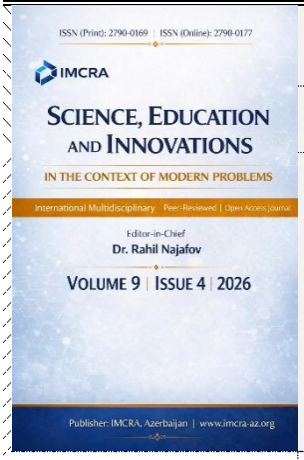

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RESEARCH ARTICLE

Evaluating the Role of Listening Cells in Preventing Drug-Related Risks among University Students: A Multidimensional Psychosocial Study in Youth Centers in Sétif

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Keywords
listening cells, drug addiction, prevention, university students, psychosocial support, youth centers, Sétif.

Abstract
This study investigates the role of listening cells established within youth centers in the Wilaya of Sétif in preventing drug-related risks among university students. Grounded in a multidimensional psychosocial perspective, the research aims to assess the contribution of these structures across psychological, social, and academic domains of vulnerability. A quantitative descriptive-analytical design was employed, based on a purposive subsample of 60 university cases selected from a broader population of 326 individuals followed between 2021 and 2025. Data were collected using a structured 30-item questionnaire covering three dimensions: psychological, social, and academic. The instrument demonstrated strong internal consistency (Cronbach's $\alpha = 0.89$), indicating satisfactory reliability. The findings reveal that participants perceive listening cells as playing a significant role in the prevention of drug-related risks, with an overall mean score of 3.98/5. Among the dimensions, the psychological domain ranked highest ($M = 4.02$), followed by the social ($M = 3.98$) and academic ($M = 3.95$) domains, reflecting a consistent and multidimensional perception of their effectiveness. These results suggest that listening cells function as integrated support mechanisms, contributing to emotional stabilization, social integration, and academic adjustment. The study concludes that listening cells represent a relevant community-based approach to prevention, guidance, and psychosocial support for university students. However, it also acknowledges key methodological limitations, including the relatively small sample size, the use of non-probabilistic sampling, and reliance on self-reported data. Future research is recommended to adopt more robust designs and larger samples to further evaluate the effectiveness of such interventions.

Citation
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1. Introduction

Drug use and addiction are currently among the major challenges facing contemporary societies because of their health, psychological, social, and economic consequences. According to international estimates, approximately 275 million people used drugs at least once in 2020, while about 36 million were suffering from substance use disorders, which reflects the persistent scale of the phenomenon worldwide (UNODC, 2021).

Young people are among the groups most exposed to these risks because of the developmental transitions they undergo, their sensitivity to environmental influences, and the psychosocial vulnerabilities that may affect their overall balance. Within this population, substance use cannot be reduced to an isolated behavior; it is often embedded in a broader set of difficulties related to psychological distress, social tensions, relational dynamics, and adjustment to one's living environment.

Within this context, university students represent a particularly important subgroup to examine. Although they are generally viewed as a category engaged in education and social integration, they may also be exposed to specific psychological, social, and academic pressures likely to increase their vulnerability to risky behaviors, particularly the use of psychoactive substances. Several studies have shown that, in student populations, such behaviors may be associated with factors such as peer pressure, anxiety, depression, difficulties in psychosocial adjustment, and certain forms of personal and social instability (Welsh et al., 2019). Other research has also highlighted the role of social and environmental dynamics in young people's exposure to risky behaviors related to substance use (Taremian et al., 2018).

In this context, the prevention of drug-related risks cannot be limited to a strictly security-based or medical response. It also requires the establishment of community-based mechanisms capable of providing listening, guidance, support, and awareness-raising for young people exposed to different vulnerability factors. Among these mechanisms, listening cells occupy an important place, particularly when they are integrated into local youth structures that carry out functions of mediation, support, and prevention.

Youth centres, as community-based spaces established across different municipalities, may therefore provide an appropriate setting for the early identification of risky behaviours, the reception of young people in difficulty, the listening to their concerns, and their referral to appropriate services whenever necessary. From this perspective, listening cells may be regarded as a psychosocial mechanism capable of contributing to the prevention of drug-related risks. The literature has emphasized the importance of prevention, counselling, and personal and social skills development programs in reducing addictive behaviors and the factors associated with them (Botvin& Griffin, 2015). Likewise, several reviews have shown that structured preventive interventions can play a significant role in limiting substance-use-related behaviours among young people (Faggiano et al., 2014).

It is within this framework that the present study is situated. Although listening cells serve young people from varied backgrounds who are followed within youth centers located in different municipalities of the Wilaya of Sétif, the present research focuses specifically on university cases followed within these structures. Its objective is to examine the role attributed to listening cells in the prevention of drug-related risks at the psychological, social, and academic levels among this particular subgroup.

1.1. Problem Statement

Despite the efforts made to address drug use and addiction, this phenomenon remains a major challenge for young people and an important concern for prevention and psychosocial support services. This reality highlights the need to examine preventive and guidance mechanisms that may help limit the risks associated with drug addiction. Among these mechanisms, listening cells established within youth centers may occupy an important place through listening, guidance, psychosocial support, and awareness-raising activities.

Within this framework, the present study focuses on university cases followed in listening cells located in youth centers established in different municipalities of the Wilaya of Sétif. It aims to examine the role of these listening cells in the prevention of drug-related risks among this subgroup.Accordingly, the present study seeks to answer the following main question:

What is the role of listening cells in the prevention of drug-related risks among university cases followed in youth centers?

From this main question, the following secondary questions are derived:

- To what extent do listening cells contribute to the prevention of drug-related risks at the psychological level?

- To what extent do listening cells contribute to the prevention of drug-related risks at the social level?
- To what extent do listening cells contribute to the prevention of drug-related risks at the academic level?

1.2. Research Hypotheses

The present study is based on three guiding hypotheses. It assumes that listening cells contribute, to a high degree, to the prevention of drug-related risks among university cases followed in youth centers at the psychological, social, and academic levels. More specifically, the studypostulates the following:

- listening cells contribute, to a high degree, to the prevention of drug-related risks at the psychological level;
- listening cells contribute, to a high degree, to the prevention of drug-related risks at the social level;
- listening cells contribute, to a high degree, to the prevention of drug-related risks at the academic level.

These hypotheses guide the field investigation and structure the analysis adopted in the present study.

1.3. Significance of the Study

The present study is significant at several levels. First, it highlights the role of listening cells as a mechanism of prevention and psychosocial support within youth centers. Second, it provides field-based data on their contribution to the prevention of drug-related risks through university cases followed in different municipalities of the Wilaya of Sétif. It also contributes to enriching Arabic-language scholarship on drug-use prevention among young people and on community-based listening and support mechanisms. Finally, it may provide useful insights for improving prevention, guidance, and support programs directed toward young people in vulnerable situations.

Literature Review

Substance use among young people, particularly university students, has emerged as a critical public health and psychosocial issue, attracting increasing attention from researchers, policymakers, and international organizations. Contemporary studies emphasize that substance use cannot be understood as an isolated behavioral phenomenon but rather as a multidimensional process influenced by psychological, social, and academic factors (Taremian et al., 2018; Welsh et al., 2019).

From a global perspective, reports by the United Nations Office on Drugs and Crime indicate that millions of young individuals are exposed to drug-related risks, with significant implications for mental health, academic performance, and social integration. The *World Drug Report* highlights the growing complexity of substance use patterns among youth and stresses the importance of preventive, community-based interventions (UNODC, 2021, 2024).

Psychological Factors and Substance Use

A substantial body of research has demonstrated the strong association between psychological vulnerability and substance use among university students. Factors such as stress, anxiety, depression, and emotional instability are frequently identified as key predictors of risky behaviors. For instance, Barbayannis et al. (2022) found that academic stress significantly correlates with reduced mental well-being, increasing the likelihood of maladaptive coping strategies, including substance use.

Similarly, Arseneault (2018) and Pedrelli et al. (2015) emphasize that untreated psychological distress in young adults often leads to behavioral outcomes such as substance abuse. Preventive approaches that incorporate emotional support, counseling, and early intervention are therefore considered essential components of effective prevention strategies.

Social Determinants and Peer Influence

Social context plays a crucial role in shaping substance use behaviors among university students. Peer pressure, social norms, and the need for belonging are consistently identified as influential factors. Studies have shown that students embedded in high-risk social environments are more likely to engage in substance use as a means of social integration or conformity (Davoren et al., 2016; Sussman et al., 2008).

Recent systematic reviews further highlight the importance of social support as a protective factor. Ruihua et al. (2025) demonstrate that strong social networks and perceived support significantly enhance psychological well-being and reduce vulnerability to risky behaviors. In addition, Vicary et al. (2025) emphasize that community-based support systems can improve help-seeking behaviors and reduce stigma associated with mental health and substance use.

Academic Context and Risk Behavior

The relationship between academic factors and substance use has also been widely documented. Academic stress, poor performance, and lack of engagement are associated with higher levels of substance use among students. Bulfone et al. (2025), in a comprehensive meta-analysis, report a significant negative relationship between substance use and academic performance.

Furthermore, the transition to university life often exposes students to new academic and social pressures, increasing their susceptibility to risky behaviors (Arnett, 2005). This highlights the importance of integrating academic support into prevention frameworks.

Preventive Interventions and Psychosocial Approaches

Preventive strategies targeting substance use have evolved significantly over the past decades. Traditional approaches focused primarily on information dissemination and awareness campaigns. However, contemporary research emphasizes the effectiveness of multidimensional interventions combining psychological, social, and behavioral components.

Botvin and Griffin (2015) introduced the life skills training model, which focuses on enhancing personal and social competencies to reduce substance use risk. Similarly, Faggiano et al. (2014) demonstrate that universal school-based prevention programs can be effective when they incorporate structured, evidence-based components.

More recent studies have explored innovative approaches, including digital interventions and peer-support systems. Pueyo-Garrigues et al. (2024) show that web-based personalized feedback interventions can reduce alcohol consumption among university students, although their effectiveness varies depending on implementation context. Pointon-Haas et al. (2023) further highlight the positive impact of peer-support programs on student mental health, particularly in reducing stress and anxiety.

Community-Based Mechanisms and Listening Cells

In recent years, increasing attention has been given to community-based prevention mechanisms, particularly those that integrate psychosocial support within local structures. Listening cells represent one such mechanism, functioning as spaces for counseling, guidance, and early identification of vulnerability.

Although empirical research on listening cells remains limited, existing studies suggest that community-based support structures can play a critical role in prevention by providing accessible, non-stigmatizing environments for young people (Ghani et al., 2024). These mechanisms align with contemporary recommendations emphasizing integrated approaches that combine prevention, mental health support, and social services.

According to recent international frameworks, effective prevention requires continuity of care, early intervention, and coordination between different institutional actors, including educational institutions, health services, and community organizations (Volkow et al., 2024). Listening cells, when embedded within such systems, may therefore serve as a key component of comprehensive prevention strategies.

Research Gap

Despite the growing body of literature on substance use and prevention, there remains a notable gap in studies examining the role of integrated psychosocial support mechanisms within community settings. In particular, the specific contribution of listening cells to the prevention of drug-related risks among university students has received limited empirical attention.

Most existing research focuses either on individual risk factors or on structured intervention programs, with relatively little emphasis on hybrid models combining psychological, social, and academic support within a single framework. This gap highlights the need for studies that explore the effectiveness of such integrated approaches in real-world contexts.

2. Methodology

2.1. Study Method

The present study is based on a descriptive-analytical approach, considered appropriate for examining social and psychological phenomena as they manifest in real-world settings. This approach makes it possible to describe the phenomenon under study in a systematic manner and to analyze the data collected in relation to the role of listening cells in preventing risks associated with drug addiction. It also made it possible to collect quantitative data on university cases followed within these listening cells and to examine the psychological, social, and academic dimensions associated with this role.

2.2. Study Population and Sample

The study population consisted of 326 cases that were continuously followed within listening cells established in youth centers located in different municipalities of the Wilaya of Sétif during the period from 2021 to 2025. This population included cases with varied profiles affected by issues related to drug addiction and the associated risks.

From this population, a subsample of 60 university cases was selected for the present study. The choice of this sample is explained by the focus placed on the university subgroup, given the psychological, social, and academic specificities that may characterize this category.

Table 1. Demographic Profile of the Study Sample

Variable	Frequency	% of participants
Male	33	55%
Female	27	45%
Total	60	100%

Table 1 shows that the university subsample included 33 males, representing 55% of the participants, and 27 females, representing 45%. This distribution indicates the presence of both sexes within the selected subsample. In addition, the ages of the cases ranged from 19 to 25 years, which is generally consistent with the age group commonly observed among university students.

2.3. Research Instrument

A questionnaire was designed for the purposes of the present study in order to assess the role of listening cells in the prevention of drug-related risks among university cases followed in youth centers. In its final form, the instrument consisted of 30 items distributed across three dimensions: psychological, social, and academic, with 10 items assigned to each dimension.

Responses were recorded using a five-point Likert scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree.

2.4. Psychometric Properties of the Instrument

The content validity of the instrument was examined by submitting it to a panel of five specialists in psychology, psychological counseling, and educational guidance (n = 5). Internal consistency was assessed using Cronbach's alpha coefficient. The overall reliability coefficient of the instrument was $\alpha = 0.89$, while the coefficients obtained for the subdimensions were $\alpha = 0.86$ for the psychological dimension, $\alpha = 0.84$ for the social dimension, and $\alpha = 0.87$ for the academic dimension. These coefficients indicate a satisfactory level of internal consistency for both the overall scale and its three dimensions.

2.5. Statistical Procedures

Statistical data processing was carried out using IBM SPSS Statistics (version 25). Descriptive analyses included frequencies and percentages to describe response distributions, as well as means and standard deviations to assess central tendency and dispersion. The reliability of the instrument was examined using Cronbach's alpha coefficient.

The obtained mean scores were interpreted according to a five-level scale: 1.00–1.80 (very low), 1.81–2.60 (low), 2.61–3.40 (moderate), 3.41–4.20 (high), and 4.21–5.00 (very high).

3. Study Results

This section presents the results, organized according to the three dimensions adopted in the study, namely the psychological, social, and academic dimensions. Each dimension is presented separately in order to highlight the contribution of the listening cells within each of these domains.

3.1. Psychological Dimension

To address the first research question, which concerns examining the role of listening cells in the prevention of drug-related risks at the psychological level, frequencies, percentages, means, and standard deviations were calculated for participants' responses to the items related to this dimension. The descriptive results for this dimension are presented in Table 2.

Table 2. Results for the Psychological Dimension of the Role of Listening Cells in the Prevention of Drug-Related Risks

Level	Mean (M)	SD	% of participants
Very High	4.35	0.68	28.3%
High	3.87	0.52	51.7%
Moderate	3.12	0.45	16.7%
Low	2.45	0.38	3.3%

Overall mean	4.02	0.72	–

As shown in Table 2, the overall mean of responses for the psychological dimension was M = 4.02 with a standard deviation of 0.72, which corresponds to a high level according to the interpretation scale adopted in the study. Regarding the distribution of responses, 28.3% of the participants considered the role of the listening cells to be very high at the psychological level (M = 4.35), 51.7% rated it as high (M = 3.87), 16.7% rated it as moderate (M = 3.12), and 3.3% rated it as low. Thus, 80.0% of the participants evaluated the role of the listening cells as high or very high at the psychological level. This result supports the first hypothesis of the study, according to which listening cells contribute, to a high degree, to the prevention of drug-related risks at the psychological level among the university cases followed.

3.2. Social Dimension

To address the second research question, which concerns examining the role of listening cells in the prevention of drug-related risks at the social level, frequencies, percentages, means, and standard deviations were calculated for participants' responses to the items related to this dimension. The results for this dimension are presented in Table 3.

Table 3. Results for the Social Dimension of the Role of Listening Cells in the Prevention of Drug-Related Risks

Level	Mean (M)	SD	% of participants
Very High	4.28	0.61	25.0%
High	3.92	0.58	53.3%
Moderate	3.18	0.48	18.3%
Low	2.38	0.42	3.4%
Overall mean	3.98	0.68	–

As shown in Table 3, the overall mean of responses for the social dimension was M = 3.98 with a standard deviation of 0.68, which corresponds to a high level according to the interpretation scale adopted in the study. Regarding the distribution of responses, 25.0% of the participants considered the role of the listening cells to be very high at the social level (M = 4.28), 53.3% rated it as high (M = 3.92), 18.3% rated it as moderate (M = 3.18), and 3.4% rated it as low (M = 2.38). Thus, 78.3% of the participants evaluated the role of the listening cells as high or very high at the social level. This result supports the second hypothesis of the study, according to which listening cells contribute, to a high degree, to the prevention of drug-related risks at the social level among the university cases followed.

3.3. Academic Dimension

To examine the third research question, concerning the role of listening cells in the prevention of drug-related risks at the academic level, frequencies, percentages, means, and standard deviations were calculated based on participants' responses to the items related to this dimension.

Table 4. Results for the Academic Dimension of the Role of Listening Cells in the Prevention of Drug-Related Risks

Level	Mean (M)	SD	% of participants
Very High	4.32	0.65	26.7%
High	3.89	0.55	50.0%
Moderate	3.15	0.47	20.0%
Low	2.42	0.40	3.3%
Overall mean	3.95	0.70	–

As shown in Table 4, the overall mean of responses for the academic dimension was M = 3.95 with a standard deviation of 0.70, which corresponds to a high level according to the interpretation scale adopted in the study. Regarding the distribution of responses, 26.7% of the participants considered the role of the listening cells to be very high at the academic level (M = 4.32), 50.0% rated it as high (M = 3.89), 20.0% rated it as moderate (M = 3.15), and 3.3% rated it as low (M = 2.42). Thus, 76.7% of the participants evaluated the role of the listening cells as high or very high at the academic level. This result supports the third hypothesis of the study, according to which listening cells contribute, to a high degree, to the prevention of drug-related risks at the academic level among the university cases followed.

3.4. Overall Study Result

To provide an overall view of the role attributed to listening cells in the prevention of drug-related risks, the mean scores obtained across the three dimensions were examined.The aggregate statistics are presented in Table 5.

Table 5. Summary of Mean Scores by Dimension and Overall

Dimension	Mean (M)	SD	Level
Psychological	4.02	0.72	High
Social	3.98	0.68	High
Academic	3.95	0.70	High
Overall mean	3.98	0.70	High

As shown in Table 5, the overall mean score for the role of listening cells in the prevention of drug-related risks was M = 3.98 with SD = 0.70, which corresponds to a high level according to the interpretation scale adopted in the study. The mean scores across the three dimensions were closely comparable: the psychological dimension ranked first (M = 4.02), followed by the social dimension (M = 3.98) and the academic dimension (M = 3.95). This convergence suggests that the participants perceived the role of listening cells as important across the psychological, social, and academic dimensions.

4. Discussion

4.1. Discussion of Results

The results of the present study show that the participants attributed an overall high role to listening cells in the prevention of drug-related risks, with an overall mean score of 3.98/5. This positive appraisal suggests that, from the perspective of the university cases followed, listening cells constitute a useful mechanism for prevention, guidance, and support. Such an interpretation is consistent with recent international frameworks emphasizing that substance-use prevention among young people should be understood as a structured, continuous, and evidence-based process rather than as an isolated action (UNODC, 2024). In the same vein, recent recommendations from the UNODC-WHO Informal Scientific Network stress the importance of linking prevention, early identification, psychosocial support, referral, and continuity of care for young populations exposed to multiple vulnerabilities (Volkow et al., 2024).

With regard to the psychological dimension, 80.0% of the participants evaluated the role of listening cells as high or very high. This result may be interpreted in light of the emotional support, listening, and guidance functions that these structures may provide for young people facing personal, family, or academic pressures. This interpretation is consistent with studies showing that academic stress is significantly associated with poorer mental well-being among university students, which supports the value of mechanisms capable of addressing psychological vulnerability factors at an early stage (Barbayannis et al., 2022). It also aligns with evidence in the literature indicating that some forms of peer-support interventions in higher education have favorable effects, particularly on stress and anxiety, even though results remain heterogeneous depending on intervention models and the methodological quality of available studies (Pointon-Haas et al., 2023).

Regarding the social dimension, 78.3% of the participants judged the role of listening cells to be high or very high. This result may be understood in view of the fact that these cells do not merely perform an individual listening function, but may also help restore social ties, reduce isolation, strengthen the sense of support, and improve young people's referral to appropriate resources. This interpretation is compatible with recent literature showing that social support is an important factor in university students' well-being and mental health (Li et al., 2025). It is also consistent with recent analyses suggesting that community-based support mechanisms and relational interventions may improve access to help, particularly in contexts where seeking specialized support remains hindered by stigma or practical barriers (Vicary et al., 2024).

As for the academic dimension, 76.7% of the participants considered the role of listening cells to be high or very high. This appraisal indicates that respondents perceive these cells not only as a space for psychological or social support, but also as a mechanism that may indirectly contribute to maintaining academic adjustment. This interpretation is supported by recent evidence showing a significant negative association between substance use and academic performance among university students (Bulfone et al., 2025). It is also consistent with studies highlighting the relationship between high academic stress and impaired psychological well-being, suggesting that any mechanism capable of addressing stress-related factors, listening, and guidance may also have indirect relevance at the academic level (Barbayannis et al., 2022).

The closeness of the mean scores across the psychological, social, and academic dimensions suggests that participants perceive the contribution of listening cells as multidimensional. This convergence is important because it is in line with contemporary

prevention approaches, which view addictive behaviors among young people as multifactorial phenomena requiring coordinated responses across several domains. In this respect, recent reviews of preventive interventions in student populations show that the most relevant programs generally do not target a single factor, but combine several components such as psychosocial skills, information, self-regulation, health-related behaviors, and referral to support services when needed (Ghani et al., 2024). Similarly, the most recent international recommendations emphasize that effective responses should integrate prevention, mental health, and continuity of support rather than rely on fragmented and disconnected actions (Volkow et al., 2024).

It should, however, be recalled that the results of the present study concern the evaluations expressed by the participants and not a direct measure of the behavioral effectiveness of listening cells. Consequently, this discussion does not allow the conclusion that these cells, by themselves, reduce substance use or the disorders associated with it. It does, however, support the view that, from the perspective of the university cases followed, listening cells are perceived as a relevant mechanism for prevention and support at the psychological, social, and academic levels. This caution is all the more necessary because recent literature on interventions in student populations shows that effects often vary according to content, format, program duration, and the indicators used for evaluation (Ghani et al., 2024). It is also consistent with recent meta-analyses indicating that some targeted interventions, particularly digital ones, may produce favorable effects, but generally modest ones that remain dependent on the context of implementation (Pueyo-Garrigues et al., 2024).

Overall, the findings support the view that listening cells, when integrated into community-based structures and mobilized for vulnerable young people, may constitute a relevant mechanism for prevention and support. Their potential value lies in their ability to provide an initial space for listening, facilitate the identification of difficulties, reduce isolation, support referral, and fit within a broader logic of community-based prevention. Such an interpretation remains fully consistent with the most recent international orientations regarding the prevention of substance use among young people (UNODC, 2024).

4.2. Study Limitations

Despite the value of the findings obtained, several limitations should be taken into account when interpreting and generalizing the results. First, this study was based on a relatively limited subsample of 60 university cases, drawn from a broader population of 326 cases followed within listening cells established in youth centers across different municipalities of the Wilaya of Sétif. This configuration limits the scope of generalization, both to university populations as a whole and to other contexts of prevention or support.

Second, the use of purposive sampling represents an additional methodological limitation, since the selected cases were not drawn through a random procedure. This choice may introduce a selection bias likely to influence the observed results.

Moreover, the descriptive-analytical and non-experimental nature of the study does not allow the establishment of causal relationships between the variables under investigation. The findings reflect participants' evaluations of the role of listening cells, without making it possible to assert a direct or measurable effect of these cells on the actual reduction of addictive behaviors.

Finally, the analysis is based on self-reported data collected through a questionnaire and does not include either objective indicators of substance-use prevalence or direct measures of behavioral change. Consequently, the findings primarily reflect participants' perceptions and should be interpreted with caution with regard to their correspondence to the actual reality of drug-related behaviors.

4.3. Recommendations

In light of the findings obtained, several recommendations may be made. First, it appears necessary to strengthen listening cells established within youth centers by ensuring their accessibility, the clarity of their functioning, and the availability of qualified staff capable of providing listening, guidance, and support to young people exposed to drug-related risks.

It is also important to develop targeted training programs for professionals working within these structures, particularly in the areas of active listening, psychosocial assessment, early intervention, referral to appropriate services, and follow-up of cases requiring adapted support.

Furthermore, it would be useful to reinforce coordination between listening cells, health services, social services, youth structures, and, when necessary, educational institutions, in order to promote a more coherent and integrated response for the young people concerned. Such coordination could facilitate prevention activities, the exchange of information in compliance with ethical standards, and rapid referral to appropriate structures.

At the research level, future studies should rely on larger and more diverse samples, involving several structures and territorial contexts, in order to strengthen the scope of the findings. It would also be relevant to adopt more robust methodological designs capable of examining, beyond participants' perceptions, more objective indicators related to the evolution of risky behaviors and the effectiveness of prevention activities carried out by listening cells.

This study proposes a multidimensional psychosocial support model to explain how listening cells contribute to the prevention of drug-related risks among university students. The model conceptualizes listening cells not merely as passive support structures, but as active intervention mechanisms operating across interconnected psychological, social, and academic domains.

At the core of the model, listening cells function as an entry point for early identification of vulnerability. Through structured listening, counseling, and guidance, these cells activate three primary pathways:

1. Psychological Pathway
   Listening cells provide emotional support, reduce anxiety and stress, and enhance coping strategies. This leads to improved psychological resilience, which decreases susceptibility to substance use as a coping mechanism.
2. Social Pathway
   By fostering social support, improving communication, and reducing isolation, listening cells strengthen students' sense of belonging and integration within their social environment, thereby reducing exposure to risky peer influences.
3. Academic Pathway
   Through guidance and counseling, listening cells indirectly support academic adjustment, reduce academic stress, and enhance engagement, which are critical protective factors against drug-related behaviors.

These three pathways interact dynamically and collectively contribute to the reduction of drug-related risks, positioning listening cells as a central mechanism within community-based prevention systems.

Heading: Conceptual Framework of Listening Cells and Drug Risk Prevention

Independent Variable

- Listening Cells (availability, accessibility, quality of support)

Mediating Variables

- Psychological Support (emotional regulation, stress reduction)
- Social Support (integration, peer relations, sense of belonging)
- Academic Adjustment (engagement, academic stability)

Moderating Variables

- Gender
- Socioeconomic background
- Family environment
- Exposure to peer pressure

Dependent Variable

- Drug-Related Risk (substance use vulnerability, risky behaviors)

Outcome Variables

- Psychological well-being
- Social integration
- Academic performance
- Reduced vulnerability to addiction

Proposed Model:

Listening Cells → (Psychological Support + Social Support + Academic Adjustment) → Reduced Drug-Related Risk

Heading: Theoretical Contribution

This study contributes to the literature by introducing a multidimensional framework that integrates psychosocial and educational perspectives in understanding the role of listening cells in drug-risk prevention among university students. While previous research has primarily focused on isolated prevention programs or individual behavioral factors, this study conceptualizes listening cells as a holistic, community-based intervention mechanism.

The contribution of this research can be summarized in three main points:

1. Integration of Multiple Domains
   The study bridges psychological, social, and academic dimensions within a single analytical framework, highlighting their interdependence in shaping risk behaviors.
2. Reconceptualization of Prevention Mechanisms
   Listening cells are not treated as passive counseling units but as dynamic systems capable of early detection, intervention, and continuous support.
3. Shift from Individual to Systemic Perspective
   The model moves beyond individual-level explanations of substance use by emphasizing the role of institutional and community-based structures in prevention.

This theoretical framework provides a foundation for future empirical research and offers practical implications for the design of integrated prevention strategies in educational and community settings.

Findings

The findings of this study indicate that listening cells are perceived by university cases as an effective mechanism for the prevention of drug-related risks across psychological, social, and academic dimensions.

At the psychological level, the results reveal a high overall mean score (M = 4.02), with 80% of participants rating the role of listening cells as high or very high. This suggests that listening cells play a significant role in reducing emotional distress, enhancing coping mechanisms, and supporting psychological resilience among students.

At the social level, participants also reported a high level of effectiveness (M = 3.98), with 78.3% evaluating the role of listening cells as high or very high. This finding highlights the importance of these structures in strengthening social support, reducing isolation, and facilitating better integration within peer and community networks.

At the academic level, the results show a similarly high perception of effectiveness (M = 3.95), with 76.7% of respondents indicating a high or very high contribution. This suggests that listening cells may indirectly support academic adjustment by addressing stress-related factors and promoting stability in students' educational trajectories.

The overall mean score (M = 3.98) confirms that participants perceive listening cells as a multidimensional support mechanism, with relatively consistent contributions across all three domains. The convergence of these results indicates that listening cells function not only as psychological support structures but also as integrated systems influencing broader aspects of student well-being.

Conclusion

The findings of the present study show that the university cases followed attribute an important role to listening cells in the prevention of drug-related risks at the psychological, social, and academic levels. These results suggest that listening cells, when integrated into community-based structures such as youth centers, may constitute a relevant mechanism for prevention, listening, guidance, and support for young people in vulnerable situations.However, the prevention of drug-related risks cannot rely on these structures alone. It requires coordinated action among the various stakeholders concerned, including youth structures, health services, social services, educational institutions, families, and public authorities. From this perspective, strengthening listening cells and integrating them into a broader preventive approach may contribute to improving support for young people exposed to risky behaviors.

This study demonstrates that listening cells constitute a relevant and potentially effective mechanism for the prevention of drug-related risks among university students. By providing structured listening, psychosocial support, and guidance, these cells contribute to reducing vulnerability across psychological, social, and academic domains.

The findings highlight that drug-related risk among young people should be understood as a multidimensional phenomenon, requiring integrated responses that go beyond purely medical or disciplinary approaches. Listening cells, when embedded within community-based structures such as youth centers, can play a critical role in early detection, support, and prevention.

From a practical perspective, the results underscore the importance of strengthening listening cells through improved accessibility, professional training, and institutional coordination. Enhancing collaboration between youth centers, health services, and educational institutions can further increase their effectiveness as part of a comprehensive prevention strategy.

However, the study also acknowledges important limitations, including the relatively small sample size, the use of purposive sampling, and the reliance on self-reported data. These limitations suggest the need for future research employing larger samples, longitudinal designs, and more robust methodological approaches to better assess the actual impact of listening cells on behavioral outcomes.

In conclusion, listening cells represent a promising component of community-based prevention systems, with the potential to contribute significantly to reducing drug-related risks and promoting the overall well-being of university students.

Ethical Considerations

This study was conducted in accordance with established ethical standards for research involving human participants. Participation was voluntary, and informed consent was obtained from all participants prior to data collection. Participants were assured of the confidentiality and anonymity of their responses, and no identifying information was collected. The research adhered to relevant institutional and international ethical guidelines, including principles related to respect for persons, beneficence, and data protection.

Author Contributions

Belarbi Djemouai conceptualized the research design and supervised the overall study. Hamouche Mouslem contributed to data collection, field coordination, and initial data processing. Bouredji Chaker Amireddine conducted statistical analysis and contributed to the interpretation of findings and manuscript drafting. All authors participated in revising the manuscript critically for intellectual content and approved the final version for publication.

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AI Statement

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Conflict of Interest

The authors declare that there are no conflicts of interest related to this study. The research was conducted independently, and no financial or personal relationships influenced the study design, analysis, or reporting.

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