived reality.

In this context, we can point out that the imitation of addictive and other criminal behaviors among young people is a result of the lack of awareness and guidance, whether at the family level or at the media level in general.

Table No. (2): Represents the distribution of the total sample members according to educational level:

Educational level	Frequency	Percentage %
Elementary	02	10%
Middle	07	35%
Secondary	08	40%
University	03	15%
Total	20	100%

This table shows the distribution of sample members according to educational level. We find that the percentage of addicted individuals with a secondary education level is about 40%, which represents the largest percentage, followed by the middle level with a percentage of 35%, followed by the university level with a percentage of 15%, then the primary level with a percentage of 10%. Based on these data, we must point out that drug addiction is not only related to those with an average level or high, but rather it relates to the degree of awareness in itself.

7.3- Study Tool:

The researchers used a content analysis tool because it was appropriate for collecting data on the study topic. This tool was used to analyze statistics provided by the Al-Wasit Center for the Treatment of Addiction in Adrar.

8- Presentation, Analysis, and Discussion of Results:

In this section, we present a detailed presentation and discussion of the results according to the study questions, as follows:

8.1- Presentation and Analysis of Results:

1) What are the specific variables of the psychological well-being of the antisocial (psychopathic) drug-addicted personality?

After analyzing the content of the reports issued by Al Wasit Center for Addiction Treatment in Adrar State, the researchers noted that the variables determining the psychological well-being of the antisocial personality (drug-addicted psychopath) are: the type of drug most commonly used, age, the addict's exposure to punishment during his childhood, and the nature of parental relationships with children, the sources of the conflicts experienced by the addict and the addict's feelings before and after drug use are shown in the following tables:

Table No. (3): Represents the most commonly used types of drugs:

The most common types of drugs	Frequency	Percentage %
Marijuana (smoking hashish)	10	50%
Pills	06	30%
Cocaine	03	15%
Other types	03	15%

It is noted from this table that the most common type is marijuana (smoking hashish) at 50%, then pills at 30%, then three cases of cocaine at 15%, then other types at 15%.

We conclude from this that the most common types at the present time are hashish in the first place, then psychotropic substances in the second place, which are substances that are taken most of the time as pills or tablets, and are known among young people as "cashets" and are used to treat mental and psychological illnesses, and due to the ease of obtaining them, they have become the most common narcotic substances, examples of which are diazepam - rivotril - Artone - fanstan... etc.

Table No. (4): Represents the age of onset of addiction among sample members:

Age of onset of addiction	Frequency	Percentage %
[11-15]	01	05%
[15-19]	13	65%
[19-23]	06	30%

Total	20	100%
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We note here that the age of onset of addiction is 11, which is the age at which the beginning of adolescence and the beginning of adulthood are determined, and that the rate of resorting to addiction at this age is 5%, while the age group [15-19] represents the highest absolute frequency, at 65%, and this directly indicates the adolescent crisis that the addict did not reach directly, but rather through successive time stages. Therefore, it can be said that adolescence as a period in a person's life has its own specificities in terms of emotional, mental and psychological aspects, and all the problems and difficulties that the individual is exposed to during this period negatively impacts overcoming this critical period. The adolescent, in fact, becomes an outcast from the society of young and old alike, and during this period he needs great care and understanding, whether from the family, the school as an educational institution, or society alike.

Table No. (05): Shows the addict's exposure to punishment during childhood:

Was the addict punished?		Frequency	Percentage %
No		05	25%
Yes		15	75%
Quality of punishment	Moral	03	20%
	Material	12	80%

The table shows that 15 out of 20 individuals, or 75%, are subjected to punishment. This means that the addict is subjected to physical punishment through beating, deprivation of food, and harsh speech, and is not subjected to guidance or counseling. Some parents believe that punishment is the only educational method by which they can prevent the child from committing behavioral errors or practicing any type of unsatisfactory behavior. While psychologists and specialists believe that punishment is no less dangerous than the previous methods, and this danger appears in two aspects:

- Type of punishment.
- Degree of punishment.

As for the type of punishment, many parents resort to severe physical punishment as a means of inflicting some form of harm and pain on their children. Some parents prefer punishments such as ridicule, insults, and verbal abuse, while others combine both.

As for the stairs, we find that parents go too far in punishment to a very extreme degree of severity and repetition. Here the danger of excessive punishment of both types becomes apparent, because the child feels alienated within his mother community, which is the family. This feeling can be translated into the following:

- 1- Exploiting the child's weakness and helplessness.
- 2- Physical punishment leads to a sense of injustice.
- 3- Punishment may also lead to the child's isolation and self-loathing, or it may lead to aggression and revenge by harming others.

From all of the above, we can point out that parents—and I'm not saying all parents—follow some incorrect parenting methods that can trigger unhealthy or criminal behaviors in children, which continue with them even into adolescence and adulthood. Therefore, we can prove the hypothesis that addiction is a social phenomenon with psychological causes stemming from feelings of inferiority, a lack of security and affection, and a need for stability.

Table No. (06): Shows the nature of parental relationships with children (addicts):

The nature of parent-child relationships	Frequency	Percentage %
Normal	04	20%
Abnormal	08	40%
Harsh	04	20%

Coercive	04	20%
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We note in this table that the nature of the friendly relationships of both the mother and father are divided into four types of relationships: normal, abnormal, harsh and coercive. Through the absolute frequencies and percentages, we arrive at the conclusion that the highest percentage of friendly relationships with the addict is the abnormal type, at 40%, followed directly and in the same percentage by the normal, coercive and harsh relationship, at 20%. If this indicates anything, it indicates that the addict, since his early childhood, has been trying to find a way to establish a good relationship with the source of love and affection - the mother, the father, and then the siblings.

Unusual relationships are represented by the presence of a relational disturbance within the family, whether this disturbance is with the mother, the father, or both.

We conclude from this that the addict lacks a positive relationship and family interaction, as the family system is the only thing that makes every member of the family, from the infant to the mother to the father to the siblings, look for a reactionary interaction between them. In other words, the child within the family needs a positive reaction to his behaviors and tendencies, and this is the thing that forms the personality, removes anxiety, and helps growth. Positive interaction is based on responsiveness, interest and understanding of each individual's needs.

Table No. (07): Shows the sources of conflicts experienced by the addict.

The presence of conflicts		frequency	Percentage %
No		04	20%
Yes		16	80%
Source of conflict	Mother	01	05%
	Economic reasons	03	15%
	Other reasons	05	25%
	Father	07	35%

This table shows that the number of addicts who suffer from conflicts within the family is 16, representing 80%, and the number of those who do not suffer from conflicts is 4, representing 20%.

We conclude from this that most addicts lack stability within the family, and the reasons for this vary, resulting from inequality or incompatibility in mutual relationships. The latter negatively impacts the process of children's growth and stability. Studies on families indicate that families living in constant conflict are described as being in a state of permanent war, as instead of parents being preoccupied with their children's problems.

Therefore, it should be noted that the painful events that children go through due to marital crises lead to a weakening of parental competence and a lack of good role models for many people. The addict remains closely connected to his childhood past, which he was exposed to during childhood, and he feels not only neglected as a member of the family, but also feels self-disturbance, as a result of his feelings of guilt and personal responsibility for the failure of marital life.

Table No. (08): Represents the addict's feelings before and after taking the drug:

Feeling addicted		frequency	Percentage %
Before taking the drug	Anxiety	17	85%
	Eagerness	03	15%
	Failure	00	00%
	Loss of hope	13	65%
	Trembling	02	10%
	Need for guidance and direction	08	40%
.After taking the drug	Strength	02	10%
	Rest	14	70%
	Activity	01	05%
	Fatigue	00	00%

	Relief from anxiety (confinement)	17	85%
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We note in the previous table that there are psychological effects for the addict that differ in type and degree before and after taking the drug, as the addict feels anxiety at a rate of 85% before taking the drug, and feels comfortable at the same rate of 85% after taking the drug, which is the highest rate whether before or after taking the drug.

2- How psychopathy is psychologically and socially rehabilitated in society?

From statistics provided by the Al-Wasit Center for Addiction Treatment in Adrar Province, the researchers noted the need to address the factors and causes that contribute to addiction and, subsequently, identify methods for rehabilitating drug addicts, as shown in the following tables:

Table No. (09): Shows the factors that contribute to drug addiction.

Factors contributing to drug addiction	Frequency	Percentage %
Friends	12	60% 216°
Family members	04	20% 72°
Curiosity	04	20% 72°
Tendency to use	06	30% 108°

From the previous table, we notice that the main reasons for drug abuse are friends, followed by family members, then the desire to learn, then the tendency to abuse. We find that the percentage of friends or bad companions is about 60%, followed directly by the tendency to abuse at 30%, then finally the desire to learn and family members at 20%.

We conclude from the above that the group of friends plays a major role in influencing the individual's attitudes and creating a conflict between his values, attitudes, motivations and needs for the group, which constitutes a strong incentive to be led to drug addiction. Previous studies have revealed that there are a high percentage of young people who have started using drugs in response to the invitation of their friends during youth gatherings that are usually far from family supervision. Especially during leisure time or during trips inside and outside the region in groups, young people become easy prey for those with evil intentions. Therefore, it can be said that in the absence of the authority of social value control within the family, the phenomenon of drug addiction increases, given that the family is the nucleus of society. If it is reformed and based on sound principles and strong foundations, society will be reformed and will achieve all the elements of strength and development.

Table No. (10): Shows the reasons for addiction:

The motivator	frequency	Percentage %
Escape from harsh parental treatment	06	30%
Loss of a parent	03	15%
Anxiety	03	15%
Escape from daily problems	06	30%
Loss of guidance and counseling	12	60%

Table No. (10) shows the reasons for addiction, in other words, the motives for addiction, where the motive that topped the list is the loss of the guidance and counseling process that the family is supposed to undertake, at a rate of 60%, then comes the second reason, which is escaping from daily problems, at a rate of 30%, then comes the loss of a parent and psychological anxiety at a rate of 15%. Therefore, it can be pointed out that the lack of ongoing awareness and guidance about the dangers of drugs constitutes an obstacle to eliminating this phenomenon. If we seek to develop a conscious, Muslim personality capable of thinking, making sound decisions, and rejecting deviant methods, this can only be achieved through conscious family upbringing, sound guidance, ongoing religious awareness, and continuous guidance to the right path.

Table No. (11): Shows the addict's thinking about abstaining from drug use.

Thinking about abstaining	frequency	Percentage %
Yes	11	55%
No	09	45%
Total	20	100%

According to this table, we notice that when an addict enters the world of drugs, he does not realize the dangers that follow the first stage of addiction, and when he discovers these negative effects, he finds himself in a closed circle that he cannot escape from except with difficulty. Therefore, his hope for recovery becomes small, his desire less, and his fear of returning to suffering in the originally rejected reality, so he refuses to abstain. According to the table, the percentage of those who responded with "yes" was 55% and the percentage of those who responded with "no" was 45%.

Table No. (12): Shows the addict's opinion on abstaining from drug use after consulting with a psychological counselor.

Addict's opinion	Frequency	Percentage %
Yes	20	100%
No	00	00%

We note that the entire study sample acknowledged their desire to stop using drugs after the sample members became aware of the dangers resulting from drug use, which include impaired psychological and mental functions, such as the accuracy of perception, poor memory, and slight agility, in addition to the emergence of persecutory thoughts and feelings accompanied by aggressive impulses that reach the level of crime in some cases.

We conclude that the addict, due to his ignorance and lack of awareness of the types of specialties and services provided by the department, including psychological counseling, was unwilling to abstain. Once he became aware of the existence of a role for psychological counseling, whether within the department or outside of it, he expressed his full readiness for treatment and follow-up, with the percentage of those who responded "yes" reaching 100%. This indicates that psychological counseling has a role in treating and preventing drug addicts, as it contributes to two aspects: the preventive aspect, such as awareness, and the therapeutic aspect, such as rehabilitation and social reintegration.

Table No. (13): Shows the addict's opinion on the contribution of psychological rehabilitation to treatment and prevention.

Contribution of guidance and psychological counseling	frequency	Percentage %
Yes	19	95%
No	01	05%
Total	20	100%

The table shows that 95% of the sample members acknowledged the contribution of treatment and prevention of addicts, but 5% did not acknowledge this contribution due to the privacy of some of the sample members, as the educational level is primary, and thus the addict does not have a sufficient level of awareness that enables him to distinguish between guidance and social service, for example. In general, and based on the opinions of the sample members, counseling as a preventive treatment method plays a major role in self-realization and understanding, correcting wrong behaviors and replacing them with correct ones. It also helps the addict realize his potential, abilities and readiness, transforming him from looking outside himself to looking inside himself, and teaching him how to learn to release painful feelings instead of suppressing them, with the aim of achieving psychological harmony.

We conclude, based on the specific objectives of psychological counseling, which are to find procedural solutions to the addict's problem, that psychological counseling, through a successful counseling relationship based on frankness, understanding, and acceptance, can, to a very large extent, succeed in the counseling process in terms of giving the sample members

the desire and will to get rid of the habit of addiction, provided that there is a personal readiness specific to each addict and the extent of his response to the counseling process.

3) What types of bail do addicts need to overcome their drug addiction without falling into mental illness?

The types of bail required by addicts to overcome their drug addiction varied according to the perspectives of the study sample, as shown in the following table:

Table No. (14): Shows the opinions of addicts about the types of sponsorship they need.

Types of sponsorship	frequency	Percentage %
Psychological sponsorship	10	50%
Medical sponsorship	03	15%
Psychological and Medical	07	35%
Total	20	100%

The table shows that the addict's opinion on the types of sponsorship he needs varies between psychological and medical sponsorship, and both medical and psychological. According to the table, we see that the addict's opinion on the existence of psychological sponsorship was 50%, and the addict's opinion on medical sponsorship was 15%. This indicates the most important basic needs of the addict, which represent everything related to the psychological and emotional side. As for the percentage of inclusion in psychological and medical sponsorship, it was 35%. This confirms the need for psychological care for drug addicts.

Table No. (15): Represents the addict's needs during treatment.

Addicts' Needs During Treatment	frequency	Percentage %
Medical Care	03	15%
Compassion	16	80%
Psychological Support	12	60%

According to the following table, we note that the addict states more about the need for psychological support and tenderness, with 80% for the element of tenderness and 60% for the psychological support aspect. This brings us back to talking about the addict's personality and answering the problem that was previously raised in the theoretical aspect: is the addict a sick person or a criminal who deserves punishment and the implementation of legal legislation on him? Through the statements of addicts about their need for tenderness, for support, for understanding, the addict is a weak and dependent person. His personality needs training, taming and rehabilitation, and therefore I point out the role the family can play during and after treatment, as the mother must reconsider the nature of her relationship with this addicted son, and must deal with him as a sick person by activating his will, using patience and avoiding methods of humiliation and insult for resorting to this behavior; and she must try hard to confront the family factors that were among the contributing factors the reasons for his resorting to addiction include neglect and indifference in monitoring him, or cruelty and domineering treatment. From the above, we conclude that the addict most needs compassion, acceptance, and understanding to overcome his problem.

8.2- Discussion of the results:

After presenting and analyzing the results, we can discuss them as follows:

- The majority of the sample was comprised of young people between the ages of 17-22 and 22-26, representing 90%.
- It was also found that the overwhelming majority of the sample was male, representing 85%, while females represented approximately 15%.
- It was also found that the largest percentage by educational level was approximately 40% for secondary education, followed by middle, university, and primary education, representing 10%.

- This study also revealed that the most prevalent type of drug was cannabis (smoking marijuana), accounting for 50% of the total, followed by other types.
- The highest percentage of onset of addiction was in the 15-19 age groups, at 65%, which coincides with adolescence.
- The researchers noted that 75% of the samples were subject to punishment, including 3 individuals subjected to moral punishment (20%), and 12 individuals subjected to physical punishment (80%).
- It was also found that friends were among the contributing factors to addiction, accounting for 60% of the cases. The motivations for addiction were to escape daily problems and harsh parental treatment, accounting for 60% of the cases. The lack of family guidance and counseling also accounted for 60% of the cases.
- It was also found that abnormal parental relationships between addicts and their parents accounted for 40% of the cases, followed by harsh and coercive relationships with children, accounting for 20%.
- It was also noted during the previous statistical analysis that 80% of the sample members belong to families characterized by conflict, anxiety and disintegration.
- It was also shown to us that the addict's feeling before taking the drug is dominated by anxiety at a rate of 85%, as 17 people from the sample stated that they resort to taking the drug due to their feeling of failure and anxiety, and 8 people stated that their urgent need for guidance and care was the driving reason for addiction at a rate of 40%, and 14 people from the sample stated that the feeling of anxiety disappears and is replaced by a feeling of comfort and happiness at a rate of 70% and another feeling of anxiety disappearing by 85% after taking the drug.
- It was also found that the rate of abstinence from drugs before the counseling sessions was 55%, while the rate reached 100% after conducting therapeutic counseling interviews and dialogue with the psychological counselor.
- Regarding the contribution of psychological rehabilitation to treatment and prevention, the percentage was very high, reaching 95%, as 19 individuals from the sample stated the positive role of the counseling process and their need for this counselor within treatment clinics.
- In the end, the researchers reached an important conclusion: the addict needs nothing more than care, tenderness, and attention to his condition. According to the statistical analysis, it was found that 16 individuals in the sample complained of their lack of tenderness, not because of the lack of tenderness itself, but because of the lack of an effective educational method for caring for the children, at a rate of 80%.

General conclusion:

Drug addiction is a social scourge whose causes are psychological, stemming from feelings of inferiority, instability, and a desperate need for affection, care, and guidance. It is clear that strengthening family relationships between parents and children is sufficient to reduce the phenomenon of drug addiction. This is in line with the results of the study, which showed that 60% resort to addiction to escape their daily problems and because of the loss of the family guidance and counseling process, and that 40% of the sample members suffer from problems in parental relationships, including harsh relationships and indifference practiced on children. It was also noted that 80% of the sample members belong to families dominated by conflict, anxiety and tension, and also 85% of the sample members resort to drugs due to their feelings of anxiety, failure and frustration.

Psychological rehabilitation also contributes to the treatment and prevention of drug addicts. This is in line with the results of the study, which showed that 95% of the sample stated the positive role of the psychological rehabilitation process, and stated their desire to abstain from drugs 100% after consulting with the psychological counselor and conducting guidance interviews.

Psychological counseling, as a supportive process, contributes to the treatment and prevention of drug addiction. However, this contribution is always lacking in terms of quantity and quality. It is sufficient for me to point out that counseling, however lacking, provides services to the addict that facilitate the process of emotional release, such that the addict feels fluent in expression and has a great freedom through which to express all the painful experiences that are swirling around inside him.

We can say that counseling does not only contribute to the process of purification or emotional release, but it also contributes to the process of insight, which is a very important procedure achieved through counseling sessions within the interview, in which the self is accepted as it is, understanding and accepting reality, the growth of will, and the replacement of painful experiences with pleasant experiences. This happened during the counseling process with the study sample, where the majority of the sample members were able to identify the motivations for their behavior, the influencing factors, and the sources of the disorder, in addition to their desire and will to get rid of this deadly epidemic, which is drug abuse.

The rehabilitation phase for drug addicts is one of the most important stages in the journey of treating drug addiction. It is a fundamental stage, and indeed the most important step in the stages and steps of addiction treatment. This phase aims to reintegrate addicted people after recovering from their addiction to integrate into society again so that they become productive people who have a mark in their communities and have a positive impact. When the effects of drugs are eliminated from the body and after the symptoms of drug withdrawal are treated in the body, we have thus completed a step in the journey of addiction treatment, but it is not believed that it is the first and last step, as many people have stopped using drugs and removed the toxins of drugs from their bodies, but they soon returned to the path of drug use again and relapsed. Therefore, subjecting the addicted person to psychological rehabilitation programs is a fundamental and essential element in the addiction treatment journey. In fact, during the psychological and behavioral rehabilitation phase, the addicted person needs psychological and social support from family, friends, and the family as a whole. Some people close to the addict have a strong influence on completing the rehabilitation and addiction treatment process.

The specific objective of psychological rehabilitation is to achieve a strategy of development, prevention and treatment. The general objective is to implement the theoretical aspect in practice in the rehabilitation process. It is necessary to design preventive guidance programmers in all government institutions, given their importance and need.

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