








# Factors Contributing to Drug Addiction and the Effectiveness of Multi-Sectoral Initiatives for Narcotics Prevention in Lashkargah, Helmand Province

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## Abstract

**Background:** Narcotic addiction poses a significant threat to individuals, families, and communities in Afghanistan, particularly in Lashkargah City, Helmand Province. This study examines the effectiveness of government-led initiatives in preventing narcotics use.

**Methods:** A mixed-methods approach was employed. Behavioral observation reports and structured questionnaires from 70 addicts were supplemented with data from the Helmand Directorate of Public Health and a 100-bed rehabilitation facility. Quantitative data were analyzed using IBM SPSS, while qualitative findings strengthened the interpretation of results.

**Results:** The findings indicate that the primary causes of drug addiction in the area include peer pressure (85.2%) and the high accessibility of drugs (85%). Participants also reported several major consequences of addiction, such as social stigma (55.6%), economic strain (61.1%), and social isolation (70.4%). Additionally, 94.4% of respondents emphasized the importance of government-led and community-based initiatives, including awareness campaigns, rehabilitation services, and public participation. Moreover, 83.3% of respondents recognized educational institutions as key actors in prevention, noting that school-based awareness programs and prevention education can significantly reduce drug use among youth.

**Conclusion:** The study concludes that peer pressure and easy access to drugs are primary drivers of addiction in Lashkargah. It also highlights the critical contribution of government bodies, educational institutions, and community efforts as part of multi-sectoral approaches to narcotics prevention. Effective mitigation of drug use requires coordinated action and continued collaboration across these sectors.

**Keywords:** Substance-Related Disorders, Narcotics, Risk Factors, Government Programs, Social Impact, Helmand Province

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## INTRODUCTION

Narcotic addiction remains one of the most critical social and public health challenges in Afghanistan, particularly in Lashkargah City, Helmand Province [1]. Helmand has long been recognized as a major center for both the production and consumption of narcotics [2, 3]. Factors such as poverty, unemployment, easy accessibility of drugs, prolonged conflict, and lack of education have contributed to the rising prevalence of addiction, especially among young people [4-6]. Addiction adversely affects individuals, families, and

communities, causing social, economic, and health-related problems, including family disputes, social stigma, economic strain, and psychological distress [7]. Globally, substance abuse affects over 284 million people and has serious physical, mental, and social consequences, highlighting the urgent need for effective prevention strategies [8]. In Afghanistan, the situation is compounded by the country's role as a leading opium producer, with Helmand Province historically contributing nearly half of the nation's output [2, 9]. These circumstances have entrenched addiction as a pervasive social issue, particularly

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among vulnerable youth and rural populations [3]. Previous research in Afghanistan and neighboring countries has identified multiple drivers of substance abuse, including socio-economic and cultural factors, peer pressure, and limited access to prevention programs [1, 5]. Studies conducted by regional public health institutions and international organizations, such as the United Nations Office on Drugs and Crime (UNODC), indicate that weak social protection systems and limited rehabilitation services exacerbate substance abuse [10]. However, most existing studies focus primarily on national statistics or medical outcomes, with limited attention to localized assessments of prevention programs and their effectiveness at the community level [11]. In particular, there is a lack of research examining the combined role of government initiatives, educational institutions, and community participation in narcotics prevention within Helmand Province. Therefore, this study aims to address these gaps by analyzing the factors contributing to drug addiction in Lashkargah City and evaluating the effectiveness of multi-sectoral initiatives in reducing substance abuse. The findings are expected to provide evidence-based recommendations for strengthening policy-making, enhancing community-centered programs, and implementing culturally appropriate strategies to mitigate narcotics dependence in Afghanistan.

#### Opium Cultivation and the Government Efforts

A major problem in Afghanistan's socioeconomic and political landscape, especially in Helmand Province, has been the country's reliance on opium cultivation. Opium is an essential component of the nation's informal economy, as it has historically provided about 80% of the world's opiate demand [1]. Since opium planting provides a living for millions of rural communities, efforts to curtail production have encountered considerable obstacles.

#### Year: 2020

The manufacturing of opiates, which include heroin, morphine, and opium, is arguably the largest illegal economic activity in Afghanistan. It was estimated that the Afghan illicit opiate industry would produce between \$1.8 and \$2.7 billion in gross output in 2021. The total value of opiates, including both domestic consumption and exports, fluctuated between 9% and 14% of GDP, which was higher than the value of Afghanistan's officially declared, legal exports of goods and services, which were predicted to be 9% of GDP in 2020 [12].

#### Years: 2021

1. Opium production covered about 177,000 hectares in 2021, driven by the breakdown of alternative livelihood programs and economic turmoil. As enforcement efforts faltered throughout the political upheaval that followed the Taliban's return to power, illegal activity increased. 14 Opium trafficking continued during this time, providing about 80% of the world's consumers [13].

#### Years: 2022

In 2022, opium cultivation reached a height of 233,000 hectares, with an estimated 6,200 tons of output. From \$425 million in 2021 to \$1.4 billion, the economic value of opium tripled, accounting for 29% of Afghanistan's agricultural output. Nevertheless, farmers continued planting for the season in April 2022 despite a Taliban-imposed prohibition because enforcement was lax at the time [12-14].

#### Years: 2023

Only 10,800 hectares of opium were produced in 2023 after a historic 95% decline in cultivation brought about by the Taliban's tight implementation of their opium embargo. This sharp dip was the biggest in Afghanistan's opium history, especially in Helmand Province, where cultivation fell from 122,000 hectares to 142 hectares. As a result, 333 tons of opium were produced, which led to a severe scarcity in the world market for opiates [12-14].

#### Challenges and Outcomes

Almost 7 million individuals are now economically vulnerable as a result of the decline in opium cultivation. The revenue of farmers who switched to legitimate crops like wheat was drastically reduced; they were paid \$770 per hectare instead of \$10,000 for opium. To help Afghan farmers through this shift, international organizations have underlined the critical necessity for sustainable development initiatives [12-14].

#### Problem Statement

Addiction to narcotics is a particularly unpleasant issue in Lashkar Gah, Helmand. Many people are left with broken emotions as well as broken bodies. These individuals, who are frequently afraid and embarrassed, feel as though they are trapped in a hole from which they are unable to escape. In addition to their declining health, they are also becoming less able to provide for their families. Families also suffer because of monetary strains and social criticism. Hope is lost, and relationships are destroyed. The illegal crop is a major source of income for Helmand, which is well-known for its opium fields. Many farmers ceased cultivating opium after the Taliban outlawed its use. However, this also eliminated their primary source of income, which caused them to fall into poverty. The government offers rehabilitation facilities, but addicts believe this is insufficient to aid in their recovery. Although many of them regret their addiction, they do not know how to get out of it.

#### Connotation of the study

There are many other ways that the government and educational institutions may handle the issue of drug addiction. The government leads in prevention through awareness campaigns, rehabilitation institutions, policy enforcement, and community engagement programs. Educational institutions also serve an important auxiliary role. They can educate students about the risks of drug use, raise awareness in communities, and provide support to addicts and their families. However, current efforts remain insufficient. Reducing addiction rates is only one objective; equally important goals include saving lives, reuniting families, and offering hope for a drug-free future. The

purpose of this study is to examine how government initiatives and educational institutions in Lashkar Gah can help residents overcome addiction and improve their quality of life. This study aims to evaluate the effectiveness of the government and Educational Institutes in the prevention of narcotics in Lashkargah City, Helmand Province.

To assess the role of government initiatives in the prevention of narcotics in Lashkargah City.

To evaluate the contribution of educational institutions in raising awareness and reducing drug addiction.

To identify effective strategies that can help reduce addiction rates and improve the well-being of affected individuals and families.

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## METHODS

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This study employed a mixed-methods design that integrated quantitative and qualitative techniques to offer a comprehensive understanding of drug addiction and the effectiveness of preventive initiatives. In order to collect quantitative data, seventy addicts were given structured questionnaires to complete.

**Research Design:** The study included 70 individuals currently using narcotics in Lashkargah City, 10 lecturers from Arakoozia University, and 5 Mullah Imams involved in community outreach programs. Participants were selected using purposive sampling based on Morgan's table to determine sample size from a finite population. Helmand Province has a 100-bed rehabilitation facility for addicts; using Morgan's table, 80 participants were required. Of these, 70 addicts were recruited for the study, while the remaining 10 were under intensive care and thus excluded. Inclusion criteria for addicts were: (1) age 18 years or older, (2) residing in Lashkargah City, (3) current use of narcotics, and (4) willingness to participate in the study. Exclusion criteria included: (1) individuals with severe cognitive impairments that would prevent meaningful participation, (2) those currently undergoing acute medical treatment for unrelated conditions, and (3) refusal or inability to provide informed consent. Regarding lecturers, Arakoozia University has a total of 10 Master-level lecturers, and all were selected using Morgan's table to ensure proper representation of academic perspectives.

Tools for Gathering Data:

1. Eight open-ended, multiple-choice questions in a structured questionnaire.
2. Observation reports that record participants' feelings, looks, and actions.

Methods of Data Collection:

- Individual interviews to gather answers to questionnaires.
- Participant observation carried out during data collection to provide the team with qualitative insights.

Quantitative data: Structured questionnaires were administered to 70 addicts. The questionnaire included items on socio-demographic characteristics, drug use

history, reasons for addiction, perceived consequences, and awareness of preventive programs. Data were entered into IBM SPSS for descriptive and inferential statistical analyses.

**Qualitative data:** Behavioral observation reports and semi-structured interviews were conducted with addicts, 10 lecturers, and 5 Mullah Imams. Interviews focused on experiences with addiction, perceptions of government and community preventive initiatives, and barriers to effective prevention. Observations were systematically recorded using a pre-designed observation checklist.

Integration of data: Quantitative and qualitative findings were combined during the analysis phase. Qualitative insights were used to contextualize, explain, and support the quantitative results, allowing for a more nuanced interpretation. All procedures were documented to ensure replicability.

### Validity and Reliability of the Questionnaire

This study's structured questionnaire was modified from previously approved tools in related studies. A panel of experts, including public health experts, addiction researchers, and Arakoozia University faculty, evaluated the questionnaire to guarantee content validity. Ten participants from a similar population took part in a pilot test to evaluate the items' relevance, clarity, and comprehension. Based on comments, the necessary changes were made.

Reliability of the questionnaire was assessed using Cronbach's alpha for internal consistency, achieving a value of 0.82, indicating good reliability. These steps ensured that the questionnaire accurately and consistently measured the variables of interest.

### Data Analysis

Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to analyze quantitative data from the structured questionnaires in IBM SPSS in order to summarize sociodemographic traits, causes of addiction, and knowledge of preventative programs. Chi-square tests and other inferential statistics were used to look for relationships between important variables.

Thematic analysis was used to examine qualitative data from semi-structured interviews and behavioral observations. To gain an understanding of participants' perspectives, experiences, and the efficacy of local and governmental initiatives, transcripts were coded, and major themes were found.

In order to ensure a thorough understanding of the research outcomes, the findings from both quantitative and qualitative analyses were integrated during the interpretation phase. The qualitative results were used to contextualize and support the quantitative findings.

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## RESULTS

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The findings of this study provide important insights into the roles of both government and educational institutions in the prevention of narcotics in Lashkargah City, Helmand

Province. Data collected from participants revealed key causes of addiction, major social and economic impacts, and the effectiveness of current intervention strategies. The results also highlight community perceptions regarding the efforts of both sectors in addressing drug abuse and supporting affected individuals and families.

### Causes of Addiction

One of the main causes of drug addiction in the research area is social influence. Peer pressure and having friends who are addicted were cited by many of the respondents as significant contributing factors (table 1). This result highlights how important interpersonal connections are in influencing drug-related behavioral decisions.

pattern implies that addiction causes profound social disruption, which exacerbates feelings of loneliness and decreased social support, in addition to having an impact on one's physical and mental well-being (table 2).

Drug addiction imposes a significant financial burden on individuals and their families, leading to reduced economic stability and increased household stress. This reflects broader socio-economic consequences beyond personal expenditure. Table 2 further shows that addiction is associated with social isolation, where affected individuals become withdrawn from family and community interactions. Additionally, observational evidence revealed signs of anxiety and deep sadness among many participants,

**Table 1. The role of Peer Pressure/ hanging with addicted friend and easy access to narcotics**

		Peer Pressure/ hanging with addicted friend			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Selected	60	85.2	85.2	85.2
	Not Selected	10	14.8	14.8	100.0
	Total	70	100.0	100.0	
		Easy Access			
Valid	Selected	59	85.2	85.2	85.2
	Not Selected	11	14.8	14.8	100.0
	Total	70	100.0	100.0	

Easy access to drugs is one of the major contributing factors to drug use in LashkarGah. A considerable number of participants reported that drugs are readily available, which increases the likelihood of early experimentation and subsequent long-term dependence. Furthermore, addiction within the family environment was identified as another significant factor. This suggests that drug use is more common in households where substance abuse is already normalized or socially accepted, thereby increasing the risk of drug initiation among family members. In contrast, factors such as financial hardship and illiteracy were reported less frequently by respondents. Although these factors may still contribute to drug use, the findings suggest that their influence is relatively weaker compared to direct social exposure and easy availability of drugs. Overall, these findings highlight the importance of strengthening community-based interventions and implementing effective policy measures aimed at reducing drug availability and promoting protective social environments to prevent drug abuse.

### Effects of Addiction on Individuals

According to the analysis, one of the most noticeable effects of drug addiction among the participants is social isolation. Addiction severely damages social bonds, according to many respondents, and frequently leads to withdrawal from friends, family, and the community. This

indicating notable psychological distress. Overall, the results highlight that drug addiction has interrelated economic, social, and psychological impacts, underscoring the need for comprehensive rehabilitation programs that address all three dimensions.

### Effects on Families

Social stigma was seen by many respondents as a significant effect of drug addiction in families. This demonstrates how people who are battling addiction may encounter criticism or rejection from their communities, which can exacerbate emotional difficulties and impede their recovery and reintegration into society (table 3).

The analysis indicates that slightly more than half of the respondents identified economic pressure as a significant consequence of drug addiction. This suggests that although the level of financial strain varies depending on social and personal conditions, it remains a common challenge for many individuals and their families. The accompanying table provides further details and supporting evidence on the financial impact of addiction. Observation findings revealed that, despite their addiction, several individuals were still actively engaged in supporting their families. Physical indicators, such as signs of manual labor on their hands, reflected their involvement in daily work activities. Interestingly, access to drugs appeared to influence

**Table 2. Identification of social isolation and economic burden on individuals and families of addicted**

		Social Isolation			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Selected	49	70.4	70.4	70.4
	Not Selected	21	29.6	29.6	100.0
	Total	70	100.0	100.0	
		Economic Burden			
Valid	Selected	43	61.1	61.1	61.1
	Not Selected	27	38.9	38.9	100.0
	Total	70	100.0	100.0	

**Table 3. The additional insights related to the social impacts and economic pressure of drug addiction**

		Social stigma			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Selected	39	55.6	55.6	55.6
	Not Selected	31	44.4	44.4	100.0
	Total	70	100.0	100.0	
		Economic Pressure			
Valid	Selected	36	51.9	51.9	51.9
	Not Selected	34	48.1	48.1	100.0
	Total	70	100.0	100.0	

emotional behavior, as some individuals showed increased affection and concern toward their families, possibly as a way to maintain family bonds or reduce feelings of guilt. Overall, these findings highlight the complex relationship between drug addiction and family life, demonstrating not only the economic and emotional burdens placed on households but also the efforts of some addicted individuals to remain socially and emotionally connected within their families.

**Government Efforts and Interventions**

The president of Afghanistan's proclamation states that anyone found cultivating opium or hashish faces a sentence of three to nine months in prison. A person faces a year in prison if they are found in possession of 250g of any form of drug. In Lashkar Gah, the government has worked hard to help those who are addicted, mostly through the rehabilitation hospital with 100 beds. In the last year, 850 people received treatment, and each patient stayed for 45 days to 4 months to heal, according to hospital officials. The hospital offers daily medical examinations by qualified medical professionals, spiritual counseling from a Mullah Imam who gives talks during morning and evening prayers, and educational assistance from a teacher who teaches basic

literacy and life skills. The purpose of these services is to meet the educational, spiritual, and physical requirements of people in recovery.

A significant majority of respondents (94.4%) recognized government-led staff training as an effective intervention in preventing narcotics addiction (table 4). This indicates that government initiatives focused on training professionals such as health workers, teachers, and law enforcement are widely perceived as impactful in addressing the drug crisis. The result highlights the essential role of capacity-building and institutional readiness in national narcotics prevention strategies.

Participants recognize improving counseling services as an important strategy for drug prevention, reflecting awareness of the need for stronger psychosocial support systems. However, cooperation with external organizations was perceived as less influential. Overall, the results suggest that strengthening staff capacity and improving available resources could enhance the effectiveness of preventive interventions. Although counseling services were generally considered beneficial, many respondents did not view them as a major factor in preventing drug use. This suggests that the impact of counseling may be limited due to issues related

**Table 4. The additional insights related to government-led staff training as an effective intervention in preventing narcotics addiction and Enhanced counseling services**

		Training for staff			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Selected	66	94.4	94.4	94.4
	Not Selected	4	5.6	5.6	100.0
	Total	70	100.0	100.0	
		Enhanced counseling services			
Valid	Selected	31	44.4	44.4	44.4
	Not Selected	39	55.6	55.6	100.0
	Total	70	100.0	100.0	

to accessibility and availability in the current setting. Therefore, there is a clear need to expand and strengthen counseling services, along with improving staff capacity and institutional resources to enhance the effectiveness of anti-addiction programs.

In contrast, the findings also show that participants expressed strong hope for recovery and a willingness to overcome addiction. Many voluntarily enrolled in rehabilitation programs, reflecting the effectiveness of existing treatment services and the supportive environment provided by healthcare staff. Participants expressed gratitude toward hospital personnel, indicating satisfaction with the quality of care received. These services, supported by government initiatives, highlight the important role of government in both prevention and rehabilitation efforts. Despite some concerns regarding prolonged hospitalization, overall feedback remained positive, suggesting that structured care and compassionate support significantly contribute to improved recovery outcomes.

#### **Role of Educational Institutions**

Educational institutions play a critical role in preventing narcotics use by raising awareness, educating students about the risks of drug addiction, and promoting healthy, drug-free lifestyles. Through structured outreach programs, public lectures, and integration of anti-drug education into curricula, schools and universities serve as foundational platforms for early intervention and long-term behavioral change. Their influence on youth and communities makes them key stakeholders in national drug prevention strategies. The following tables show the role of educational institutions in the prevention of narcotics.

According to the analysis, outreach programs are thought to be the best way for educational institutions to fight drug addiction. These initiatives, which include community-based campaigns, public lectures in mosques, and awareness sessions in rehab facilities, are thought to be essential for increasing public knowledge of the dangers of drug use and bolstering grassroots preventive initiatives (table 5).

The findings indicate that most participants view counseling services as a crucial strategy for preventing drug

use. This reflects a general awareness of the importance of psychosocial support systems in addiction prevention. The results further suggest that collaboration between government and educational institutions can significantly improve the effectiveness of counseling programs and strengthen overall prevention efforts.

Participants also emphasized the important role of the government in addiction prevention. They recommended that government institutions use their platforms to directly engage with affected individuals and the wider public by providing information, guidance, and encouragement to support both prevention and recovery efforts. Many respondents suggested the establishment of support groups, organization of awareness workshops, and implementation of anti-drug education programs at different levels. It was also noted that early experimentation with drugs might have been reduced if stronger preventive and educational initiatives had been in place.

Overall, these findings highlight the critical role of government-led community-based interventions, particularly in raising awareness, strengthening counseling services, and establishing support networks. The integration of counseling, outreach activities, and policy enforcement is therefore essential for building an effective and sustainable framework for drug prevention and rehabilitation.

## **DISCUSSION**

Poverty, unemployment, peer pressure, weak family structures, and psychological distress are some of the interrelated political, social, economic, and psychological factors that contribute to drug addiction, which is still a major global public health and social problem [15, 16]. These factors are made worse in Afghanistan, especially in Helmand Province, by low levels of education, easy access to drugs, and a lack of awareness. Our results are consistent with earlier studies that indicate young males who have large families, low levels of education, and unstable incomes are particularly susceptible to addiction [1, 16, 17]. This emphasizes how crucial it is to pinpoint at-risk groups

**Table 5. Defined organizing community outreach programs and offering counseling services for Narcotics Prevention**

<b>Organizing community outreach programs</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Selected	58	83.3	83.3	83.3
	Not Selected	12	16.7	16.7	100.0
	Total	70	100.0	100.0	
<b>Offering counseling services</b>					
Valid	Selected	47	66.7	66.7	66.7
	Not Selected	23	33.3	33.3	100.0
	Total	70	100.0	100.0	

for focused interventions. The study shows that two of the main causes of addiction in Lashkargah are peer pressure and drug availability. These findings are in line with research conducted in other parts of Afghanistan and nearby nations, where drug use patterns are greatly influenced by social influence and environmental availability [15, 16]. The findings that addiction and the family environment are mutually reinforcing are further supported by family-related factors, such as parental supervision and substance use in the home [18, 19]. Early family participation in prevention and treatment initiatives enhances recovery results and promotes long-term rehabilitation.

Initiatives run by the government, such as community outreach programs, rehabilitation services, and awareness campaigns, were thought to be successful methods of preventing drug use. This corroborates findings from earlier research showing that governmental bodies are best suited to coordinate integrated, multi-sectoral approaches [20-22]. However, obstacles like low public awareness, inadequate infrastructure, staffing shortages, and limited funding can prevent these initiatives from being fully effective, which is consistent with findings from other Afghan contexts [11, 22, 23]. Participants' emphasis on bolstering human and material resources to improve outcomes was reflected in the identification of strengthening counseling services and capacity-building for health and rehabilitation staff as critical areas for improvement.

Additionally, educational institutions were recognized as crucial players in prevention initiatives, especially through outreach initiatives, school-based awareness campaigns, and life skills instruction. These results are in line with evidence from around the world showing how early, school-focused interventions can effectively reduce youth substance use [24, 25]. In addition to addressing participants' psychosocial and spiritual needs, culturally sensitive, community-based programs involving families, educators, religious leaders, and medical professionals improve program success and participation [11, 20].

The conceptual framework that emerged from this study shows how important risk factors and preventive measures interact: multi-sectoral interventions (government programs, educational outreach, counseling, and rehabilitation) reduce the risks associated with addiction, while social and familial factors (peer influence, family environment, and economic hardship) increase vulnerability. A coordinated strategy that combines evidence-based education, community involvement, and socioeconomic support, all under government supervision to guarantee sustainability is necessary for effective prevention [11, 26].

Our findings highlight the need for integrated prevention and rehabilitation approaches that are specific to regional settings. Collaboration between government agencies, NGOs, CBOs, FBOs, and community members enhances program implementation and long-term impact, even though universal programs in schools and focused interventions for high-risk groups are crucial. A flexible framework for lowering substance use is provided by evidence-based strategies that integrate behavioral, cognitive, and positive psychology concepts with culturally and religiously appropriate practices [27, 28]. In conclusion, substance abuse in Afghanistan continues to present serious public health, social, and economic challenges due to a variety of interconnected factors. Comprehensive, government-led approaches that include socioeconomic support, community engagement, family involvement, and education are needed to address these. To lessen the effects of addiction and maintain long-term recovery, it is essential to increase the capacity of counseling and rehabilitation services, support awareness campaigns, and encourage cross-sector cooperation.

When interpreting the results, it is important to take into account the various limitations of this study. First, the results may not be as applicable to other parts of Afghanistan because the sample size was small and restricted to participants in Lashkargah City. Second, selection bias may have been introduced by the participants' inclusion of

educators, religious leaders, and addicts. Third, response biases might have resulted from the use of structured questionnaires and self-reported data. Despite these drawbacks, the study offers insightful information about the causes of addiction and the efficacy of multi-sectoral prevention programs in the local setting.

## CONCLUSION

This paper highlights the complex issues caused by drug addiction in Lashkar Gah, Afghanistan, and offers practical solutions. The findings indicate that peer pressure and easy access to drugs, intensified by social, economic, and structural challenges, are the main drivers of addiction. Addiction affects individuals, families, and society at large, leading to psychological distress, financial hardship, familial neglect, social disgrace, and marginalization. Government initiatives, particularly the 100-bed rehabilitation center, have played a vital role in providing medical, spiritual, and educational support to those in recovery. While participants appreciated these services, they raised concerns about prolonged hospital stays and limited family engagement. The findings suggest that existing recovery programs are effective but would benefit significantly from stronger family involvement and reintegration support. In the second line of defense, educational institutions have emerged as valuable partners in combating addiction. Participants emphasized the importance of outreach activities such as counseling services, awareness campaigns in communities and mosques, and educational support within rehabilitation centers. By fostering community engagement and increasing public knowledge about the dangers of addiction, educational institutions can complement government efforts and play a meaningful role in both prevention and rehabilitation.

### Ethical Considerations

The Arakozia University Research Ethics Committee granted ethical approval for this study (Approval No. 55). Written informed consent was obtained before participation, and each participant received comprehensive information about the study's goals, methods, and rights. All information was safely stored, and participant confidentiality and anonymity were strictly upheld.

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