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ASSESSMENT OF PSYCHOSOCIAL LIFE ASPECTS AMONG SUBSTANCE ABUSE CLIENTS AT REHABILITATION PHASE

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Abstract

Background: *Rehabilitation of the substance misuse is a stage that is no less important than the main stage in the treatment of addiction, but rather it is considered complementary to it. The treatment phase of substance misuse is not worth anything if the addict suffers a relapse that causes him/her to revert back to the path of addiction, and this phase mainly aims to rehabilitate the substance misuse psychologically and socially.* **Objective:** *The purpose of the study is to assess the social and psychological life aspects of substance misuse clients who are at the rehabilitation phase at Erada and mental health clinic in Abha mental health hospital.* **Method:** *A descriptive cross-sectional research design was adopted in this study. The researcher used the systematic random sampling method to recruit a sample of 184 substance misuse clients who are at the rehabilitation phase at Erada and mental health clinic in Abha mental health hospital. To collect data, the study used the questionnaire that consisted of three parts: the socio-demographic part, the Psychological Functioning Scale and the Social Functioning Scales.* **Result:** *The results of the study showed that the total score of the psychological life aspects scale was (2.48±0.23). It was found that the greatest effect was for depression domain (2.6±0.50). Moreover, the study found that the total score of the social life aspects scale was (2.43±0.25). it was found that that the greatest effect was on risk-taking domain (2.5±0.48). Further, the study found that there were significant statistical differences in the social and psychological life aspects among the substance misuse clients who are at the rehabilitation phase referred to age, gender, marital status, type of misused substance, duration of substance misuse, unit of client, dose of misused substance, and withdrawal duration ($p \leq 0.05$).* **Conclusion:** *The study concluded that depression, self-esteem, risk-taking and childhood problems were the main affected social and psychological life aspects among substance misuse clients who are at the rehabilitation phase. The study recommended increasing public awareness regarding the major psychosocial effects of addiction and design interventional programs to improve clients' psychosocial adjustment levels.*

Keywords: *Social, Psychological, life aspects, Rehabilitation, Erada mental health complex*

Introduction

The stage of psychological rehabilitation for the addict is considered the most important stage that must be taken into account, without which the addict may relapse back into addiction. The importance of psychological rehabilitation is considered as another life, and without it, the course of addiction treatment is null and has no consideration [Dunn DS, 2019].

Psychological rehabilitation and social rehabilitation are two sides of the same coin, seeking to

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develop the personality of the addict by strengthening some of his/her qualifications such as social and individual skills, so that the individual can achieve maximum saturation in the context of some concepts, self-confidence and self-understanding [Denzin NK & Johnson JM, 2017], as well as positive interaction with all social, professional and family levels, in a context balanced with principles, concepts, ethics and values [Dunn DS, 2019].

Different studies had assessed the psychosocial life aspects among substance abuse patients and clients within different geographical contexts. For example, Poudel A et al (2016) conducted a descriptive cross-sectional study that aimed at identifying the psychosocial problems and related factors among clients diagnosed with substance abuse disorders. The sample of the study consisted of 204 clients who were diagnosed with substance abuse disorders. The revised version of the Drug Use Screening Inventory was used to collect data from the study participants. The results of the study showed that the clients had high level of psychosocial problems represented by substance abuse problems, school performance problems, behavioral patterns problems, peer relationship problems, social competency problems, psychiatric disorders, family system-related problems and work adjustment problems.

In another study conducted by Hasan A (2019) in Saudi Arabia, the study sought to assess the psychosocial life aspects among substance misuse patients. A cross-sectional design was adopted in this study through administering a self-administered questionnaire over a sample of 181 participants. The results of the study showed that self-esteem, anxiety and depression, hostility and risk-taking psychosocial aspects domains were the most affected life aspects among substance misuse patients.

In Palestine, Al-Naser A & Omar A (2020) conducted a study to assess the psychosocial adjustment aspects among recovered drug abuse patients. A stratified random sample of 108 addicted patients were recruited in this study. The results of the study showed that the study participants had a moderate level of psychosocial adjustment. The results also showed that the psychosocial impacts of drug abuse among addicted and rehabilitated patient differed significantly based on the socio-demographic characteristics of the participating patients.

Singh J & Gupta PK (2017) reported that among the most serious of these problems is poor psychological and social adjustment, mental and cognitive abilities disorder, low ambition, poor production, and a threat to the scientific and professional future. This results in the loss of the ability to carry out social responsibilities and roles, and an increase in the proportion of behavioral deviations, and delinquency to crime in society.

However, there is a significant lack of local studies exploring the psychosocial life aspects among substance abuse clients who are at rehabilitation stage in Saudi Arabia. Therefore, there is an urgent need to conduct a survey study exploring the psychosocial life aspects among clients at the rehabilitation stage in Saudi Arabia.

Materials and methods

Research Design

The present study adopted the descriptive cross-sectional research design. This research approach is useful to identify the prevalence or incidence of a specific phenomenon at a specific time point. In addition, this approach is used to collect quantitative data from a specific population regarding a specific phenomenon under investigation. The descriptive cross-sectional research approach is quick and cost-effective research approach.

Study Participants and Sample

In this research, the systematic random sampling was used to recruit the drug misuse clients who are at the rehabilitation stage. The researcher obtained the medical records of the drug misuse clients who are at the rehabilitation stage from the medical records department at Abha mental health hospital. Then, the researcher determined the population size through calculating the number of monthly visits and choose the odd numbered clients. The contact information of the clients were used as a communication channel with the clients who are prospective participants of the present study.

The sample size was calculated using Raosoft software. Taking in consideration a population size of 368, a margin of error of 5%, a confidence interval of 95%, and response distribution of 50%, the minimum number of participants required to conduct this study was calculated to be 179 clients who are rehabilitation phase.

The participants were approached by the re-

searcher through contacting them by phone. The researcher obtained the phone numbers of the clients from the medical records at Abha hospital for mental health – Erada clinic. The researcher kindly introduced himself for the clients and the purpose of contacting them, which is conducting a research study, illustrated the purpose of the study, its significance and the expected outcome and benefits. In addition, the researcher obtained a preliminary oral consent from the clients in order to be able to send the questionnaire link and the client's preferred method or channel to receive the study questionnaire. Finally, the researcher informed the clients that they have the right not to participate or to withdraw from the study at any time point they would like to do so. One week later, the researcher sent the questionnaire link to the participants (n=184) through the reported preferred channel and kept the questionnaire link opened for the respondents for a period of two weeks.

Setting and Recruitment

The researcher planned to conduct the study in mental health hospital - Erada Center in Abha.

Psychological services in the Asir region began in the year 1978 with a psychiatric clinic in Abha General Hospital, staffed by a psychiatrist and social worker and one nurse.

In the year 1979, the health affairs in the Asir region contracted with a psychiatrist to operate the clinic until 1983, and a year later the Mental Health Hospital in Abha opened its door with a capacity of /100/ beds.

Inclusion and exclusion criteria of the study participants were clients attending to psychiatric department at Erada mental health clinic in Abha hospital for mental health and who are at the rehabilitation stage after drug misuse withdrawal is completed, and able to read and write in Arabic and/or English and willing to participate in this study. The participants not meeting these criteria were excluded from the study.

Data collection procedure

The present study was conducted during the period between February 2022 and April 2022. To recruit the study participants, the researcher approached the clients who are at the rehabilitation stage through contacting them by phone. The researcher obtained the phone numbers of the clients from the medical records at Abha hospital for mental health – Erada clinic. The researcher kindly introduced himself for the clients and the purpose of contacting them, which is conducting a research study, illustrated the purpose of the study, its significance and the expected outcome and benefits. In addition, the researcher obtained a preliminary oral consent from the clients in order to be able to send the questionnaire link and the client's preferred method or channel to receive the study questionnaire. Finally, the researcher informed the clients that they have the right not to participate or to withdraw from the study at any time point they would like to do so. One week later, the researcher sent the questionnaire link to the participants (n=184) through the reported preferred channel and kept the questionnaire link opened for the respondents for a period of two weeks.

Outcome Measures (Scales / Instruments)

To collect data from the study participants, the researcher used a self-filled questionnaire that consists of two parts. The first part was designed to elicit data related to the participants' socio-demographic data (Age, Gender, Marital Status, Type of substance, Duration of substance misuse, Unit of client, Dose of substance, Withdrawal duration).

On the other hand, the second part included the outcomes of interest that were measured using the psychosocial and social functioning scale (59 items).

The psychosocial functioning and motivation scale was developed by Knight K et al (1994). It consists of three parts; the psychological functioning, the social functioning and the treatment motivation scales. In this study, both psychological and social functioning scales were used (Tables 1 and 2). The psychological functioning scale consists of four domains (self-esteem, depression anxiety, and decision making confidence), whereas the social functioning scale consists of four domains (childhood problems, hostility, risk-taking, and social conformity). Each item is scores using 5-point scales as following (0: Never, 1: Rarely, 2: Sometimes, 3: Often, 4: Almost always) (scoring is reversed for anxiety, depression).

The scales used in this study was translated into Arabic language and back-translated to ensure that the items are expressing similar meanings to the original scale. A total of 3 experts who are fluent in both English and Arabic and a certified translator participated in the translation of the study ques-

tionnaire process. The results of the translation process showed that the study scale items gave the similar meaning after the translation process. The Arabic version of the scale was validated in the Saudi context by Hasan (2019) and reported a reliability coefficient of 0.77. However, this study adopted the recently translated version in this study.

Ethical consideration

Official approvals to conduct this study were obtained from the institutional review board of Fakeeh College for Medical Sciences (FCMS), and the ethical approval from the research and development office at the Ministry of Health. In addition, the participants were assured that all the collected data were kept confidential, and anonymous.

Data Analysis

Data obtained from the participants in this study was organized, tabulated and imported into the Excel sheets to check for completeness. Completed and valid data for analysis were analyzed using the Statistical Package of Social Sciences (SPSS) (v. 26, IBM Corp. New York city, USA).

Descriptive statistics (frequencies, percentages, means and standard deviations) were used to answer the first and second research questions.

Independent samples t-test and ANOVA test were used to address the third research questions. A significance level of 0.05 was used as a statistical significance threshold.

RESULTS

The demographic characteristics of the study participants

A total of 191 participants were approached in the present study. However, a total of 184 substance misuse clients who are at the rehabilitation phase filled the study questionnaire. Therefore, the response rate was found to be 96.3%. The results presented in Table (1) and represent the socio-demographic characteristics of the study participants. The results revealed that the mean age of the study participants was (29.5±4.1). The results showed that 79.3% (n=146) of the participants aged 25 to 35 years, whereas 11.4% (n=21) and 9.2% (n=17) aged less than 25 years and 36 years or more, respectively. In addition, it was found 79.9% (n=147) of the study participants were males, whereas 20.1% (n=37) were females. Out-house clients constituted about 72.3% (n=133) of the enrolled substance misuse clients who are at the rehabilitation stage, whereas in-house clients constituted about 27.7% (n=51).

***Table 1**:*
Substance misuse clients' Socio Demographic Characteristics (n=184)

Variable	***F (%)***
Age	
Less than 25	21 (11.4%)
25 – 35	146 (79.3%)
36 or more	17 (9.2%)
Gender	
Female	37 (20.1%)
Male	147 (79.9%)
Unit of Client	
In-House	51 (27.7%)
Out-House	133 (72.3%)
Marital Status	
Single	36 (19.6%)
Married	133 (72.3%)
Divorced	10 (5.4%)
Widowed	5 (2.7%)
Type of Substance	
Alcohol	34 (18.5%)
Cannabis	50 (27.2%)
Opiates	12 (6.5%)
Tranquilizers	25 (13.6%)
Stimulants (Cocaine, Amphetamines)	41 (22.3%)
Inhalants	11 (6%)
Hallucinogens	11 (6%)
Duration of substance misuse (Months)	
1-3 months	8 (4.3%)
4 – 6 months	71 (38.6%)
7 – 10 months	71 (38.6%)
More than 10 months	34 (18.5%)
Dose	
Less than 5 doses	1 (0.5%)
5 – 10 doses	23 (12.5%)
more than 10 doses	160 (87%)
Withdrawal duration	
Less than one week	16 (8.7%)
1 – 2 weeks	47 (25.5%)
More than two weeks	121 (65.8%)

Categorizing the enrolled participants based on their marital status revealed that single clients constituted about 19.6% (n=36), whereas married clients were about 72.3% (n=133). In addition, it was found that divorced and widowed clients were representing 5.4% (n=10) and 2.7% (n=5), respectively. Moreover, the results showed that alcohol

substance was misused by 18.5% (n=34), Cannabis was misused by 27.2% (n=50), opiates were misused by 6.5% (n=12), tranquilizers were misused by 13.6% (n=25), stimulants (cocaine, amphetamines) were misused by 22.3% (n=44), inhalants were misused by 6% (n=11) and hallucinogens were misused by 6% (n=11). Furthermore, ti was found that the mean duration of substance misuse (in months) was (7.5±2.8). The results revealed that 38.6% (n=71) had a duration of substance misuse of 4 to o6 months and a similar percentage misused substances for 7 to 10 months. In addition, it was found that 18.5% (n=34) had a duration of substance misuse of more than 10 months, whereas the lowest category was the clients who misused substances for 1 to 3 months and constituted 4.3% (n=8).

The results showed that the mean number of doses of misused substance was (16.4±5.2). The results showed that 87% (n=160) had more than 10 doses, whereas 12.5% (n=23) and 0.5% (n=1) had 5 to 10 doses and less than one does, respectively. Further, it was found that 65.8% (n=121) had a withdrawal duration of more than two weeks, 25.5% (n=47) had a withdrawal duration of 1 to 2 weeks, and 8.7% (n=16) had a withdrawal duration of one week or less.

The substance misuse clients' responses to the psychological life aspects scale представлена в таблице 2

Self-Esteem Domain

The self-esteem domain got a total score of (2.5±0.44). The highest scored statement in this domain was "In general, you are satisfied with yourself" that got a mean score of (2.8±1.2), followed by the statement "You have much to be proud of." That got a mean score of (2.7±1.1), the statement "You feel like a failure" that got a mean score of (2.5±1.0), the statement "You feel you are unimportant to others" that got a mean score of (2.5±1.0), whereas the lowest ranked statements were the statement "You feel you are basically no good" that got a mean score of (2.4±1.5) and the statement "You wish you had more respect for yourself" that got a mean score of (2.3±1.2).

Depression Domain

The highest score was for the depression domain that obtained a total score of (2.6±0.50). The highest scored statement in this domain was "You feel sad or depressed" that got a score of (2.7±1.2) indicating low feeling of sadness or depression among the study participants, followed by the statement stating that "You have thoughts of committing suicide "that got a mean score of (2.6±1.3) and the statement "You worry or brood a lot " that got a mean score of (2.6±1.3), whereas the lowest score was for the statements "You feel lonely" that got a score of (2.5±1.2), the statement "You feel interested in life" that got a mean score of (2.5±1.2), and the statement "You feel extra tired or run down" that got a mean score of (2.5±1.3).

Anxiety Domain

In the third rank was the anxiety domain that got a mean score of (2.5±0.47). The highest scored statement in this domain was "You have trouble sleeping" that got a mean score of (2.6±1.1), and the statement "You have trouble sitting still for long" that got a mean score of (2.6±1.3), followed by the statements "You feel anxious or nervous" that got a mean score of (2.5±1.2), the statement "You have trouble concentrating or remembering things" that got a mean score of (2.5±1.3), the statement "You feel afraid of certain things, like elevators, crowds, or going out alone" that got a mean score of (2.5±1.3), and the statement "You feel tightness or tension in your muscles" that got a mean score of (2.5±1.3). The lowest scored statement was "You feel tense or keyed-up" that got a mean score of (2.4±1.3).

Decision-Making Domain

The lowest scored domain was the decision-making domain that got a total score of (2.4±0.41). The highest scored statements in this domain were "You analyze problems by looking at all the choices" that got a mean score of (2.5±1.2), "You consider how your actions will affect others" that got a mean score of (2.5±1.4), and the statement "You have trouble making decisions" that got a mean score of (2.5±1.6). In the second rank were the statements "You plan ahead" that got a mean score of (2.4±1.3), the statement "You think about probable results of your actions" that got a mean score of (2.4±1.3), and the statement "You make decisions without thinking about consequences" that got a mean score of (2.4±1.3). In addition, the lowest scored statements were "You make good decisions" that got a mean score of (2.3±1.3), the statement "You think about what causes your current problems" that got a mean score of (2.3±1.3), and the statement "You think of several different ways to solve a problem" that got a mean score of (2.2±1.3) (Figure 3).

The results presented in table3 show the substance misuse clients' responses to the social life

Table 2

The substance misuse clients' responses to the psychological life aspects scale (n=184)

Statement	Never	Rarely	Sometimes	Often	Almost always	M±SD
Self-Esteem						
You have much to be proud of.	3 (1.6)	21 (11.4)	64 (34.8)	32 (17.4)	64 (34.8)	2.7±1.1
In general, you are satisfied with yourself	8 (4.3)	26 (14.1)	37 (20.1)	41 (22.3)	72 (39.1)	2.8±1.2
You feel like a failure	2 (1.1)	31 (16.8)	69 (37.5)	44 (23.9)	38 (20.7)	2.5±1.0
You feel you are basically no good	21 (11.4)	42 (22.8)	29 (15.8)	21 (11.4)	71 (38.6)	2.4±1.5
You wish you had more respect for yourself	16 (8.7)	25 (13.6)	71 (38.6)	33 (17.9)	39 (21.2)	2.3±1.2
You feel you are unimportant to others	0 (0)	38 (20.7)	61 (33.2)	43 (23.2)	42 (22.8)	2.5±1.0
Total						**2.5±0.44**
Depression						
You feel sad or depressed	64 (34.8)	26 (14.1)	47 (25.5)	26 (14.1)	9 (4.9)	2.7±1.2
You have thoughts of committing suicide	60 (32.6)	35 (19)	50 (27.2)	27 (14.7)	12 (6.5)	2.6±1.3
You feel lonely	53 (23.8)	40 (21.7)	52 (28.3)	30 (16.3)	9 (4.9)	2.5±1.2
You feel interested in life	51 (27.7)	40 (21.7)	55 (29.9)	27 (14.7)	11 (6)	2.5±1.2
You feel extra tired or run down	55 (29.7)	34 (18.5)	48 (26.1)	33 (17.9)	14 (7.6)	2.5±1.3
You worry or brood a lot	66 (35.9)	31 (16.8)	45 (24.5)	33 (17.9)	9 (4.9)	2.6±1.3
Total						**2.6±0.50**
Anxiety						
You have trouble sitting still for long	62 (33.7)	34 (18.5)	43 (23.2)	35 (19)	10 (5.4)	2.6±1.3
You have trouble sleeping	51 (27.7)	41 (22.3)	58 (31.5)	28 (15.2)	6 (3.3)	2.6±1.1
You feel anxious or nervous	50 (27.2)	35 (19)	56 (30.4)	34 (18.5)	9 (4.9)	2.5±1.2
You have trouble concentrating or remembering things.	58 (31.5)	29 (15.8)	54 (29.3)	31 (16.8)	12 (6.5)	2.5±1.3
You feel afraid of certain things, like elevators, crowds, or going out alone	59 (32.1)	30 (16.3)	46 (25)	35 (19)	14 (7.6)	2.5±1.3
You feel tense or keyed-up	57 (31)	23 (12.5)	60 (32.6)	31 (16.8)	13 (7.1)	2.4±1.3
You feel tightness or tension in your muscles	62 (33.7)	26 (14.1)	43 (23.4)	40 (21.7)	13 (7.1)	2.5±1.3
Total						**2.5±0.47**
Decision Making						
You consider how your actions will affect others	9 (4.9)	32 (17.4)	57 (31)	29 (15.8)	57 (31)	2.5±1.4
You plan ahead	13 (7.1)	37 (20.1)	50 (27.2)	29 (15.8)	55 (29.9)	2.4±1.3
You think about probable results of your actions	10 (5.4)	41 (22.3)	50 (27.2)	28 (15.2)	55 (29.9)	2.4±1.3
You have trouble making decisions	7 (3.8)	38 (20.7)	54 (29.3)	34 (18.5)	51 (27.7)	2.5±1.6
You think of several different ways to solve a problem	17 (9.2)	44 (23.9)	54 (29.3)	22 (12)	47 (25.5)	2.2±1.3
You analyze problems by looking at all the choices	10 (5.4)	30 (16.3)	58 (31.5)	33 (17.9)	53 (28.8)	2.5±1.2
You make decisions without thinking about consequences	10 (5.4)	42 (22.8)	57 (31)	21 (11.4)	54 (29.3)	2.4±1.3
You make good decisions	16 (8.7)	43 (23.4)	50 (27.2)	23 (12.5)	52 (28.3)	2.3±1.3
You think about what causes your current problems	15 (8.2)	41 (22.3)	51 (27.7)	21 (11.4)	56 (30.4)	2.3±1.3
Total						**2.4±0.41**
Total Psychological scale						**2.48±0.23**

Table 3

The substance misuse clients' responses to the social life aspects scale (n=184)

Statement	Never	Rarely	Sometimes	Often	Almost always	M±SD
CHILDHOOD PROBLEMS						
You skipped school while growing up	9 (4.9)	32 (17.4)	57 (31)	29 (15.8)	57 (31)	2.5±1.4
You took things that did not belong to you when you were young	13 (7.1)	37 (20.1)	50 (27.2)	29 (15.8)	55 (29.9)	2.4±1.3
You had good relations with your parents while growing up	10 (5.4)	41 (22.3)	50 (27.2)	28 (15.2)	55 (29.9)	2.4±1.3
You had feelings of anger and frustration during your childhood	7 (3.8)	38 (20.7)	54 (29.3)	34 (18.5)	51 (27.7)	2.5±1.3
You got involved in arguments and fights while growing up	10 (5.4)	40 (21.7)	58 (31.5)	27 (14.7)	49 (26.6)	2.4±1.2
While a teenager, you got into trouble with school authorities or the police	16 (8.7)	40 (21.7)	38 (20.7)	30 (16.3)	60 (32.6)	2.4±1.4
You had good self-esteem and confidence while growing up	22 (12)	39 (21.2)	40 (21.7)	18 (19.8)	65 (35.3)	2.4±1.5
You were emotionally or physically abused while you were young	11 (6)	28 (15.2)	48 (26.1)	45 (24.5)	52 (28.3)	2.5±1.6
Total						**2.4±0.42**
HOSTILITY						
You feel mistreated by other people	13 (7.1)	39 (21.2)	53 (28.8)	22 (12)	57 (31)	2.4±1.3
You like others to feel afraid of you	12 (6.5)	34 (18.5)	57 (31)	37 (20.1)	44 (23.9)	2.4±1.2
You have urges to fight or hurt others	14 (7.6)	33 (17.9)	53 (28.8)	30 (16.3)	54 (29.3)	2.4±1.3
You have a hot temper	15 (8.2)	46 (25)	33 (17.9)	34 (18.5)	56 (30.4)	2.4±1.4
Your temper gets you into fights or other trouble	11 (6)	42 (22.8)	49 (26.6)	25 (13.6)	57 (31)	2.4±1.3
You get mad at other people easily	14 (7.6)	35 (19)	59 (32.1)	24 (13)	52 (28.3)	2.4±1.3
You have carried weapons, like knives or guns	13 (7.1)	37 (20.1)	54 (29.3)	37 (20.1)	43 (23.4)	2.3±1.2
You feel a lot of anger inside you	12 (6.5)	32 (17.4)	44 (23.9)	34 (18.5)	62 (33.7)	2.6±1.3
Total						**2.4±0.50**
RISK-TAKING						
You like to take chances	11 (6)	36 (19.6)	45 (24.5)	34 (18.5)	58 (31.5)	2.5±1.3
You like the "fast" life	12 (6.5)	38 (20.7)	55 (29.9)	30 (16.3)	49 (26.6)	2.4±1.4
You like friends who are wild	18 (9.8)	36 (19.6)	37 (20.1)	25 (13.6)	68 (37)	2.5±1.4
You like to do things that are strange or exciting	10 (5.4)	47 (25.5)	41 (22.3)	31 (16.8)	55 (29.9)	2.4±1.3
You avoid anything dangerous	4 (2.2)	43 (23.4)	41 (22.3)	39 (21.2)	57 (31)	2.6±1.2
You only do things that feel safe	4 (2.2)	42 (22.8)	46 (25)	27 (14.7)	65 (35.3)	2.6±1.4
You are very careful and cautious	2 (1.1)	49 (26.6)	49 (26.6)	33 (17.9)	51 (27.7)	2.5±1.2
Total						**2.5±0.48**
SOCIAL CONFORMITY						
You feel people are important to you	12 (6.5)	52 (28.3)	56 (30.4)	26 (13.6)	39 (21.2)	2.1±1.4
You feel honesty is required in every situation	20 (10.9)	37 (20.1)	33 (17.9)	33 (17.9)	61 (33.2)	2.4±1.4
You have trouble following rules and laws	6 (3.3)	47 (25.5)	36 (19.6)	36 (19.6)	59 (32.1)	2.5±1.3
You depend on "things" more than "people"	5 (2.7)	35 (19)	58 (31.5)	40 (21.7)	46 (25)	2.5±1.1
You keep the same friends for a long time	2 (1.1)	43 (23.4)	39 (21.2)	41 (22.3)	59 (32.1)	2.6±1.2
You work hard to keep a job	2 (1.1)	46 (25)	40 (21.7)	25 (13.6)	71 (38.6)	2.6±1.3
Your religious beliefs are very important in your life	3 (1.6)	55 (29.9)	42 (22.8)	28 (15.2)	56 (30.4)	2.4±1.2
Taking care of your family is very important	10 (5.4)	56 (30.4)	54 (29.3)	28 (15.2)	36 (19.6)	2.1±1.2
Total						**2.4±0.46**
Total Social scale						**2.43±0.25**

aspects scale. It was found that the total score of the social life aspects scale was (2.43±0.25).

Childhood Problems Domain

It was found that the childhood problems domain got a total mean score of (2.4±0.42). The highest scored statements in this domain was "You had feelings of anger and frustration during your childhood" that got a mean score of (2.5±1.3), the statement "You skipped school while growing up" that got a mean score of (2.5±1.4), and the statement "You were emotionally or physically misused while you were young" that got a mean score of (2.5±1.6), whereas the lowest scored statements were "You had good self-esteem and confidence while growing up" that got a mean score of (2.4±1.5), the statement "You took things that did not belong to you when you were young" that got a mean score of (2.4±1.3), the statement "You had good relations with your parents while growing up" that got a mean score of (2.4±1.3), the statement "You got involved in arguments and fights while growing up" that got a mean score of (2.4±1.2), and the statement "While a teenager, you got into trouble with school authorities or the police" that got a mean score of (2.4±1.4).

Hostility Domain

In the last rank was the hostility domain that got a total mean score of (2.4±0.50). The highest scored statement was "You feel a lot of anger inside you" that got a mean score of (2.6±1.3), followed by the statements "You feel mistreated by other people" that got a mean score of (2.4±1.3), the statement "You like others to feel afraid of you" that got a mean score of (2.4±1.2), the statement "You have urges to fight or hurt others" that got a mean score of (2.4±1.3), the statement "You have a hot temper" that got a mean score of (2.4±1.4), the statement "Your temper gets you into fights or other trouble" that got a mean score of (2.4±1.3), and the statement "You get mad at other people easily" that got a mean score of (2.4±1.3). However, the lowest scored statement was "You have carried weapons, like knives or guns" that got a mean score of (2.3±1.2).

Risk-Taking Domain

It was found that the highest scored domain was the risk-taking domain that got a mean score of (2.5±0.48). The highest scored statements in this domain was "You avoid anything dangerous" that got a mean score of (2.6±1.2) and the statement "You only do things that feel safe" that got a mean score of (2.6±1.4), followed by the statement "You like to take chances" that got a mean score of (2.5±1.3), the statement "You like friends who are wild" that got a mean score of (2.5±1.4), and the statement "You are very careful and cautious" that got a mean score of (2.5±1.2), whereas the lowest scored statements in this domain were the statement "You like to do things that are strange or exciting" that got a mean score of (2.4±1.3), and the statement "You like the "fast" life" that got a mean score of (2.4±1.4).

Social Conformity Domain

The results revealed that in the third rank was the social conformity domain that got a total score of (2.4±0.48). The highest scored statements in this domain were the statement "You keep the same friends for a long time" that got a mean score of (2.6±1.2) and the statement "You work hard to keep a job" that got a mean score of (2.6±1.3), followed by the statements "You have trouble following rules and laws" that got a mean score of (2.5±1.3), the statement "You depend on "things" more than "people" that got a mean score of (2.5±1.1), the statement "You feel honesty is required in every situation" that got a mean score of (2.4±1.4), and the statement "Your religious beliefs are very important in your life" that got a mean score of (2.4±1.2), whereas the lowest scored statements were "You feel people are important to you" that got a mean score of (2.1±1.2) and the statement "Taking care of your family is very important" that got a mean score of (2.1±1.2).

Differences in psychological life aspects based on participants' socio-demographic characteristics

To assess the differences in the psychological life aspects among the substance misuse clients who are at the rehabilitation stage based on the socio-demographic characteristics, both Independent samples t-test and One-Way Analysis of Variance (ANOVA) tests were used.

Differences based on age

The results presented in table 4 showed that there were significant statistical differences in the psychological life aspects between the participants who were less than 25 years, 25 to 35 years, and

TABLE 4

Differences in psychological life aspects based on participants' age

Age of client	N	Mean	F	df	p
Less than 25	21	2.15	13.7920	2	0.000*
25 – 35 years	146	2.61		181	
36 or more	17	2.33		183	

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 5

Differences in psychological life aspects based on participants' gender

Gender of client	N	Mean	t	p
Male	147	2.18	4.4507	0.000*
Female	37	2.61		

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 6

Differences in psychological life aspects based on unit of client

Unit of Client	N	Mean	t	p
In-House	51	2.63	5.1702	0.000*
Out-House	133	2.10		

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 7

Differences in psychological life aspects based on participants' marital status

Marital Status	N	Mean	F	df	p
Single	36	2.09	10.3026	3	0.000*
Married	133	2.51		180	
Divorced	10	2.68			
Widowed	5	2.41			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 8

Differences in psychological life aspects based on type of misused substance

Type of substance	N	Mean	F	df	p
Alcohol	34	2.51	4.6969	6	0.000*
Cannabis	50	2.16		177	
Opiates	12	2.10			
Tranquilizers	25	2.42			
Stimulants (Cocaine, Amphetamines)	41	2.46			
Inhalants	11	2.05			
Hallucinogens	11	2.01			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

those who were 36 years or more (F (2, 181)=13.7920, p=0.000).

Differences based on gender

The results presented in table 5 showed that there was significant statistical difference in the psychological life aspects between males and females (t=4.4507, p=0.000).

Differences based on unit of client

The results presented in table 6 showed that there was significant statistical difference in the psychological life aspects between in-house clients and out-house clients (t=5.1702, p=0.000).

Differences based on marital status

The results presented in table 7 showed that there were significant statistical differences in the psychological life aspects between single, married, divorced and widowed substance misuse clients (F (3, 180)=10.3026, p=0.000).

Differences based on type of substance

The results presented in table 8 showed that there were significant statistical differences in the psychological life aspects between substance misuse clients who misused alcohols, cannabis, opiates, tranquilizers, stimulants, hallucinogens, or inhalants (F (6, 177)=4.6969, p=0.000)

Differences based on duration of substance misuse

The results presented in table 9 showed that there were significant statistical difference in the psychological life aspects between substance misuse clients who had a duration of substance misuse of 1 to 3 months, 4 to 6 months, 7 to 10 months, and more than 10 months (F (3, 180)=23.0764, p=0.000).

TABLE 9

Differences in psychological life aspects based on duration of substance misuse

Duration of substance misuse	N	Mean	F	df	p
1 – 3 months	8	2.01	23.0764	3	0.000*
4 – 6 months	71	2.54		180	
7 – 10 months	71	2.18		183	
More than 10 months	34	2.69			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Table 10

Differences in psychological life aspects based on dose of misused substance

Duration of substance misuse	N	Mean	F	df	p
Less than 5 doses	1	2.66	7.7224	2	0.000*
5 – 10 doses	23	2.11		181	
More than 10 doses	160	1.96		183	

Notes: **Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Table 11.

Differences in psychological life aspects based on withdrawal duration

Duration of substance misuse	N	Mean	F	df	p
One week or less	16	2.71	47.1374	2	0.000*
1 -2 weeks	47	2.51		181	
More than two weeks	121	2.11			

Notes: **Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Table 12

Differences in social life aspects based on participants' age ***1.***

Duration of substance misuse	N	Mean	F	df	p
Less than 25y	21	2.11	17.2355	2	0.000*
25 – 35 years	146	2.59		181	
36 y or more	17	2.21		183	

Notes: **Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Table 13.

Differences in social life aspects based on participants' gender

Unit of Client	N	Mean	t	p
Male	147	2.09	4.8064	0.000*
Female	37	2.57		

Notes: **Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Table 14.

Differences in social life aspects based on unit of client

Unit of Client	N	Mean	t	p
In-House	51	2.13	5.1702	0.000*
Out-House	133	2.66		

Notes: **Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Differences based on dose

The results presented in table 10 showed that there were significant statistical difference in the psychological life aspects between substance misuse clients who had less than 5 doses, 5 to 10 doses, and those who had more than 10 doses (F (2, 181)=7.7224, p=0.000).

Differences based on withdrawal duration

The results presented in table 11 showed that there were significant statistical differences in the psychological life aspects between substance misuse clients who had withdrawal duration of one week or less, 1 to 2 weeks, and more than two weeks (F (2,181)=47.1374, p=0.0.000).

Differences in Social life aspects based on participants' socio-demographic characteristics

To assess the differences in the social life aspects among the substance misuse clients who are at the rehabilitation stage based on the socio-demographic characteristics, both Independent samples t-test and One-Way Analysis of Variance (ANOVA) tests were used.

Differences based on age

The results presented in table 12 showed that there were significant statistical differences in the social life aspects between the participants who were less than 25 years, 25 to 35 years, and those participants who were 36 years or more (F (2, 181)=17.2355, p=0.000).

Differences based on gender

The results presented in table 13 showed that there was significant statistical difference in the social life aspects between males and females (t=4.8064, p=0.000).

Differences based on unit of client

The results presented in table 14 showed that there was significant statistical difference in the social life aspects between in-house clients and out-house clients (t=5.1702, p=0.000).

Differences based on marital status

The results presented in table 15 showed that there were significant statistical differences in the social life aspects between single, married, divorced and widowed substance misuse clients (F (3, 180)=7.284, p=0.000).

TABLE 15

Differences in social life aspects based on participants' marital status

Duration of substance misuse	N	Mean	F	df	p
Single	36	2.11	7.284	3	0.000*
Married	133	2.46		180	
Divorced	10	2.18			
Widowed	5	2.20			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 16

Differences in social life aspects based on type of misused substance

Duration of substance misuse	N	Mean	F	df	p
Alcohol	34	2.15	4.1457	6	0.000*
Cannabis	50	2.48		177	
Opiates	12	2.50			
Tranquilizers	25	2.61			
Stimulants (Cocaine, Amphetamines)	41	2.19			
Inhalants	11	2.09			
Hallucinogens	11	2.31			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 17.

Differences in social life aspects based on duration of substance misuse

Duration of substance misuse	N	Mean	F	df	p
1 – 3 months	8	2.40	10.0605	3	0.000*
4 – 6 months	71	2.33		180	
7 – 10 months	71	2.26		183	
More than 10 months	34	2.68			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 18

Differences in social life aspects based on dose of misused substance

Duration of substance misuse	N	Mean	F	df	p
Less than 5 doses	1	2.34	38.0651	2	0.000*
5 – 10 doses	23	2.50		181	
More than 10 doses	160	2.03		183	

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

TABLE 18.

Differences in social life aspects based on withdrawal duration

Duration of substance misuse	N	Mean	F	df	p
One week or less	16	2.60	32.6519	2	0.000*
1 -2 weeks	47	2.10		181	
More than two weeks	121	1.59			

*NOTES: *Significant at significance level (α≤0.05) **Highly significant at significance level (α≤0.001)*

Differences based on type of substance

The results presented in table 16 showed that there were significant statistical differences in the social life aspects between substance misuse clients who misused alcohols, cannabis, opiates, tranquilizers, stimulants, hallucinogens, or inhalants (F (6, 177)=4.1457, p=0.000)

Differences based on duration of substance misuse

The results presented in table 17 showed that there were significant statistical difference in the social life aspects between substance misuse clients who had a duration of substance misuse of 1 to 3 months, 4 to 6 months, 7 to 10 months, and more than 10 months (F (3, 180)=10.0605, p=0.000).

Differences based on dose

The results presented in table 18 showed that there were significant statistical differences in the social life aspects between substance misuse clients who had doses less than 5 doses, 5 to 10 doses, and more than 10 doses (F (2,181)=38.0651, p=0.000).

Differences based on withdrawal duration

The results presented in table 4.19 showed that there were significant statistical differences in the social life aspects between substance misuse clients who had withdrawal duration of one week or less, 1 to 2 weeks, and more than two weeks (F (2,181)=32.6519, p=0.000).

DISCUSSION

The stage of psychological rehabilitation for the addict is considered the most important stage that must be taken into account, without which the addict may relapse back into addiction. The importance of psychological rehabilitation is considered as another life, and without it, the course of addiction treatment is null and has no consideration.

This study investigated the psychological and social life aspects of substance misuse clients who were at the rehabilitation phase at Erada and mental health complex in Abha city.

Healthcare ethics is based on many laws, regulations and standards, which frame the rights, duties and ethics of dealing between the patient and the doctor and the practice within the medical facility, which requires awareness and knowledge of all parties of these rights, their application and full commitment to them.

The findings of the study revealed that the mean age of the study participants was within the youth category, which is the most exposed category to addiction issues and committing addiction. In addition, it was found that the majority of the approached substance misuse clients were males, which could be referred to the ease of access of the researchers to male clients since the researcher is male and dealing with substance misuse clients. Moreover, it was found that out-house substance misuse clients were highest compared to in-house, which could be referred to that clients at this stage may choose either to stay in-house or out-house, normally the majority would prefer to go back to their families after starting rehabilitating from addiction. Further, it was found that the majority of the participants are married, which could be referred to that the mean age of the participants is relatively within the marriage age range, especially that the sample is withdrawn from the Saudi community that is characterized by early marriage among youth category. There was a variation in the misused substances and this might be referred to that different addictive and prohibited products are smuggled through the borders as reported by the official authorities. Furthermore, it was found that the mean duration of the substance misuse is more than half a year, the majority of the enrolled clients were having substance misuse duration more than 4 months, which is sufficient to cause addiction and require treatment and rehabilitation. A similar aspect is related to the dose, as it was found that the majority of enrolled substance misuse clients had more than 10 doses, the issue that is sufficient to cause addiction and require treatment and rehabilitation. Finally, it was found that there is a variation in the withdrawal period between substance misuse clients, which could be referred to the variation in the misused substances and the duration and doses of the misused substances among the enrolled clients. Unfortunately, the researcher could not find similar studies that obtained similar findings as these demographic characteristics were developed by the researcher and not adopted from previous studies.

Our findings revealed that the highest psychological life aspects among substance misuse clients were lowered depression, anxiety, self-esteem, and decision making, respectively. This results might be referred to that the provided consultation, educational and training sessions offered for the substance misuse clients who are at the rehabilitation phase mainly focus at reducing the level of psychological disturbances such as depression, anxiety, stress and others in order to be able to deliver and develop different psychological aspects such as self-esteem and decision making aspects. In addition, this result might be referred to the encouragement received by the substance misuse clients in order to improve the psychological life aspects, especially in the presence of the family support for out-house clients, which significantly reduces the incidence of any psychological disorder among them. The results of the present study are inconsistent with the findings reported by Hasan (2019) who found that the highest effect was on clients' self-esteem followed by anxiety and depression.

The findings of the present study showed that among the social life aspects, risk-taking was the highest, followed by childhood problems, social conformity and hostility aspects, respectively. This result might be referred to that misusing substances in itself is a risk that had taken by the clients due to different factors, some of them might be resulted from peer effect as mentioned in the statements. In addition, this result could be referred to that substance misuse could be resulted from previous history of misuse or other problems during childhood, which requires addressing of those issues through the educational and consultation sessions offered in the rehabilitation phase. In addition, this result might be referred to the positive effect of the rehabilitation phase on the social conformity as it improves the clients' sense of the significant interaction with people in the surrounding environment and the significance of the religious beliefs in preventing the misuse of substances affecting the

one's mind. These findings are inconsistent with the findings reported by Hasan (2019) who found that the greatest effect was on hostility and risk taking, respectively.

The results of the study showed that there were significant statistical differences in the social and psychological life aspects among substance misuse clients who are at the rehabilitation phase due to difference in age, which could be referred to the correlation of behavioral changes with the age of the individual, which imposes changes in the psychological and social aspects, and this indicates the correlation of age with the psychological state and social skills of the individual. This result is evidenced by the findings reported by Poudel A & Gautam S (2017) who found that age is significantly correlated to the psychosocial problems among substance misuse individuals.

The results of the study showed that there was significant difference in the social and psychological life aspects among substance misuse clients who are at the rehabilitation phase referred to gender variable. This difference may be attributed to the different behavioral tendencies and biological differences between males and females. For example, males are more tolerated to share their problems with their friends compared to females as reported by Foster KT et al (2015) who found a significant interaction between gender and psychosocial life aspects among substance misusing adults.

There were significant statistical differences in the social and psychological life aspects among substance misuse clients who are at the rehabilitation phase referred to the unit of client variable. This result might be referred to the difference of the surrounding environment of both units, either in-house or out-house. For example, out-house clients are exposed more to familial interaction and might interact more with friends and relatives, which allow them to socialize and could vent for close friends more than in-house clients who still at the rehabilitation facility and not interacting with new circle of friends or relatives. This result is evidenced by the results reported by Hoffmann JP (2017) who reported that family plays a significant role in improving the psychosocial life aspects of substance misuse adults and the rejection of the individual from his/her family significantly worsen his/her situation.

There were significant statistical differences in the social and psychological life aspects among substance misuse clients who are at the rehabilitation phase referred to their marital status. This result might be attributed to the presence of social support from the family, which was reported as a factor influencing the progress of rehabilitation process and improves the social and psychological aspects of the substance misuse clients. In addition, being married could be increasing the sense of responsibility among the substance misuse clients, which motivates them to better acquire the social and psychological life aspects. These results are in line with the findings reported by Wills TA et al (2016) who found that social support, especially from a partner, significantly improves the psychosocial adjustment and life aspects of substance misuse patient.

The results showed that there were significant statistical differences in the social and psychological life aspects of substance misuse clients who are at the rehabilitation phase referred to the type of the misused substance. This result might be referred to the different addictive effects of the misused substances and the range of effects of these substances on both social and psychological life aspects. This result is consistent with the findings reported by Hasan (2019) who found that difference in social and psychological life aspects differed significantly due to difference in misused substance type.

The results of the study showed that there were significant statistical differences in the social and psychological life aspects among substance misuse clients who are at the rehabilitation phase referred to the dose of the misused substance. This result might be referred to the association between doses and effects, as higher number of doses might exacerbate the social and psychological effects on the individual. This is evidenced by the results reported by Riquelme M et al (2018) who highlighted the effect of substance dose on the psychosocial life aspects among substance misuse patients.

There were significant statistical differences in the social and psychological life aspects among substance misuse clients who are at the rehabilitation phase referred to difference in the withdrawal duration. This result might be attributed to the difference in the types of misused

substances and doses taken of the misused substances. In addition, increased withdrawal duration delays the clients' engagement in social interactions, which reduces the improvement in his/her psychological life aspects.

The strengths of the present study include that it addresses an issue that is barely discussed in literature, especially within the context of Saudi Arabia. In addition, the strength of the study lies in focusing on clients who are at the rehabilitation stage, which is a sensitive stage that requires the proper and accurate preparation of the substance misuse clients to be engaged successfully in the community, equipped with social and psychological skills that prevent him/her from going back to addiction or substance misuse.

On the other hand, the present study had a number of weaknesses that include being a single-center study that was performed in a single setting. In addition, this study included only clients who were at the rehabilitation phase, clients from other phases were not recruited. Further, a significant weakness is the absence of scored scales that could give a clear and precise score of the social and psychological life aspects.

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CONTENTS

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