Theoretical and Review Articles // Artículos teóricos y de revisión

Research Articles // Artículos de investigación

Notes and Editorial Information // Avisos e información editorial

IJP&PT

International Journal of Psychology & Psychological Therapy

https://www.ijpsy.com

Theoretical and Review Articles // Artículos teóricos y de revisión

Research Articles // Artículos de investigación

Notes and Editorial Information // Avisos e Información Editorial

IJP&PT IS INCLUDED IN THE FOLLOWING INDEXING AND DOCUMENTATION CENTERS
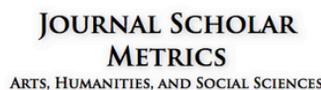
Typology of Personal Characteristics of Cadets Who Use Psychoactive Substances

Oleksandr Kolesnichenko,* Yanina Matsegora, Ihor Prykhodko

National Academy of National Guard of Ukraine, Kharkiv, Ukraine

Serhii Shandruk

West Ukrainian National University, Ternopil, Ukraine

Stanislav Larionov, Svitlana Izbash

National Academy of National Guard of Ukraine, Kharkiv, Ukraine

Lesia Vavryk, Iryna Khanenko, Yulia Andrusyshyn

National Academy of the Security Service of Ukraine, Kyiv, Ukraine

Kateryna Tishechkina

Mykolayiv National Agrarian University, Ukraine

ABSTRACT

The aime of this study was the development of the typology of personal characteristics of cadets who used drugs on a permanent, temporary, or single basis. Sixty five cadets from different courses of the higher educational institution participated in this study. A medical examination verified the drug abuse. *Determination of Type Accentuation of Character Traits and Temper*, *Questionnaire of Suicide Risk*, *Sixteen Personality Factor Questionnare, Progressive Matrix, Questionnaire on Examination of Professional Selection Motivation, Self-Esteem Structures of Temper Questionnaire, and Multilevel Personality Adaptability' Questionnaire* were used as instruments for evaluate personal characteristics. Cluster analysis differentiate the cadets who use drugs through the indicators of adaptive abilities. Developed typology gave the possibility to distinguish the reason of cadets being sensitive in relation to drug-dealers manipulations; e.g., openness, desire to get impressions, naivete, eagerness to become a part of the group, credulity, unreal expectations, desire to be active, and tendency to unnecessary risking.
Key words: drugs, military cadets, acceptable behaviour, psychoprevention, adaptation.

Novelty and Significance

What is already known about the topic?

- Cadets' drug abuse is related with general reasons of adaptive behaviour appearance as well as with typical reasons for youth.
- In the cadets' have been found the need for emotional stimulation, activation, acceptance, desire to reduce stress of taking part in combat operations as typical reasons for drug abuse.

What this paper adds?

- Is the first study which dealt with Ukrainian cadets of higher military educational institutions who abused of drugs dividing candidates in accordance with characteristics of their adaptive potential.
- This study can be important for differential preventive work related to drug abuse in cadets.

Cadets should have not only necessary knowledge and skills for service, but also correspondent level of military discipline because they are the future officers, the defenders of state unity and security, the owners of moral and ethical values. Any violation of discipline including addictive behaviour (drug abuse) while studying in the higher military educational institutions will have negative influence on serviceman in society. In military institutions drugs are rare phenomenon which still occur despite regular

* Correspondence: Oleksandr Kolesnichenko, Head of Research Laboratory, National Academy of National Guard of Ukraine, Kharkiv, Ukraine. http://orcid.org/0000-0001-6406-1935. Email: alex_kolesnichenko@ukr.net

medical and psychological examinations of cadets, inspections of their places for spare time and sleeping, tight schedule, etc. Cadets who abuse drugs from time to time do not understand that there will not be much time till they become addictive that can lead to unsatisfactory learning and service due to weak concentration, and memory, prompt fatigability, sleepiness, difficulties in physical and psychological workload, impaired motor coordination, slow reaction to commands and tasks set in the process of education. Negative character traits will be implemented through hostility, impossibility to meet the requirement of discipline and, as a result, will lead to several multi-level conflicts.

Problem of addictive behaviour among servicemen became urgent worldwide including North and South America, Europe, and Asia. Therefore, comparing the quantity of addictive individuals among the officers of civil and military police in Rio de Janeiro, the Brazil scholars de Souza, Schenker, Constantino, and Correia (2013) figured out that 1.1% of military police extensively used marijuana while civil police had only 0.1% of marijuana users. 13.3% of military police officers extensively used tranquilizers. Among civil police officers there were only 10.1%. 1.1% of military police used cocaine. Another research which was conducted at the state of Goiás Brazil, where Costa *et alia* (2015) implemented the method of gas chromatography-mass spectrometry (GC-MS) there was discovered that only 97.66% did not abuse drugs. As well there were used amphetamines (0.33%), cannabinoids (0.67%) and benzodiazepines (1.34%).

French scholars of Marimoutou *et alia* (2010) highlighted, that 52.6% of examined servicemen used cannabis at least once, 12.5% did not use it regularly, and 8.2% used cannabis regularly. Having received this data French researchers figured out that joining the army was the predictor for smoking and cannabis abuse. Mayet *et alia* (2013) distinguished that those servicemen were involved into psychoactive substances abuse, mainly, before joining the army. Otherwise, civil people started their path of psychoactive substances abuse from tobacco, while servicemen started it from cannabis. Researchers did not find any proof of the hypothesis concerning the military and social effect of inducing addictive behaviour.

The search for sources of addictive behaviour conducted by Vest, Hoopsick, Homish, Daws, and Homish (2018) figured out that childhood trauma and combat operations had synergistic effect on drugs abuse. However, childhood trauma and combat operations had different influence on alcohol abuse. Combat trauma did not have influence on alcohol abuse of people who suffered from mistreatment in childhood. A study by Bray, Brown and Williams (2013) showed that servicemen of the United States Department of Defense who underwent huge combat influence had higher indicators of addictive behaviour than their colleagues. Other researchers of Marchi *et alia* (2019), compared the influence of combat operations with high and low stress intensity; as well, there were figured out the factors related to the variations of psychoactive substances abuse in the frames of mission. They determined that during stressful missions the frequency of tobacco abuse increased, alcohol abuse was unchanged, and illegal drugs abuse decreased. During the missions with low intensity there increased tobacco and alcohol abuse, cannabis abuse became regular, and only use of cocaine and medications decreased. Research by de Silva, Jayasekera, and Hanwella (2016) figured out that the risk of cannabis abuse by servicemen of Shi Lanka Navy was lower among those who saw dead or wounded people. The only combat influence which significantly increased the risk of cannabis abuse was living through violence.

Studies conducted by Thomas *et alia* (2010) became rather spread. They determined that alcohol abuse and psychoactive substances abuse became collateral factors of PTSD

that significantly complicated disease. Despite that Hoopsick, Homish, Vest, and Homish (2018) found out that servicemen who did not take part in combat operations were worried about their being unrealized that was the predictor of addictive behaviour. Moreover, servicewomen worried less than servicemen concerning the absence of combat experience. Bray, Fairbank, and Marsden (1999) distinguished that the predictor of smoking and illegal drugs abuse for servicewomen was the status of a military person itself.

Hoopsick *et alia* (2020) compared servicemen of the National Guard of the USA who took part in combat operations with those who did not have such experience. The results of the research presented that low level of resilience and psychosocial problems were the real reasons of servicemen addictive behaviour, but not an absence of combat experience. Another research by Hoopsick, Vest, Homish, and Homish (2020) figured out that victimization among the US National Guard servicemen was connected with high chances of illegal drugs abuse and non-medical use of prescription medications. Besides, these problems did not lead to the increase of the level of alcohol abuse. Hoopsick *et alia* (2017) stressed on the fact that incorrect adaptation after serviceman dismissal from Armed Forces could increase the risk of psychoactive substances abuse and addiction development in the future.

Even while addictive behaviour was so spread in military sphere, cadets of higher military institutions rarely took part in such studies. This selection differed from other servicemen. Usually, cadets' activity had less quantity of stress factors, however, part of them had combat experience. Cadets' lives combined the features of both –military sphere and student youth. However, unlike student youth, military community was closed from external interference. Thus, the question of searching for drug-dealing sources within the cadets themselves was urgent enough. In accordance with Vaughn, Salas-Wright, DeLisi, Shook, and Terzis (2015), those individuals who spread drugs among youth was prone to risky behaviour, but they were not the members of criminal subculture and were not involved into any other criminal activity. That gave the possibility to solve out the problem related to the search of drug-dealers in cadets' surrounding.

Moreover, cadets did not refrain from the world tendency to spread drugs on Internet. Scholars concentrated their attention on the problem of figuring out the way to control the spread of psychoactive substances through world nets. Thus, Katsuki, Mackey, and Cuomo (2015) in their research distinguished the connection between the content of popular site of microblogs in Twitter and promotion of non-medical meditations by youth and teens. Results showed that 75.72% of the tweets with URLs included a hyperlink to an online marketing affiliate that directly linked to an illicit online pharmacy advertising the sale of Valium without a prescription.

Characteristics of Instagram users' activity who abused drugs were distinguished in the research of Bergman *et alia* (2020). They figured out that alcohol and drugs abuse in the group of risk was positively connected with the use of Instagram at the same time medications with prescription was negatively connected with the use of Instagram. Researchers highlighted that this data was useful in the process of developing a preventive programme against the spread of drugs on Internet. Kim, Marsch, Hancock, and Das (2017) proposed the typology of non-medical use of prescription medications through social networks which was based on users' communicative characteristics as well as on psychological and behavioural results of using social networks for communications related to drugs abuse.

To find out effective preventive measures related to addiction among youth the key position was occupied by the study of psychological characteristics which became

the basis for the formation of acceptable behaviour. James and Taylor (2007) determined that impulsivity and negative emotionality among student youth were psychological characteristics which could identify tendency to drug abuse. In the study conducted by Lillaz and Varescon (2012) there was figured out the role of searching for thrills, alexithymia, emotional awareness, and depression in the profiles of drug-users. Sarramon, Verdoux, Schmitt, and Bourgeois (1999) included to the features which increased the possibility of addictive behaviour the following units: tendency to boredom, impulsivity, and search for thrills as well as adventures. Franques, Auriacombe, and Tignol (2000) proved in their research that a search for thrills was the factor of favorable conditions to develop drugs addiction. However, after the addiction was formed the search for thrills did not have influence on drugs abuse continuing. In accordance with mentioned scholars this gap between psychopathology of susceptibility and psychopathology of addiction testified about the existence of different factors which took place in both stages of addiction.

The aim of this study was to develop the typology of cadets' personal characteristics who used psychoactive substances (drugs) on a permanent, temporary, or single basis.

METHOD

Participants and Procedure

The study was conducted throughout 2019 and 2020. Sixty five cadets (male only) from different courses of one higher educational institution were selected as participats in this study. Cadets drugs abuse was verified by medical examination conducted by general practitioner, psychiatrist, narcologist, and examination of psychoactive substances in urine. Before entering the educational institution some cadets served under contact. During their service they participated in combat operations in the East of Ukraine from one to three months. Psychological specificities of selected 645 servicemen who abused drugs, were defined in comparison with the 65 selected cadets within the same period of studying (2019-2020). All procedures carried out in the study conformed to the ethical standards of the 1964 Helsinki Declaration and its later amendments. All participants have given informed consent for their data to be used in this research.

Instruments and Measures

The results of psychological selection of candidates for studying in the higher educational institution were used to determine the types of cadets who were predisposed to abuse drugs. Battery of psychological tests included several methods which were implemented in digital form to test and analyze the results received during automated psychodiagnostic complex Psychodiagnostic (APC; Vorobyova *et alia*, 2016).

Determination of character traits which worsened the process of adaptation to new conditions and reasons of live was formed with the questionnaire *Determination of Type Accentuation of Character Traits and Temperament* (DTACTT; Schmieschek, 1970, as quoted by Vorobyova *et alia*, 2016). In the basis of this questionnaire there was the theory of character accentuation developed by Leonhard (1964). In accordance with this conception specific character traits were divided into two groups such as main and additional. The core of individual was in the basis of main traits of a person. These traits were: individuality, development, adaptation, and psychological health. Excessive

expression of these traits led to structural psychological changes and in hostile environment to the development of individual's structure.

With the *Questionnaire of Suicide Risk* (QSR; Shmelev, 1992, as cited by Vorobyova *et alia*, 2016) were studied the character specificities as defect of emotional and strong-willed sphere, risk of suicide, ways of overcoming difficulties and barriers which were faced by servicemen.

General information about character traits which were formed throughout candidates' live was obtained with the *Sixteen Personality Factor Questionnare* (16-PF, as cited by Vorobyova *et alia*, 2016).

General skills of servicemen were figured out with the *Progressive Matrix* test (PM; Raven & Raven, 2003). Results based on this test provided us with information about the abilities of servicemen to get definite forms, to take their personalities, temper and mutual relations or ensemble as well as combination of relations.

The specificity of motivation of choosing the profession of a serviceman was determined with the *Questionnaire on Examination of Professional Selection Motivation* (QEPSM; Moskalenko, Kobzin & Starodubtsev, 1999, as cited by Vorobyova *et alia*, 2016).

To determine the characteristics of personality temper was used the *Self-Esteem Structures Temper Questionnaire* (S-ESTQ; Smirnov, 2001, as cited by Vorobyova et alia, 2016).

The typology itself was developed on the basis of the conducted cluster analysis on the scales of *Multilevel Personality 'Adaptability' Questionnaire* (MPAQ; Maklakov & Chermyanin, 2006). Results on this questionnaire gave the possibility to figure out the specificity of psychological resilience, personal adaptivity to new conditions, and tolerance to changes (Maklakov & Chermyanin, 2006, as quoted by Vorobyova *et alia*, 2016).

Detailed information about psychodiagnostic methods and APC, used to develop the typology of personal character traits of drug-addictive cadets, is available in Prykhodko *et alia* (2020, 2021).

Data Analysis

A cluster analysis was used to compare the data of psychodiagnostic scales in studied groups. To represent the data, we used the main descriptive statistics (Mean -*M*- and Standard Deviation -*SD*). To reliably detect significant differences between comparative groups, the *t*-Student criterion was used. Data were processed through SPSS 17.0.

Results

According to the results of conducted cluster analysis it was figured out that 86.84% of those who was proven to use psychoactive substances were part of a group with Satisfactory Indicators of Adaptive Abilities (SIAA). Only 13.16% of candidates showed Unsatisfactory Indicators of Adaptive Abilities (UIAA). The indicators of personal specificities of servicemen who abused drugs in groups SIAA and UIAA are showed in Tables 1, 2, and 3.

Table 1. Personal characteristics of military men who use drugs in a group with Satisfactory Indicators of Adaptive Abilities (in standard points)-I

	CG	GSIAA	GA	GA1	GA2	GB	GB1	GB2
Determination of the Type of Accentuation of Character Traits and Temperament								
Hyperthymic	18.89±3.84	18.48±2.80	18.20±3.49	15.60±3.91	19.50±2.55	18.75±2.05	19.00±1.55	18.60±2.37
Stuck	11.71±2.62	10.26±1.53	10.00±1.07	10.00±0.00	10.00±1.33	10.50±1.86	11.00±1.10	10.20±2.20
Emotional	9.42±4.96	8.42±3.98	8.60±4.37	6.60±3.91	9.60±4.43	8.25±3.71	8.00±4.52	8.40±3.41
Pedantic	10.52±4.46	10.13±4.19	11.07±4.40	10.40±5.55	11.40±4.01	9.25±3.92	9.00±3.29	9.40±4.43
Anxious and timid	3.45±3.75	1.45±2.03	1.60±1.92	2.40±1.34	1.20±2.10	1.31±2.18	0.00±0.00	2.10±2.47
Cyclothymic	9.26±3.24	8.61±2.97	8.00±2.45	6.00±0.00	9.00±2.45	9.19±3.37	8.50±2.95	9.60±3.69
Demonstrative	15.04±3.40	16.19±3.03	16.13±3.25	15.60±0.29	16.40±3.37	16.25±2.91	17.33±2.73	15.60±2.95
Unbalanced	6.09±3.89	5.42±3.41	4.00±2.17	4.80±1.64	3.60±2.37	6.75±3.87	5.00±3.10	7.80±4.05
Dysthymic	8.96±2.80	8.61±2.29	9.20±1.78	8.40±1.34	9.60±1.90	8.06±2.62	7.50±3.15	8.40±2.37
Exalted	11.21±3.32	10.84±2.41	10.80±2.48	12.00±0.00	10.20±2.90	10.88±2.42	10.00±3.10	11.40±1.90
Multilevel Personality 'Adaptability' Questionnaire								
Probability	5.39±2.92	5.52±2.86	8.00±1.56	7.40±1.67	8.30±1.49	3.19±1.47	2.83±1.17	3.40±1.65
Adaptability	27.84±9.91	23.26±6.20	20.93±5.16	25.20±2.28	18.80±4.89	25.44±6.45	19.50±4.51	29.00±4.52
Neuropsychological stability	12.01±6.14	9.06±3.72	7.13±2.70	6.20±1.64	7.60±3.06	10.88±3.70	9.50±3.78	11.70±3.59
Communicativeness	8.96±3.34	7.77±2.78	8.00±2.93	11.60±1.67	6.20±1.14	7.56±2.71	5.17±2.04	9.00±1.94
Morality	6.87±2.69	6.45±2.29	5.80±2.11	7.40±1.14	5.00±2.05	7.06±2.35	4.83±1.60	8.40±1.58

Notes: CG= Control Group; G= Group; GSIAA= Group with Satisfactory Indicators of Adaptive Abilities.

Table 2. Personal characteristics of military men who use drugs in a group with satisfactory indicators of adaptive abilities (in standard points)-II.

	CG	GSIAA	GA	GA1	GA2	GB	GB1	GB2
Progressive Matrix								
IQ (overall figure)	104.89±10.54	101.58±13.64	100.80±12.11	104.20±6.87	99.10±14.05	102.31±15.31	111.67±12.74	96.70±14.39
Questionnaire on Examination of Professional Selection Motivation								
Professional motives	23.27±2.67	23.23±2.60	23.47±3.04	22.80±4.92	23.80±1.81	23.00±2.19	22.33±2.80	23.40±1.78
Motives for improvement	21.21±2.87	20.32±3.54	20.53±4.21	17.40±5.50	22.10±2.42	20.13±2.92	20.83±2.23	19.70±3.30
Independent profession choice	20.45±3.14	20.48±3.70	21.40±4.24	20.20±6.94	22.00±2.31	19.63±3.01	20.00±2.28	19.40±3.47
Non-independent profession choice	12.51±4.84	13.35±4.12	13.20±4.57	12.20±6.72	13.70±3.40	13.50±3.79	10.83±2.48	15.10±3.60
Prestige Motives	20.32±3.04	20.16±3.03	20.60±2.41	19.80±3.27	21.00±1.94	19.75±3.55	19.33±4.23	20.00±3.30
Romantic motives	17.68±3.91	16.32±5.33	17.53±4.67	16.40±4.62	18.10±4.84	15.19±5.80	11.83±4.22	17.20±5.85
Compensatory motives	21.56±3.22	21.42±3.48	21.67±3.92	19.20±5.76	22.90±2.02	21.19±3.12	20.33±2.25	21.70±3.56
Antisocial motives	14.46±4.59	13.10±5.48	13.47±6.10	13.60±8.29	13.40±5.23	12.75±5.00	12.33±3.33	13.00±5.94
Questionnaire of Suicide Risk								
Demonstrativeness	16.06±15.33	14.84±13.63	14.67±11.87	8.00±10.95	18.00±11.35	15.00±15.49	10.00±16.73	18.00±14.76
Affectiveness	15.16±13.77	13.06±10.29	13.53±9.38	10.20±9.31	15.20±9.44	12.63±11.37	11.17±13.56	13.50±10.54
Uniqueness	6.81±12.01	3.23±9.09	1.33±5.16	0.00±0.00	2.00±6.32	5.00±11.55	3.33±8.16	6.00±13.50
Inability	23.79±10.29	21.94±6.01	21.33±5.16	20.00±0.00	22.00±6.32	22.50±6.83	23.33±8.16	22.00±6.32
Social pessimism	47.55±18.21	41.06±17.95	41.07±18.61	34.20±21.70	44.50±17.03	41.06±17.92	38.17±17.23	42.80±19.00
Breaking cultural barriers	38.06±20.82	37.94±19.90	43.13±25.14	53.20±30.02	38.10±22.32	33.06±12.23	38.67±13.88	29.70±10.44
Maximalism	21.26±26.69	14.52±26.44	3.33±12.91	0.00±0.00	5.00±15.81	25.00±31.62	33.33±25.82	20.00±34.96
Time perspective	17.26±12.51	13.61±10.02	10.13±10.60	6.80±9.31	11.80±11.26	16.88±8.52	14.00±12.49	18.60±5.06
Antisuicidal factor	29.43±26.87	22.58±25.29	13.33±22.89	0.00±0.00	20.00±25.82	31.25±25.00	8.33±20.41	45.00±15.81

Notes: CG= Control Group; G= Group; GSIAA= Group with Satisfactory Indicators of Adaptive Abilities.

Table 3. Personal characteristics of military men who use drugs in a group with Satisfactory Indicators of Adaptive Abilities (in Standard Points)-III.

	CG	GSIAA	GA	GA1	GA2	GB	GB1	GB2
16 PF Questionnare								
Md (low-high self-esteem)	9.17±2.53	10.23±2.14	10.93±1.58	10.60±1.82	11.10±1.52	9.56±2.42	10.00±1.26	9.30±2.95
A (isolation-sociability)	9.31±1.87	9.87±2.19	9.40±1.24	8.80±1.30	9.70±1.16	10.31±2.77	9.17±4.12	11.00±1.41
B (low-high intelligence)	4.21±1.46	4.06±1.34	3.93±1.10	4.40±0.89	3.70±1.16	4.19±1.56	4.33±1.97	4.10±1.37
C (em.instability–stability)	9.61±1.59	10.29±1.37	10.87±1.06	11.40±0.55	10.60±1.17	9.75±1.44	9.83±1.17	9.70±1.64
E (subordination–dominance)	6.18±2.07	5.97±1.76	5.47±1.92	4.80±2.17	5.80±1.81	6.44±1.50	6.00±1.26	6.70±1.64
F (restraint-expressiveness)	5.57±1.87	5.65±1.78	6.13±2.07	5.80±1.92	6.30±2.21	5.19±1.38	5.83±1.33	4.80±1.32
G (low-high mormativity)	8.52±1.95	8.90±1.58	9.67±1.45	10.20±0.84	9.40±1.65	8.19±1.38	7.83±1.60	8.40±1.26
H (timidity-courage)	8.56±1.79	9.13±1.48	9.33±1.50	9.20±1.10	9.40±1.71	8.94±1.48	8.83±1.47	9.00±1.56
I (rigidity-sensitivity)	4.59±1.96	4.74±1.88	4.67±2.13	4.80±1.64	4.60±2.41	4.81±1.68	3.83±0.75	5.40±1.84
L (trust-suspicion)	4.16±1.85	3.87±1.82	3.67±1.35	4.80±0.84	3.10±1.20	4.06±2.21	3.33±2.66	4.50±1.90
M (practicality-dreaminess)	4.44±2.07	4.00±2.29	3.40±2.23	2.80±2.17	3.70±2.41	4.56±2.28	3.83±2.79	5.00±1.94
N (straight forwardness-diplomacy)	5.22±1.89	4.81±2.06	4.60±2.06	3.60±1.52	5.10±2.18	5.00±2.10	4.67±1.21	5.20±2.53
O (calmness-anxiety)	4.04±2.48	3.52±2.10	3.07±2.22	2.80±1.48	3.20±2.57	3.94±1.95	4.00±2.37	3.90±1.79
Q₁ (conservatism-radicalism)	6.31±2.24	5.97±2.14	5.20±2.11	5.80±2.28	4.90±2.08	6.69±1.96	5.67±1.86	7.30±1.83
Q₂ (conformism-nonconformism)	3.97±1.88	3.71±1.79	3.53±1.73	5.00±1.00	2.80±1.55	3.88±1.89	4.00±1.79	3.80±2.04
Q₃ (low-high self-control)	7.31±1.77	7.42±1.50	7.80±1.61	7.60±0.89	7.90±1.91	7.06±1.34	6.33±1.37	7.50±1.18
Q₄ (relaxation-tension)	3.33±1.78	2.45±1.48	2.07±1.10	1.20±0.84	2.50±0.97	2.81±1.72	2.00±1.67	3.30±1.64
Self-assessment of Temperament Structure Questionnaire								
Extraversion-introversion	18.05±4.03	18.19±3.66	18.60±3.64	18.60±3.78	18.60±3.78	17.81±3.75	18.00±1.90	17.70±4.62
Rigidity-plasticity	9.50±3.78	8.68±3.71	8.07±4.04	6.60±3.21	8.80±4.37	9.25±3.40	8.67±2.66	9.60±3.86
Em. excitability-balance	3.18±3.20	2.29±2.61	1.53±1.64	0.80±1.10	1.90±1.79	3.00±3.16	1.83±3.25	3.70±3.06
Reaction rate	12.79±3.57	13.19±3.50	14.20±3.51	14.60±4.16	14.00±3.37	12.25±3.32	11.00±2.45	13.00±3.65
Activity	18.87±5.01	20.84±4.07	22.67±3.64	23.00±3.46	22.50±3.89	19.13±3.77	19.67±2.50	18.80±4.47
Sincerity scale	7.56±5.07	7.13±4.12	4.40±3.27	3.40±1.82	4.90±3.78	9.69±3.09	10.17±1.47	9.40±3.81

Notes: CG= Control Group; G= Group; GSIAA= Group with Satisfactory Indicators of Adaptive Abilities.

Table 4, 5, and 6 show the significance of differences between the selected groups of people with satisfactory indicators of adaptive abilities.

The representators of the group with satisfactory indicators of adaptive abilities had the following features defined in the research.

Cadets of this group had higher level of and considered themselves to be individuals who could settle the relations with surrounding. They were confident in themselves and in their ability to control the situation. That was approved with the results received of MPAQ on the scales: "Adaptivity" ($t= 3.88$, $p \leq .001$), "Neuropsychological Resilience" ($t= 4.14$, $p \leq .001$), and "Communication" ($t= 2.09$, $p \leq .05$).

These servicemen were predisposed to purposeful control of anxious (fearful) characteristics and could make desirable impression with surrounding. They were predisposed to stuck in emotional worries less than other cadets. Servicemen easily forgot about failures. They were concentrated on "struggling" with their own fears, negative worries, and suffered from other types of emotionality that was the reason to get emotional stimulation. This information was proven by the results of the DTACTT on the scales: "Anxious (fearful) Type" ($t= 5.08$, $p \leq .001$), "Demonstrated Type" ($t= 2.07$, $p \leq .05$), and "Stuck Type" ($t= 4.96$, $p \leq .001$).

Table 4. Indicators of the significance of differences between groups of participants with Satisfactory Indicators of Adaptive Abilities who use drugs (in Standard Points)-I.

	t CG-SIAA	t CG–A	t CG–A1	t CG–A2	t CG–B	t CG–B1	t CG–B2	t A–B	t A1–A2	t B1–B2
Determination of Type of Accentuation of Character Traits and Temperament										
Hyperthymic	0.78	0.76	1.88	0.74	0.17	0.38	0.53	2.02	0.41	
Stuck	4.96***	5.81***	16.63***	3.94***	2.54*	1.55	2.15*	0.92	0.00	0.97
Emotive	1.34	0.71	1.60	0.13	1.23	0.76	0.93	0.24	1.34	0.19
Pedantic	0.51	0.47	0.05	0.69	1.28	1.13	0.80	1.21	0.36	0.21
Anxious (fearful)	5.08***	3.57***	1.70	3.31***	3.78**	23.45***	1.70	0.39	1.34	2.69*
Cyclothimic	1.18	1.95	25.60***	0.33	0.08	0.63	0.29	1.13	3.87**	0.66
Demonstrative	2.07*	1.29	0.38	1.27	1.64	2.05*	0.60	0.11	0.44	1.19
Excitable	1.07	3.60***	1.72	3.26***	0.67	0.86	1.32	2.46*	1.14	1.56
Disthymic	0.82	0.50	0.92	1.04	1.36	1.13	0.74	1.42	1.41	0.61
Exalted	0.83	0.63	6.04***	1.10	0.55	0.95	0.30	0.09	1.96	1.00
Multilevel Personality 'Adaptability' Questionnaire										
Probability	0.24	6.24***	2.65**	5.98***	5.72***	5.21***	3.74***	8.83***	1.02	0.80
Adaptability	3.88***	4.97***	2.42*	5.66***	1.45	4.44***	0.78	2.15*	3.45**	4.08**
Neuropsychological stability	4.14***	6.62***	7.51***	4.42***	1.19	1.61	0.27	3.23**	1.15	1.15
Communicativeness	2.29*	1.25	3.48***	7.21***	2.02*	4.49***	0.07	0.43	6.51***	3.70**
Morality	0.99	1.93	1.01	2.84**	0.32	3.08**	3.00**	1.57	2.91*	4.34***

Notes: A= Group A; A1= Group A1; A2= Group A2; B= Group B; B1= Group B1; B2= Group B2; CG= Control Group; G= Group; GSIAA= Group with Satisfactory Indicators of Adaptive Abilities; *= $p \leq .05$; **= $p \leq .01$; *** $p \leq .001$.

Table 5. Indicators of the significance of differences between groups of participants with Satisfactory Indicators of Adaptive Abilities who use drugs (in Standard Points)-II.

	t CG–A	t CG–A1	t CG–A2	t CG–B	t CG–B1	t CG–B2	t A–B	t A1–A2	t B1–B2	t CG–A
Progressive Matrix										
IQ	1.33	1.30	0.22	1.30	0.67	1.30	1.79	0.31	0.94	2.17*
Questionnaire on Examination of Professional Selection Motivation										
Professional motives	0.09	0.25	0.21	0.91	0.49	0.82	0.23	0.49	0.44	0.84
Motives for improvement	1.38	0.62	1.55	1.14	1.48	0.42	1.44	0.31	1.82	0.82
Independent profession choice	0.05	0.86	0.08	2.09*	1.09	0.48	0.95	1.34	0.56	0.42
Non-independent profession choice	1.11	0.58	0.10	1.09	1.03	1.62	2.24*	0.20	0.47	2.80*
Prestige Motives	0.28	0.44	0.35	1.09	0.64	0.57	0.30	0.78	0.76	0.33
Romantic motives	1.40	0.12	0.62	0.28	1.71	3.38***	0.26	1.24	0.66	2.12*
Compensatory motives	0.22	0.11	0.91	2.06*	0.47	1.32	0.13	0.37	1.39	0.94
Antisocial motives	1.36	0.62	0.23	0.64	1.35	1.55	0.77	0.36	0.05	0.29
Questionnaire of Suicide Risk										
Demonstrativeness	0.48	0.44	1.63	0.53	0.27	0.88	0.41	0.07	1.65	0.97
Affectiveness	1.09	0.66	1.18	0.01	0.88	0.72	0.49	0.24	0.98	0.36
Uniqueness	2.11*	3.87***	14.44***	2.34*	0.62	1.03	0.19	1.15	1.00	0.49
Inability	1.61	1.760	9.38***	0.88	0.74	0.14	0.88	0.54	1.00	0.34
Social pessimism	1.96	1.33	1.37	0.56	1.43	1.33	0.78	0.00	0.93	0.50
Breaking cultural barriers	0.03	0.78	1.13	0.01	1.58	0.11	2.46*	1.40	1.00	1.37
Maximalism	1.39	5.13***	20.30***	3.18**	0.47	1.14	0.11	2.53*	1.00	0.87
Time perspective	1.95	2.56**	2.49*	1.52	0.17	0.64	0.80	1.94	0.91	0.86
Antisuicidal factor	1.47	2.68**	27.90***	1.15	0.29	2.51*	3.05**	2.08*	2.45*	3.77**

Notes: A= Group A; A1= Group A1; A2= Group A2; B= Group B; B1= Group B1; B2= Group B2; CG= Control Group; G= Group; GSIAA= Group with SIAA; *= $p \leq .05$; **= $p \leq .01$; *** $p \leq .001$.

Table 6. Indicators of the significance of differences between groups of participants with Satisfactory Indicators of Adaptive Abilities who use drugs (in Standard Points)-III.

	t CG–A	t CG–A1	t CG–A2	t CG–B	t CG–B1	t CG–B2	t A–B	t A1–A2	t B1–B2	t CG–A
				16-PF Questionnaire						
Md (low-high self-esteem)	2.65**	4.19***	1.74	3.91***	0.63	1.57	0.13	1.88	0.53	0.66
A (isolation-sociability)	1.40	0.27	0.87	1.04	1.44	0.09	3.73***	1.19	1.31	1.05
B (low-high intelligence)	0.57	0.94	0.48	1.36	0.05	0.16	0.24	0.53	1.29	0.26
C (em. instability–stability)	2.70**	4.49***	7.10***	2.64**	0.40	0.47	0.18	2.47*	1.80	0.19
E (subordination-dominance)	0.64	1.41	1.42	0.65	0.68	0.34	1.00	1.56	0.89	0.96
F (restraint-expressiveness)	0.24	1.05	0.27	1.04	1.07	0.49	1.81	1.49	0.45	1.51
G (low-high mormativity)	1.32	3.02**	4.41***	1.68	0.93	1.04	0.29	2.91*	1.25	0.74
H (timidity-courage)	2.06*	1.96	1.29	1.53	0.99	0.45	0.88	0.74	0.27	0.21
I (rigidity-sensitivity)	0.45	0.15	0.29	0.02	0.53	2.37*	1.39	0.21	0.19	2.38*
L (trust-suspicion)	0.88	1.40	1.67	2.76**	0.18	0.76	0.55	0.61	3.19**	0.94
M (practicality-dreaminess)	1.05	1.79	1.90	0.97	0.21	0.53	0.90	1.44	0.78	0.90
N (straight forwardness-diplomacy)	1.09	1.15	2.37*	0.17	0.41	1.10	0.02	0.54	1.55	0.57
O (calmness-anxiety)	1.34	1.67	1.85	1.02	0.20	0.04	0.24	1.16	0.38	0.09
Q1 (conservatism-radicalism)	0.86	2.00*	0.49	2.12*	0.77	0.83	1.70	2.03	0.74	1.71
Q2 (conformism-nonconformism)	0.79	0.96	2.27**	2.36*	0.20	0.04	0.26	0.53	3.32**	0.21
Q3 (low-high self-control)	0.40	1.17	0.72	0.97	0.72	1.73	0.51	1.38	0.41	1.74
Q4 (relaxation-tension)	3.21**	4.33***	5.60***	2.64**	1.19	1.94	0.06	1.45	2.68*	1.52
				Self-assessment of Temperament Structure Questionnaire						
Extraversion-introversion	0.22	0.58	0.33	0.46	0.25	0.06	0.24	0.59	0.00	0.18
Rigidity-plasticity	1.20	1.36	2.01*	0.50	0.29	0.76	0.08	0.88	1.10	0.57
Em. excitability-balance	1.82	3.71***	4.70***	2.20*	0.22	1.01	0.54	1.64	1.47	1.14
Reaction rate	0.63	1.54	0.97	1.13	0.64	1.77	0.18	1.59	0.28	1.31
Activity	2.60**	3.96***	2.64***	2.91**	0.26	0.76	0.05	2.66*	0.25	0.50
Sincerity scale	0.57	3.65***	4.98***	2.19*	2.66**	4.11***	1.51	4.62***	1.04	0.57

Notes: A= Group A; A1= Group A1; A2= Group A2; B= Group B; B1= Group B1; B2= Group B2; CG= Control Group; G= Group; GSIAA= Group with SIAA; *= *p* ≤.05; **= *p* ≤.01; ***= *p* ≤.001.

In general, the motives of entering higher military educational institution of cadets who used drugs did not have any difference from the cadets of the control group who entered educational institution within the same period. Cognitive development (Progressive Matrix method) of these cadets was within norms. Personal traits which made those servicemen vulnerable were the desires to be like others and unwillingness to concentrate on negative consequences of their actions. That was proven with data received from the QSR, such as: expressive control of answers on the questions of the scale "Uniqueness" (*t*= 2.11, *p* ≤.05); lower indicators were registered on the scales "Social Pessimism" and "Time Prospect" (*p* ≤.1 for both values).

Servicemen with satisfactory indicators of adaptive abilities had higher level of self-esteem and bravery, expressed self-confidence, had ability to control the situation, presented oversatisfaction in their life, and expressed less tension. This was proven with data from 16-PF: "MD" (low–high self-esteem) *t*= 2.65, *p* ≤.01; "C" (emotional instability–stability) *t*= 2.70, *p* ≤.01; "H" [timidity(fearfulness)-bravery] *t*= 2.06, *p* ≤.05; "Q4" (relaxation-tension) *t*= 3.21, *p* ≤ .01. They were more efficient and less passionate. This data showed the mentioned above problem of searching for impressions. That was proven with the help of information received from the scale S-ESTQ: "Activity" (*t*= 2.60, *p* ≤.05), "Emotional instability–stability" (*t*= 1.82, *p* ≤.1).

There were distinguished two groups (A - B) among the cadets with satisfactory indicators of adaptive skills. To determine the subgroups during cluster analysis there was increased the quantity of clusters. The comparison of new cluster decision (with increased quantity of clusters) with the previous one demonstrated that each group with satisfactory indicators of adaptive skills (groups A and B) included two subgroups (A1, A2 and B1, B2). Cadets of group A (42.11%) showed bright tendency to have socially approved behaviour. Data from the MPAQ based on the scale "Credibility", remained within the permitted levels, being different from the control selection of the second group because Cadets of this group was eager to make positive impression about themselves. They showed the best rates on the scales "Adaptivity", "Neuropsychological Resilience", and "Morality", data proven with the scale S-ESTQ; namely the lowest indicators were

represented with the results in "Honesty of Answers". Furthermore, they showed the highest level of "Activity" and "Emotional Poise" among all the compared groups.

The participants of group A showed the lowest indicators in the scale QSR ("Uniqueness", "Maximalism", "Time Prospect", and "Anti-Suicidal Factor"); due to "Maximalism", "Time Prospect", and "Anti-Suicidal Factor" at the statistic level they differed from the Control Group as well as from the group B of cadets. Cadets of group A showed the lowest indicators of "Unstable Type of Accentuation". Among the compared groups they had the highest level due to the factors of 16-PF, including "C" (emotional instability–stability), "G" (low–high normativity), "MD" (low–high self-esteem), and conservatism indicators "Q1" (conservatism–radicalism).

The cadets' subgroups A1 and A2 with satisfactory indicators of adaptive abilities were characterized with the following personal specificities. The cadets of subgroup A1 (15.79%) had high tendency to hide their personality. That was demonstrated by the scales of "Credibility", "Honesty", the worst results were presented by indicators of "Communication". The highest results among all of them were given by the indicators of suspicion "L", the lowest result was shown by conformism "Q2". These cadets realized their inconsistency to servicemen selection and tried to hide it. That was quite important to figure out a range of specificities which characterized cadets' emotional reaction. They had the lowest indicators among all the candidates in "Hyperthymic Type of Accentuation", "Cyclothymic" and the highest indicators in "Exalted Type". All the candidates had the highest level of emotional stability "C" (11.40±0.55), relaxation "Q4", and "Emotional Resilience". Such data could determine the state of emotional exhaustion and weakness. According to S-ESTQ results subgroup A1 differed from the control group. Cadets of this group had the highest results among all the other groups in "Flexibility" and "Activity". The representators of subgroup A1 had completely ruined "Anti-Suicidal Factor" and the lowest results in "Motives of Improvement". Cadets of this group were not afraid of pain or death; they did not want any changes or did not have any strength to implement them.

Cadets of subgroup A2 (26,32%) had one of the best results of indicators received from the scales of the MPAQ: "Adaptivity", "Communication", and "Morality". Moreover, they had decreased indicators of the scale "Honesty". This subgroup differed from the rest with the highest indicators of conformism "Q2" and self-estimation "MD". One more specificity of subgroup 2 was the increased value of "Motives of improvement". The representators of subgroup A2 had the highest level of credibility "L" among other groups including subgroup A1. Cadets of subgroup A2 had lower indicators of "Q4" (relaxation-tension) than the same indicators in the control group.

The main difference of group B (44.74%) from the control group as well as from group A was the demonstration of extremely high level of credibility ("Credibility", $p \leq .001$; "Honesty", $p \leq .001$). Besides that, they differed from the control group with significantly better indicators of the scale "Communication" ($t= 2.02, p \leq .05$). However, the other indicators of group B were approximate to the values of the control group. These indicators were based on the scales MPAQ, S-ESTQ, 16-PF, and QSR. Cadets of group B had significantly lower indicators of the scale DTACTT, namely, "Stuck Type" ($t= 2.54, p \leq .05$) and "Anxious (fearful) Type" ($t= 3.78, p \leq .001$) than the same value of the control group. The candidates of group B had slightly lower tendency to romanticization of profession "serviceman" ($t= 1.71, p \leq .1$) than the control group.

Among all the compared groups, subgroup B1 (15.79%) had the best results of indicators "Adaptivity", "Communication", and "Morality", which in contrast to

subgroup A2 were combined with high indicators of "Credibility". Cadets of subgroup B1 also had the highest indicators of "Honesty". That was the only subgroup which mid-range rate was in the frames of high values due to the test Progressive Matrix. All the participants of subgroup B1 tried to control their fears ("Anxious -fearful- Type of Accentuation") as well as an impression they made on the surrounding (the highest indicators of "Demonstrative Type of Accentuation" among all the groups).

The motives for choosing profession for subgroup B1 such as "Romantic Motives" and "Non-Independent Selection of Profession" were artificially devalued and occupied the position lower than "Asocial Motives".

Among the personal characteristics of the representators of subgroup B1 differed with toughness "I", with low self-control "Q3", and relaxation "Q4". Honesty of the representators of subgroup B2 (28.94%) had completely different results. They had high indicators of "Honesty" which combined with the lowest indicators among all the other groups Progressive Matrix. Subgroup B2 had the worst indicators of the scale "Morality", "Break of Cultural Barriers", and the highest indicators of factor "Q1" (conservatism-radicalism). Break of norms by cadets of subgroup B2 was connected not with bad intensions, but with lack of knowledge. Therefore, not surprisingly, representators of this subgroup had the worst indicators of "Adaptivity" among all the groups with satisfactory indicators of adaptive abilities.

The representators of subgroup B2 had the highest indicators of friendship "A", "Non-Independent Selection of Profession", and "Anti-suicidal factor" among all the other groups and subgroups.

Talking about groups with unsatisfactory indicators of adaptive abilities (13.16%) all representators of this group had the fourth level of adaptive abilities (from 44 to 104 point due to the scale "Adaptivity") with various combinations of other methods' scales. This group was heterogeneous but too small to distinguish a subgroup inside it and to conduct differential analysis.

Discussion

The differentiation found of cadets with addictive behaviour on indicators of adaptive abilities was a new approach. For example, Papamalis, Kalyva, Teare, and Meier (2020) pointed out that characteristics of adaptation could influence the participation in treatment and mutual understanding with a doctor. In this study we proposed to use general adaptive skills to distinguish the typology of individuals who used drugs.

The results showed that cadets who used drugs could have satisfactory indicators of adaptive skills as well as could be described as disadaptive. Thus, in this study cadets who were included into two biggest groups (A and B) had satisfactory indicators of adaptive skills. Only a very small number of cadets was included into separate group with unsatisfactory indicators of adaptive skills.

Cadets with satisfactory indicators of adaptive abilities were eager to represent their behaviour as if it complied with social norms. They demonstrated self-confidence, bravery, unnecessary risking, and potential ability to break the prohibitions. They wanted to get positive stimulation which was combined with the absence of propensity to extra-efforts, relaxation, and pleasure. Cadets of this group represented the absence of propensity to concentrate on negative consequences of their actions.

This desire to have positive stimulation and the absence of propensity to extra-efforts corresponded to "economic" theory of dependence proposed by Marvel and

Hartmann (1986). They succeeded to illustrate this theory on the basis of the conducted research among servicemen of the US Army who abused drugs. Besides, in accordance with the data of this research the group of the "searchers for impressions" was not homogeneous due to their psychological characteristics; thus, there were consequences to prevent the situation as well as to treat drug-addiction.

The representators of the first group A demonstrated to the surrounding socially approved way to behave, but the developed image was exaggerated. They wanted to comply with the norms. Candidates demonstrated accountability of their emotions, friendship, desire to work, bravery, and morality. They did not express self-reflection, desire to think about negative consequences of their actions, and putting efforts. They were disposed to moralization in the way of thinking about morality and feasibility of one or other social rules, but they did not prone to self-regulate them.

The reasons to overestimate their own images and its idealization in subgroups A1 and A2 were different. Cadets of subgroup A1 hid their personality and had unsatisfactory indicators of honesty. They were exhausted and had strong tendency to self-destruction. The representators of subgroup A1 had been engaged in drugs abuse long before entering the higher military educational institution that led to the changes of their personality. They realized the necessity to hide their real personality and understood their discrepancy in servicemen profession. These cadets orientated towards well-known "ideal" behaviour in society while hiding their personality.

Moreover, that was the only group who, in classical way, combined a need for impressions and fast acclimatization to irritants; according to Jansen, Klaver, Merckelbach, & van den Hout (1989) those factors were essential characteristics of drug-addictive people.

Cadets of subgroup A2 in contrast to group A1 unconsciously processed information about themselves and orientated towards idealization of their own abilities especially physical power. They were directed to idealization of expected changes as a result of education in higher military educational institution. Furthermore, they wanted to put efforts to these expected changes and highly estimated their potential of abilities. Cadets of this group had immature and unreal views concerning themselves. They easily gave themselves possibility to think that there were "miracle pills" which made of them some kind of "superman" and increased their activity, reaction, and power.

The representators of subgroup A2 started their path of drug addiction with the use of stimulators or steroids to improve their results in sport. Good sport condition was an important requirement for cadets. However, a part of applicants wanted to become cadets to compensate weaknesses of their physical development. Physical activities became tough trails for them. Exactly such situation was described in the research conducted by Bahrke, Yesalis, and Brower (1998); they pointed out that youth, who used anabolic steroids to improve appearance and sport achievements, was likely to move to the use of other illegal drugs. Another group of scholars which included Franques, Auriacombe, and Tignol (2001) distinguished that engagement in sport was not key factor of using psychoactive substances, but those who intensively did some kind of sport had higher level of possibility to develop the syndrome of addiction on psychoactive substances.

Figuring out psychological image of servicemen of group A as well as both of its subgroups (A1 and A2), there appeared a need to present the conception of Sirvent, Herrero, Moral, and Rodríguez (2019), who considered that lie was a mechanism to support addiction, highlighted that more or less we lie to ourselves (objection, self-deception, and mystification) as well as to others (impression management and social

desire). Lie in its broader meaning was quite adaptive, useful, and necessary in our socially affective world. Above all, the concept "self-deception" in clinical psychology, namely, in drug-addictive, became a supportive mechanism of addiction.

The representators of group B were characterized by honesty, openness, unwillingness to emotional prejudice concerning the surrounding world and searched for positive experience.

Besides, the representators of subgroup B1 represented themselves as independent, emotionally suspended experts, intellectuals who had their personal view for everything. Cadets of this subgroup had highly expressed need for impressions. They had well-developed intellectual skills, but that was hard for them to deal with routine, formal, and monotonous tasks.

The motives to abuse drugs by such cadets were both the desire to develop their own opinion concerning drugs and to get impressions. The question was in "Why did not those cadets think about negative consequences having well-developed intellectual skills?". The answer was quite simple "Those cadets were too self-confident in their intellectual abilities and thought that they would overcome this situation using them". According to the study by Davstad, Leifman, Allebeck, and Romelsjö (2013) high intellectual abilities were one of the protective factors from ruining results of drugs abuse.

In the basis of honesty of the representators of subgroup B2 there was their naivete, decreased intellect, low level of knowledge concerning norms which regulated their relations. That was essential that to compensate the weaknesses of their adaptive potential they made friends with stronger and more reputable individuals; they formed the relations of dependency. That was essential to them to get acceptance and friendship.

The desire to support "dependent" relations made these servicemen become users of drugs substances. Smout *et alia* (2010) could prove that therapy of acceptance and being a part of the group had high indicators of efficiency during the work with drugs-addictive servicemen as well as cognitive behaviour. Usually, these recommendations were received by the US servicemen.

Cadets of the group with unsatisfactory indicators of adaptive abilities under usual conditions had not to proceed to professional psychological selection; however, there were reduced criteria for the candidates who took part in combat operations. Psychoactive substances for such cadets were the way to reduce negative worries. That was clear that cadets who experienced stress factors during combat operations and had signs of acute stress reaction had to receive necessary psychological help and were readaptated.

Jones and Fear (2011) pointed out that alcohol was traditionally used by servicemen to succeed with tension of combat stress. According to them this way was used to move from increased combat experience to routine life. That was possible that the consciousness of combatants transferred this function to drugs.

Cadets who were included into the group with unsatisfactory indicators of adaptive skills mostly had experience of participation in combat operations. They participated in combat operations to get new impressions or to get psychoactive substances more easily.

As in the study of Staiger, Kambouropoulos, and Dawe (2007), in this study we succeeded to determine the role of character traits related to impulsivity such as: search for impressions, desire of novelty, and sensitivity to rewards in the process of forming dependency on psychoactive substances. There was less determined role of features related to anxiety of developing drug addiction. Staiger *et alia* (2007) stressed on a need to take into account personal specificities to improve the treatment results of people who abused psychoactive substances.

Besides the important data to treat drug-addictive people there was distinguished the typology which was significant to conduct effective preventive work with cadets who abused psychoactive substances. It gave the possibility to determine the aspects which made cadets sensible to manipulation of drug-dealers. These aspects were: "naivete and need for impressions" in subgroup B1 (15.79%), "naivete and need for acceptance" in subgroup B2 (28.94%), "credibility and unreal expectations" in subgroup A2 (26.32%), as well, general aspect for all groups was: need for activation and unnecessary risks. Also, they expressed the desire to reduce negative worries (13.16%) and fast acclimatization to neutral irritants of subgroup A1 as a basis for addictive behaviour (15.79%).

Developed typology of drug-addictive cadets which was based on clusterization of adaptive abilities gave the possibility to systemize a range of approaches used to conduct preventive work with them. Cadets who did not have satisfactory indicators of adaptive abilities wanted to present their behaviour as one that complied with social norms. They demonstrated self-confidence, bravery, unnecessary risking, and potential ability to violate the bans. Cadets were eager to positive stimulation that was combined with the absence of propensity to extra-efforts and pleasure. Examined cadets did not show any desire to concentrate on negative consequences which could follow their activity. Cadets with unsatisfactory indicators of adaptive abilities presented frankness, openness, impossibility to show emotional bias in relation to surrounding, and eagerness to positive experience. It was figured out that the motives of cadets' drug abuse were the desire to get their own opinion concerning drugs as well as to get impressions.

Moreover, developed typology gave the possibility to estimate the frequency of needs for expressions and problems with adaptation including those which appeared due to worries, negative affects after combat operations during the formation of addiction in cadets' selection. This typology helped to look differently at lie as self-deception supporting cadets' addictive behaviour.

Formed typology gave the possibility to distinguish the reason of cadets being sensitive in relation to drug-dealers manipulations. These were the following aspects: openness, desire to get impressions, naivete, eagerness to become a part of the group, credulity, unreal expectations, desire to be active, and tendency to unnecessary risking.

A range of questions which were not worked out in this research included: dissemination and frequency of psychoactive substances abuse by cadets; types of psychoactive substances which were preferred by cadets; ways of their spreading in higher educational institution. Differentiation of the cadets' groups with unsatisfactory indicators of adaptive skills required further studies.

References

Bahrke MS, Yesalis CE, & Brower KJ (1998). Anabolic-androgenic steroid abuse and performance-enhancing drugs among adolescents. *Child and adolescent psychiatric clinics of North America*, *7*, 821-838.

Bergman BG, Wu W, Marsch LA, Crosier BS, DeLise TC, & Hassanpour S (2020). Associations Between Substance Use and Instagram Participation to Inform Social Network-Based Screening Models: Multimodal Cross-Sectional Study. *Journal of medical Internet research*, *22*, e21916. Doi: 10.2196/21916

Bray RM, Brown JM, & Williams J (2013). Trends in binge and heavy drinking, alcohol-related problems, and combat exposure in the U.S. military. *Substance Use & Misuse*, *48*, 799-810. Doi: 10.3109/10826084.2013.796990

Bray RM, Fairbank JA, & Marsden ME (1999). Stress and substance use among military women and men. *The American Journal of Drug and Alcohol Abuse*, *25*, 239-256. Doi: 10.1081/ada-100101858

Costa SH, Yonamine M, Ramos AL, Oliveira FG, Rodrigues CR, & da Cunha LC (2015). Prevalence of psycho-tropic drug use in military police units. *Ciencia & saude coletiva*, *20*, 1843-1849. Doi: 10.1590/1413-

81232015206.00942014

Davstad I, Leifman A, Allebeck P, & Romelsjö A (2013). Predictors of a favourable socio-economic situation in middle age for Swedish conscripts with self-reported drug use. *Drug and alcohol dependence*, *128*, 37-44. Doi: 10.1016/j.drugalcdep.2012.07.013

de Silva VA, Jayasekera N, & Hanwella R (2016). Cannabis use among Navy personnel in Sri Lanka: a cross sectional study. *BMC Research Notes*, *9*, 174. Doi: 10.1186/s13104-016-1988-4

de Souza ER, Schenker M, Constantino P, & Correia BS (2013). Consumo de substâncias lícitas e ilícitas por policiais da cidade do Rio de Janeiro [Consumption of licit and illicit substances by police officers in the city of Rio de Janeiro]. *Ciencia & saude coletiva*, *18*, 667-676. Doi: 10.1590/s1413-81232013000300012

Franques P, Auriacombe M, & Tignol J (2000). Personnalités du toxicomane [Addiction and personality]. *L'Encephale*, *26*, 68 8.

Franques P, Auriacombe M, & Tignol J (2001). Sport, dopage et addictions [Sports, use of performance enhancing drugs and addiction. A conceptual and epidemiological review]. *Annales de Medecine Interne*, *152*, 37-49.

Hoopsick RA, Fillo J, Vest BM, Homish DL, & Homish GG (2017). Substance use and dependence among current reserve and former military members: Cross-sectional findings from the National Survey on Drug Use and Health, 2010-2014. *Journal of Addictive Diseases*, *36*, 243-251. Doi: 10.1080/10550887.2017.1366735

Hoopsick RA, Homish DL, Vest BM, & Homish GG (2018). Alcohol Use Among Never-Deployed U.S. Army Reserve and National Guard Soldiers: The Effects of Nondeployment Emotions and Sex. *Alcoholism, Clinical and Experimental Research*, *42*, 2413-2422. Doi: 10.1111/acer.13901

Hoopsick RA, Vest BM, Homish DL, & Homish GG (2020). Problems with social acceptance and social victimization predict substance use among U.S. Reserve/Guard soldiers. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *36*, 311-321. Doi: 10.1002/smi.2934

Hoopsick RA, Homish DL, Collins RL, Nochajski TH, Read JP, & Homish GG (2020). Is deployment status the critical determinant of psychosocial problems among reserve/guard soldiers? *Psychological Services*, *17*, 461-471. Doi: 10.1037/ser0000331

James LM & Taylor J (2007). Impulsivity and negative emotionality associated with substance use problems and Cluster B personality in college students. *Addictive Behaviors*, *32*, 714-727. Doi: 10.1016/j.addbeh.2006.06.012

Jansen A, Klaver J, Merckelbach H, & van den Hout M (1989). Restrained eaters are rapidly habituating sensation seekers. *Behaviour Research and Therapy*, *27*, 247-252. Doi: 10.1016/0005-7967(89)90043-0

Jones E & Fear NT (2011). Alcohol use and misuse within the military: a review. *International Review of Psychiatry*, *23*, 166-172. Doi: 10.3109/09540261.2010.550868

Katsuki T, Mackey TK, & Cuomo R (2015). Establishing a Link Between Prescription Drug Abuse and Illicit Online Pharmacies: Analysis of Twitter Data. *Journal of Medical Internet Research*, *17*, e280. Doi: 10.2196/jmir.5144

Kim SJ, Marsch LA, Hancock JT, & Das AK (2017). Scaling Up Research on Drug Abuse and Addiction Through Social Media Big Data. *Journal of Medical Internet Research*, *19*, e353. Doi: 10.2196/jmir.6426

Leonhard K (1964). *Normal und abnormal Personlichkeiten*. Berlin: Volk und Gesundheit.

Lillaz C & Varescon I (2012). Régulation émotionnelle chez des consommateurs de psychostimulants en milieu festif techno [Emotion regulation among psychostimulants drug users at techno parties]. *L'Encephale*, *38*, 390-396. Doi: 10.1016/j.encep.2011.11.009

Maklakov AG & Chermyanin SV (2006). Mnogourovnevyiy lichnostnyiy oprosnik «Adaptivnost» (MLO) [Multilevel Personality Questionnaire "Adaptability" (MLO)]. In DY Raygorodskiy (Ed.), *Prakticheskaya Psikhodiagnostika* [*Practical Psychodiagnostics*] (pp. 549-672). Samara: Bahrah-m' Publishing House.

Marchi J, Mayet A, Chamonaz C, de Laval F, Paul F, & Marimoutou C (2019). Differential Impact According to Mission's Operational Intensity on Psychoactive Substance Use: A Retrospective Cohort of French Male Army Service Members. *Substance Use & Misuse*, *54*, 841–851. Doi: 10.1080/10826084.2018.1547908

Marimoutou C, Queyriaux B, Michel R, Verret C, Haus-Cheymol R, Mayet A, Deparis X, & Boutin JP (2010). Survey of alcohol, tobacco, and cannabis use in the French army. *Journal of Addictive Diseases*, *29*, 98-106. Doi: 10.1080/10550880903436028

Marvel GA & Hartmann BR (1986). An "economic" theory of addiction, hypomania, and sensation seeking. *The International Journal of the Addictions*, *21*, 495-508. Doi: 10.3109/10826088609083538

Mayet A, Marimoutou C, Esvan M, Verret C, Haus-Cheymol R, Michel R, Meynard JB, Deparis X, & Migliani R (2013). Is serving in the armed forces associated with tobacco or cannabis initiation? A study of onset sequences before and after joining the French armed forces. *Addictive Behaviors*, *38*, 2437-2444. Doi:

10.1016/j.addbeh.2013.04.001

Moskalenko AP, Kobzin DO, & Starodubtsev OA (1999). *Profesiina motivatsiya pratsivnykiv orhaniv vnutrishnikh sprav: vyvchennia ta korektsiia* [*Professional Motivation of Law Enforcement Officers: Study and Correction*]. Kharkiv: University of Internal Affairs.

Papamalis FE, Kalyva E, Teare MD, & Meier PS (2020). The role of personality functioning in drug misuse treatment engagement. *Addiction, 115*, 726-739. Doi: 10.1111/add.14872

Prykhodko I, Matsehora Y, Kolesnichenko O, Bolshakova A, Bilyk O, & Haydabrus AV (2020). The Main Factors and Personality Characteristics to Predict the Risk of Suicide by Military Personnel in Hostilities. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, *11*, 72-87. Doi: 10.18662/brain/11.3/110

Prykhodko I, Matsegora Y, Kolesnichenko O, Pasichnik V, Kuruch O, Yurieva N, Kravchenko O, Radko O, & Prikhodko D (2021). Psychological Markers of Suicides in Military Service During Wartime: A Contemporary Example. *International Journal of Psychology & Psychological Therapy*, *21*, 47-57.

Raven J & Raven J (2003). *Raven Progressive Matrices.* In RS McCallum (Ed.), *Handbook of Nonverbal Assessment* (pp. 223-237). New York: Kluwer Academic/Plenum Publishers.

Sarramon C, Verdoux H, Schmitt L, & Bourgeois M (1999). Addiction et traits de personnalité: recherche de sensations, anhédonie, impulsivité [Addiction and Personality Traits: Sensation Seeking, Anhedonia, Impulsivity]. *L'Encephale*, *25*, 569-575.

Schmieschek H (1970). Questionnaire for the determination of accentuated personalities. *Psychiatrie, Neurologie und Medizinische Psychologie*, *22*, 378-381.

Shmelev AG (1992). Oprosnik suitsidalnogo riska [Suicide risk questionnaire]. In SR Pantileeva (Ed.), *Workshop on psychodiagnostics* [pp. 3-8]. Moscow: Publishing House of the Moscow University.

Sirvent C, Herrero J, Moral MdlV, & Rodríguez FJ (2019). Evaluation of self-deception: Factorial structure, reliability and validity of the SDQ-12 (self-deception questionnaire). *PLoS ONE, 14,* e0210815. Doi: 10.1371/journal.pone.0210815

Smirnov VN (2001). Oprosnik "Issledovanie psihologicheskoy strukturyi temperamenta" [Questionnaire "Study of the psychological structure of temperament"]. In EP Il'yin (Ed.), *Differentsialnaya psikhofiziologiya* [*Differential Psychophysiology*] (pp. 344-346). St. Petersburg: Peter Publishing House.

Smout MF, Longo M, Harrison S, Minniti R, Wickes W, & White JM (2010). Psychosocial treatment for methamphetamine use disorders: A preliminary randomized controlled trial of cognitive behavior therapy and Acceptance and Commitment Therapy. *Substance Abuse*, *31*, 98-107. Doi: 10.1080/08897071003641578

Staiger PK, Kambouropoulos N, & Dawe S (2007). Should personality traits be considered when refining substance misuse treatment programs?. *Drug and Alcohol Review*, *26*, 17-23. Doi: 10.1080/09595230601036952

Thomas JL, Wilk JE, Riviere LA, McGurk D, Castro CA, & Hoge CW (2010). Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, *67*, 614-623. Doi: 10.1001/archgenpsychiatry.2010.54

Vaughn MG, Salas-Wright CP, DeLisi M, Shook JJ, & Terzis L (2015). A typology of drug selling among young adults in the United States. *Substance Use & Misuse*, *50*, 403-413. Doi: 10.3109/10826084.2014.984850

Vest BM, Hoopsick RA, Homish DL, Daws RC, & Homish GG (2018). Childhood trauma, combat trauma, and substance use in National Guard and reserve soldiers. *Substance Abuse*, *39*, 452-460. Doi: 10.1080/08897077.2018.1443315

Vorobyova IV, Prykhodko II, Poltorak ST, Rutin VV, Timchenko OV, Lipatov II, Matsegora YV, Horelyshev SA, & Pobereznyi AA (2016). *Avtomatyzovanyy psyhodiahnostychnyy kompleks vyznachennya profesiynoyi prydatnosti kandydativ na viyskovu sluzhbu u vnutrishni viyska MVS Ukrayiny i navchannya u vyshchykh viyskovykh navchalnikh zakladakh MVS Ukrayiny* [*Automated psychodiagnostic complex for professional suitability of candidates for military service in the Ministry of Internal Affairs of Ukraine…*]. Kharkiv: National Academy of the National Guard of Ukraine.