

Original Article: Effectiveness of Activities of Community-Oriented Teams on Protective and Risk-Creating Factors of Drug Use among Secondary School Students in Shahrekord

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ABSTRACT

Purpose: This research was conducted with the aim of investigating the effectiveness of community-oriented teams on the protective and risk factors of drug use among secondary school students.

Method: Two boys' high schools and two girls' high schools were selected from second secondary schools in Shahrekord city, and then 240 students were selected as volunteers and entered the research and were assigned to two experimental and control groups. The students of both groups completed the questionnaire of protective and dangerous factors of drug use during three stages of pre-test, post-test and 3-month follow-up. Then community-oriented interventions were presented to the experimental group in 10 sessions of 120 minutes by the mental health assistants of the school in the form of direct training and educational pamphlets.

Findings: The results of the analysis of variance with repeated measurements showed that community-based prevention activities had a lasting effect on reducing the average scores of protective factors and modulating the risk factors and substance use of students. These effects are significant on individual, psychological, family and community factors, but on It was not significant on school-related factors.

Conclusion: It was concluded that community-based prevention interventions can be used to improve the risk-generating and protective factors of students' drug use.

Introduction

The results of numerous studies show that drug prevention programs are not only more effective than treatment methods, but also impose lower costs on governments and communities, so

that the National Institute on Drug Abuse reported in 2003 that every dollar The cost of treatment programs will save three dollars compared to no treatment, but for one dollar spent on prevention, about five dollars will be saved on treatment and counseling, while spending one dollar on prevention can save

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twenty dollars [1-3]. Prevented drug use in society. For this reason, today in most specialized texts, prevention is known before treatment. The confusion of the planners to determine the levels of prevention and the target community, as well as the ineffectiveness of some prevention methods, is one of the most important challenges facing prevention programs [2-4].

In fact, most of the efforts to create effective prevention approaches are more difficult than it is first thought, so that most of the efforts to create effective and efficient approaches for years brought only little success and many others completely failed [5]. The first and most important efforts in creating effective prevention approaches achieved relative success in the late 70s. These successes, after years of failure, stimulated research and prevention studies in two decades, which in itself led to the emergence of many other prevention approaches. Since then, the people in charge of prevention have been looking for a comprehensive and effective model that can cover all or large parts of diverse groups in a society and prevent the occurrence and progression of the problem as a preventive model [6-8]. However, despite all the efforts made, researchers' information on the issues related to drugs, drug use, people who use drugs, and prevention methods are still not complete, and more studies are needed. This issue is more sensitive in Iran due to the nascent nature of experimental and interventional research and the presence of a young population, most of whom are students. At the same time, researches have shown that a large number of students are involved in drug use and are strongly influenced by the behavior of their peers, while this large population, as the largest and most vulnerable group in need of prevention programs, has little awareness and knowledge about drug use. On the other hand, in recent years, the age of the first experience of drug use has decreased and has turned from middle adolescence (14 to 16 years) to early adolescence (12 to 14 years) and even childhood. Therefore, the formulation and standardization of substance use prevention programs suitable for different ages is of double

importance. In primary prevention, before a disorder or problem arises, basic measures must be taken against the emergence of new cases through early intervention. The aim of the society is the primary prevention of the whole population or groups at risk such as teenagers, young people and students. Based on theoretical concepts or the place and method of use, drug use prevention approaches can be divided into different categories [9-11].

Drug use prevention approaches are classified into 5 general categories based on the place of implementation, which are:

- ✓ Social and media-oriented prevention approach.
- ✓ Family-centered prevention approach.
- ✓ A multi-pronged prevention approach.
- ✓ Approach based on environmental policies.
- ✓ School-centered prevention approach.

Although all prevention approaches and measures are presented with the aim of reducing the probability of drug use behavior, each of the prevention approaches takes a specific method. Meanwhile, the community-based prevention approach deals with interventions that are provided by the whole community and target the whole community. Of course, the term "community" when talking about community-oriented interventions implies different definitions and applications. First of all, it is necessary to remember that all the intervention approaches that are used for the prevention of drug use are usually located in the context of society and are used. For this reason, the programs offered in schools have the ability to be used in the community as well.

The world health organization in 1978 in Almaty by emphasizing the role of people's participation in the development of health, and also in 1984, the Canadian council of Ottawa by drafting the Ottawa Charter and its acceptance by the member ministries, promoted health promotion as a new perspective in global health for planners and health policymakers of the world countries. In this way, health promotion by defining the empowerment of people to

control the factors affecting their health became the focus of activities and health programs of the world health organization. Following this new point of view, the emphasis on the individual and the special role of the therapist, which was the basis of personal health and health psychology, became less important, and small communities and people's participation became the subject of study for a new trend called small community health psychologists [12]. A significant part of this shift from individual-centered approaches to community-centered prevention approaches was due to the fact that many substance abuse prevention programs, such as drug resistance education or emotional education, are widely used in schools. While there are very serious doubts about their real and long-term effectiveness. While coordinated and protective programs relying on the community and the neighborhood can lead to the reduction of risk factors and the increase of protective factors and thus increase the resistance and resilience of people against substances. In addition, community-based prevention interventions are also cost-effective. The meaning of local community or neighborhood is a group of people who share ideas with each other and have common issues, interests, hopes and common and similar ways of behavior, and these issues give them a sense of belonging to each other. It should be kept in mind that decision-making for the local community can be both geographical and social. A local community has its own leaders, ways to communicate ideas, activities and roles, ways to decide priorities, division of labor, participation in functions, all of which are important to members. Perhaps the traditional type of local community can be introduced as the Rish-Safidan association of a neighborhood, who make decisions about issues and issues related to the neighborhood. Therefore, the decisions and actions taken by the members of the neighborhood association are binding for the people of the neighborhood. In this regard, neighborhood-oriented action provides the opportunity to create a social environment that adjusts to people's living conditions and finds a meaning that is acceptable and attainable for the neighborhood. Interventions and trainings

are provided to the target groups through community-based teams and mental health assistants trained for this purpose. Assistance programs in schools and universities help volunteers to not only improve their positive relationships and interpersonal relationships, but also learn problem solving and adaptability and deal with severe problems such as depression, suicide, and drug use behavior. In general, in the planning of prevention interventions, regardless of which of the prevention approaches are used, ultimately the interventions should improve the protective factors and adjust the risk factors. Especially since interventions based on primary prevention in relation to risk factors are often more effective than subsequent interventions. For this reason, today, the etiology model of risk factors and protective factors is considered the most comprehensive and effective prevention approach [13-15].

Protective factors are factors that reduce the likelihood of the tendency or continuation of drug use among people. While the risk factors are the factors that increase the probability of the tendency or continuation of drug use in people [16-18].

In the classification of risk factors, these factors are placed in 6 general groups: individual factors, family factors, school factors, community factors, and peer factors. At the same time, the protective factors of drug use are also included in 6 general groups, which are: high intelligence, flexible temperament, social, emotional and cognitive skills, creating opportunities to engage in desirable social behaviors and creating bonds. In general, the results of various studies show that if preventive interventions are planned and used based on its basic principles, they bring beneficial results on the adjustment of risk factors and the improvement of protective factors. Meanwhile, research findings indicate that community-oriented studies also have a positive effect on controlling psychological problems and even social problems, such as reducing injuries caused by vehicles, and even deprivations and social inadequacies leading to drug use and other social problems [19].

Jahan Shahi (2005) in a study that was implemented in the form of five different programs in 4 urban neighborhoods in Yazd city (Safaiyeh, Hassan Abad, Naima bad and Maryam Abad) and a rural experiment in Nasr Abad village of Taft city of Yazd province, that the results of such interventions evaluated positively [20].

In a semi-experimental study, Jalali *et al.* (2006) emphasized the effect of training by mental health assistants on reducing depression, increasing self-confidence, and raising awareness and changing the attitude of women in Hefshjan city, Shahrekord city.

Alipuri, Rafiei, Forozan and Talebi (2008) in research on the effectiveness of community-based interventions showed that community-based interventions have good results on quality of life and other social indicators [21].

Yazdan-Panah *et al.* (2009) also showed that the use of community-oriented interventions has a positive effect on reducing factors and risky behaviors related to substance use, as well as increasing psychological health [22].

Weisberg, Lam, Zull, and Bobasho (2003) evaluated the effectiveness of an intervention program focused on African American women who had crack use and high-risk sexual behaviors through tailoring training and vocational training to reduce use, change high-risk sexual behavior, and H. Oh you. He emphasized the reduction of homelessness [2].

Hawkins, Brown, Strell, Arthur, Abbott, and Catalano (2008) in a study aimed to examine the initial results of the application of community-based prevention levels on risk-taking and protective behaviors related to the initial risks of deviant behaviors and substance use in students even 2 to 5 They reported the year after the interventions [23].

Favre *et al.* (2015) in an evaluative study compared two community-based and school-based plans in some areas of Brazil and showed that the implementation of the community-based plan was as effective as the school-based plan in both diagnosis and treatment [24].

However, as mentioned in the prevention sources, the drug prevention programs of each

community are like the black box of an airplane that contains special information and this information has a special and unique mystery for that community which are discovered during the program. Therefore, in order to achieve suitable prevention approaches and methods that are suitable for different situations in every small and large society, it is necessary to examine these approaches from different angles in order to determine the limitations and specific characteristics of each one. Based on this, in the current research, the effect of community-oriented teams' activity (providing training) during 10 2-hour sessions on the improvement of various components related to protective factors and adjustment of risk factors of high school students in Shahrekord city has been investigated [25].

Research method

This research was a semi-experimental type of research with pre-test, post-test and control group along with a three-month follow-up study. The statistical population of the research was active high schools in the city of Shahrekord in the academic year 2016-2017. The sampling unit is the environment and not the people because of the community-oriented approach. For this reason, among the high schools of Shahrekord city, two high schools for boys and two high schools for girls, which had the highest level of homogeneity, were selected and 120 students from high schools for girls and 120 students from high schools for boys entered the research as volunteers. The number of respondents in each high school was 60 using the ratio formula, and a total of 240 people from four high schools were included in the research. In girls' and boys' high schools that were selected as the experimental group, community-oriented interventions were provided as direct training. While in the high schools that were selected as the control group, no intervention was provided. After the end of the research, the students of the control group were given 2 sessions of 120 minutes of life skills training. The measuring tool was a questionnaire of protective and risk-creating factors of drug use.

1- Questionnaire of protective and risk-creating factors of drug abuse: This questionnaire was designed by Mohammad Khani (2014) and has 107 questions in the form of 90 questions, which are increased to 107 questions due to the fact that some questions are repeated in the subscales. The basis of 18 subscales examines the protective and risk factors of drug use. The way of scoring the questions is based on the 5-point Likert scale, where each question is given a score from 1 to 5. Mohammad Khani (2004) reported the overall reliability of the questionnaire based on Cronbach's alpha coefficient of more than 0.90. Besides, the result of exploratory and confirmatory factor analysis also indicates the appropriateness and strong internal structure of this questionnaire. In the present study, the overall reliability of the questionnaire was obtained using Cronbach's alpha coefficient equal to 0.86 and for the subscales of

individual, family, community and school factors, respectively, 0.91, 0.80, 0.78 and 0.83. After initial sampling, 6 female high school students and 6 male high school students as school mental health assistants during 3 months of mental health training, life skills training, drug use prevention, community-based interventions and protective factors and risk factors related to drug use received In the following, experimental high school students received the necessary training in the field of dealing with substance abuse during 10 2-hour sessions using the structure and content of the prevention program with a community-oriented approach by the school's mental health assistants and with the facilitation of the researcher [23-25].

A summary of the content of the training sessions provided by the school mental health assistants to the experimental group is presented in Table 1.

Table 1: Content of community-oriented training sessions by school mental health assistants

Content of the meeting	meeting
Introducing the goals and principles of the group: In this meeting, the levels of prevention and the place of information and education among the students were explained, and the students' minds were involved in the problem by presenting assignments and getting written feedback.	First
Introduction of types of substances and how to use them with the intention of awareness: in this session, all types of substances were examined in terms of their effects and the classification of retarding, stimulating, hallucinogenic by mentioning their types and their effects was presented.	Second
Presenting the model of protective factors: The model of risk-creating and protective factors against drug abuse was explained.	Third
Presenting the model of risk factors: In this meeting, while continuing the discussion about the model of protective factors and risk factors, the merits and demerits of risk factors and their classification into psychological, emotional, social, family and environmental factors were discussed and exchanged.	Fourth
Training of bold behaviors: In this session, bold behavior, which is also called bold and assertive behavior, was examined and taught to people as one of the protective factors.	Fifth
Teaching coping behaviors against group and peer pressures: Peer group pressures were investigated and, in this exercise, students tried to investigate ineffective pressures and thoughts and misplaced values and anti-values.	Sixth
Teaching effective communication skills: The student's communication with the peer group and how to convey the message were evaluated. The concept, importance and types of communication as well as the main elements of interpersonal communication were taught.	Seventh
Teaching problem solving and decision-making: personal factors effective in problem solving and decision-making, usual methods in decision-making and logical decision-making steps were explained and students were encouraged to practice making decisions in imaginary situations.	Eighth
Stress coping skill training: Stress was conceptually and operationally defined for students, and stressful factors were investigated and factors affecting stress were discussed.	Ninth
Summary and review of practical skills for a better life free of substances and any danger: a review of the contents of the previous sessions and students' free questions about drug use and prevention of this terrible disorder, as well as a healthy lifestyle without drugs using the skills learned. It was presented to the students.	Tenth

Data analysis of this research has been done using SPSS software packages, 24th edition, at two descriptive and inferential levels.

Results

The number of research participants was 240, 120 of them were girls and 120 were boys. The average age of the participants was 17.34 years with a standard deviation of 2.65. The highest frequency was related to first grade students 35%, third grade 33% and second grade 32%.

Table 2: Mean and standard deviation of scores of protective and risk factors in the experimental and control groups in the pre-test, post-test and 3-month follow-up stages

month follow-up		post-test		pre-test		group	Areas of scale
The standard deviation	Average	The standard deviation	Average	The standard deviation	Average		
9.75	274.06	11.60	282.00	21.28	311.86	Trial	Protective and risk-generating factors
14.44	312.00	15.48	310.80	19.27	315.13	Control	
8.44	153.93	13.16	157.20	18.59	176.00	Trial	Individual/psychological
6.89	175.86	11.52	178.53	10.25	185.07	Control	
8.47	51.20	9.96	52.86	8.44	60.60	Trial	Family
5.06	60.53	7.41	59.66	6.79	59.73	Control	
2.38	37.86	3.24	39.86	4.51	40.86	Trial	community
1.50	41.46	1.48	40.73	3.18	42.46	Control	
4.10	31.80	3.56	31.46	5.44	35.33	Trial	School
5.53	33.10	5.82	34.60	5.69	35.80	Control	

As Table 2 shows, in the pre-test stage, the average scores of the experimental and control groups differed very little. Meanwhile, the overall average scores of protective and risk factors in the post-test and follow-up phases of the experimental group have decreased compared to the control group. Also, there was no significant difference regarding individual, psychological, family, community and school factors in the pre-test stage, but in the post-test and follow-up stages, the average scores of the experimental group decreased compared to the control group, and these changes were

measured using variance analysis. It has been checked repeatedly. Considering that research data were collected in three different stages (pre-test, post-test and 3-month follow-up), therefore, to test the hypothesis of the research, analysis of variance with repeated measurements was used, the results of which are presented below. The results of the Mbox test related to the condition of homogeneity of the covariance matrices of the scores related to the protective and risk factors are presented in Table 3.

Table 3: Summary of M. test results. Box related to protective and risk factors of drug use

Significance level	F value	Mbox coefficient	Degree of freedom 2	Degree of freedom 1	Variable
0.257	1.29	8.78	5683.30	6	Total scores of protective and risk factors
0.109	1.73	11.78	5683.30	6	Individual and psychological factors

0.098	1.59	11.51	5683.30	6	Family factors
0.182	1.47	10.02	5683.30	6	Social factors
0.148	1.58	10.74	5683.30	6	School agents

The results of Table 3 related to Mbox coefficients and the level of significance obtained show that the covariance matrices of the average scores are equal to each other. Also, the results of Muschli's sphericity test for the average scores of protective and risk factors (P=0.005 and MW=0.670), individual, psychological factors (P=0.015 and MW=0.734) and society (P=0.001 and MW=0.483) because the obtained significance level is smaller than 0.05. Therefore, the sphericity of the variance-covariance matrix of these scores cannot be

accepted, and therefore the Greenhouse-Geisser test was used to check the intra-subject effects. Also, the results of Moschly's sphericity test for family factors were obtained as (P=0.282 and MW=0.911) and school as (P=0.510 and MW=0.951) because a significant level was obtained. is greater than 0.05, therefore, the sphericity of the variance-covariance matrix can be accepted for these factors, and the assumed sphericity test was used to check the intra-subject effects, the results of which are presented in Table 4.

Table 4: Sphericity acceptance test related to intra-experimental effects of protective and risk factors of drug use

Eta coefficient	Meaningful sound	F value	Average of squares	Degrees of freedom	sum of squares	Source	Variable
0.381	0.001	17.25	4804.44	1.50	7226.28	Measurement time	Total scores of protective factors
0.292	0.001	11.56	3219.81	1.50	4842.86	Time group	
			278.51	42.11	11729.51	error	
0.215	0.003	7.68	1450.88	1.57	2291.40	Measurement time	Individual and psychological factors
0.171	0.010	5.76	1086.98	1.57	1716.68	Time group	
			1111.68	44.22	8343.91	error	
0.145	0.012	4.75	169.30	2	338.60	Measurement time	family factors
0.175	0.006	5.94	211.54	2	423.05	Time group	
			35.58	56	1992.97	error	
0.190	0.009	6.55	47.55	1.31	62.68	Measurement time	Social factors

0.101	0.050	3.13	22.77	1.31	30.02	Time group	School agents
			7.26	36.91	267.95	error	
0.097	0.057	3.01	62.53	۲	125.06	Measurement time	
0.025	0.491	0.719	14.93	۲	29.86	Time group	
			20.75	۵۶	1162.40	error	

The results of Table 4 show that for the total average scores of protective and risk factors, the measurement time (pre-test, post-test and follow-up) is ($F=17.25$ and $P=0.001$) and the interaction of the measurement time with the group is ($F=11.56$ and $P=0.001$), for individual, psychological factors as ($F=7.68$ and $P=0.003$) and the interaction of measurement time with the group as ($F=5.76$ and $P=0.010$) For family factors, measurement time as ($F=4.75$ and $P=0.012$) and the interaction of measurement time with group as ($F=5.94$ and $P=0.006$), for community factors as ($F=6.55$ and $P=0.009$) and the interaction of the measurement time with the group as ($F=3.13$ and $P=0.050$) and for school factors as ($F=3.01$ and $P=0.057$)) and the interaction of measurement time with group was obtained as ($F=0.719$ and $P=0.491$). In fact, the results of the above table show that the average scores of protective and risk-creating factors, individual, psychological factors, family factors, and community factors had significant differences with each other at

different times of measurement, but school-related factors did not show significant differences at different times of measurement. Is. The results of inter subject effects are also presented in Table 5. Also, the results of Levin's test to measure the equality of variances in different stages of measurement were as follows: protective and risk factors in pre-test ($F=0.158$ and $P=0.694$), post-test ($F=0.240$ and $P=0.628$)) and follow-up ($F=0.004$ and $P=0.951$), individual and psychological factors in pre-test ($F=1.55$ and $P=0.222$), post-test ($F=1.82$ and $P=0.188$)) and follow-up ($F=1.21$ and $P=0.279$), family factors in pre-test ($F=0.178$ and $P=0.192$), post-test ($F=0.253$ and $P=0.619$)) and follow-up ($F=1.23$ and $P=0.275$), community factors in pre-test ($F=0.524$ and $P=0.475$), post-test ($F=6.54$ and $P=0.016$) and follow-up ($F=1.25$ and $P=0.273$), school factors in pre-test ($F=0.138$ and $P=0.713$), post-test ($F=1.48$ and $P=0.233$) and follow-up ($F=2.46$ and $P=0.128$) were obtained.

Table 5: Summary of the results of the inter subject effects test related to the protective and risk factors of drug use

Eta coefficient	level of significance	F value	Average of squares	Degrees of freedom	sum of squares	Source	
0.999	0.001	21880.04	8152886.04	1	8152886.04	Constant value	Protective and risk factors
0.540	0.001	32.87	12250.00	1	12250.00	group	

			372.61	28	10433.28	error	
0.996	0.001	7553.69	2573532.90	1	2573532.90	Constant value	Individual and psychological factors
0.321	0.001	13.23	4508.54	1	4508.54	group	
			340.69	28	9539.55	error	
0.989	0.001	2616.64	296872.90	1	296872.90	Constant value	Family factors
0.155	0.031	5.13	582.67	1	582.67	group	
			113.45	28	3176.75	error	
0.997	0.001	9212.85	147946.67	1	147946.67	Constant value	Social factors
0.170	0.024	5.73	92.01	1	92.01	group	
			16.05	28	449.64	error	
0.989	0.001	2416.02	103428.90	1	10342890	Constant value	School agents
0.074	0.139	0.145	2.24	1	96.10	group	
			42.81	28	1198.66	error	

The results of Table 5 related to inter subject effects show that the test and control groups in the average scores of protective and dangerous factors of drug use ($F=32.87$ and $P=0.001$), individual and psychological factors ($F=13.23$ and $P=0.001$) family factors ($F=5.13$ and $P=0.031$), community factors ($F=5.73$ and $P=0.024$) had significant differences from each

other, but the average scores of school factors ($F=0.145$ and $P=0.139$) did not show any significant difference in the experimental and control groups. Bonferroni test was used to compare the mean scores of the experimental and control groups in pairs in 3 pre-test, post-test and follow-up times, the results of which are presented in Table 6.

Table 6: The results of the Bonferroni test in order to compare the scores of the protective and risk factors of the experimental group in the pre-test, post-test and follow-up stages

Follow up	post-test	Test		Variables
20.46	17.10	pre-exam		Protective and risk factors
3.36	-	post-test		
11.70	9.30	pre-exam		Individual, psychological factors
2.40	-	post-test		
4.30	3.90	pre-exam		Family factors
0.40	-	post-test		
2.00	1.36	pre-exam		Social factors
0.663	-	post-test		
2.46	2.53	pre-exam		School agents
-0.067	-	post-test		

As the results of Table 6 show, there is a significant difference between the average scores of the total protective and risk factors of substance use in the test groups in the post-test and follow-up stages compared to the pre-test stage, but no significant difference is observed in the test group averages in the post-test and follow-up stages. which indicates that the effect of community-based interventions has been stable. There was a significant difference between the average scores of individual and psychological factors in the post-test and follow-up stages compared to the pre-test stage, but there was no significant difference between the average scores in the post-test and follow-up stages, which indicates that the effect of community-based interventions was stable. There is no significant difference between the average scores of family factors and community factors in the post-test stage and the pre-test stage, but there is a significant difference between the average scores in the follow-up stage and the pre-test stage, which shows that community-oriented interventions in the follow-up stage have been able to reduce the average scores of family factors. Discussion The results of the research regarding the effectiveness of community-based prevention training on the protective and dangerous factors of drug use showed that the provision of education led to the improvement of the protective factors and the adjustment of the dangerous factors. These results indicate that community-based interventions have been stable both in the post-test and follow-up phases. In addition, according to the obtained results, it was found that 54% of the changes in the average scores of the protective and risk factors of drug use were related to the intervention effect. Therefore, it was concluded that the provision of community-based prevention methods on improving protective factors and adjusting the risk factors of students has been effective and sustainable. This finding is in line with the results of most of the previous researches about providing interventions and especially community-based prevention interventions on improving protective factors and modulating risk factors related to drug use. A major part of the research background indicates that providing preventive

interventions is effective in improving various areas related to protective factors and modulating risk factors. In particular, the result of this research is in line with the researches that have been conducted in the field of the effectiveness of community-oriented interventions on the aforementioned factors, including the results of the study by Jahanshahi (2013), Jalali et al. (2016), Alipournia et al. colleagues (2019), Dejman et al. (2011), Qarlipour et al. (2012), Weisberg et al. (2003), Hawkins et al. (2008), Favre et al. (2015) and Morten (2019) have complete alignment. In the explanation of this finding and in line with the research background, it can be said that any education and awareness lead to a change in the beliefs and attitudes of people, especially teenagers and students, about drug use. Scientific studies show that most people tend to use drugs in their teenage years and the main reason for this, in addition to physiological and psychological conditions and peer pressure to use drugs, is due to their lack of awareness of the harms and disadvantages caused by drug use and as a result Positive attitude towards drug use. In specialized texts related to the prevention of consumption, the idea is raised that even a little prevention is better than no prevention and even better than treatment. Regarding the constituent factors including individual, psychological, family, community and school factors, the results indicated that community-oriented interventions were effective in improving individual and psychological factors in the post-test phase and these effects were maintained in the follow-up phase. This finding is in line with the results of some of the previous studies on the effectiveness of prevention methods on the improvement of individual, psychological factors related to drug use. For example, one of the most important subscales related to individual and psychological factors is the attitude towards drug use, which has been investigated in different ways in previous studies. In fact, providing most of the prevention methods with any orientation in the method and content because they somehow increase people's information and awareness about the harms caused by drug consumption, ultimately, they adjust people's attitudes and

inclinations towards drugs. Also, the findings of the present study are aligned with the results of prevention interventions on improving self-concept and self-esteem as two subscales of individual factors. Self-esteem is one of the important factors in people's mental health, which plays a fundamental role in the use or non-use of drugs. In general, some studies have pointed out that if self-esteem increases in a person, the feeling of empowerment and worth is revived in a person, and positive changes such as increasing efforts to progress, increasing efforts to achieve success, enjoying interaction and communication with others, distance It appears from high-risk behaviors such as drug use. Therefore, the programs during which the self-esteem and attitude of teenagers and young people are considered, have shown a significant effect on reducing the demand for drug consumption. Another subscale related to the field of individual factors is the psychological one related to sensation seeking. A large number of studies have shown that drug use prevention methods are effective in modulating sensation seeking and its components [26-28]. These studies have shown that sensation seeking is one of the most important predictors of the tendency towards drug use. Thrill-seeking components such as aversion to monotony and adventure are related to variety-seeking, searching for new and new experiences. Therefore, people tend to use drugs in order to adjust their mood and increase positive emotional experiences and reduce negative mood. For this reason, the more a person knows about his emotions and the function of his emotions, the easier he can identify and control them [29-31]. Therefore, studies have shown that the learned pattern of coping plays an important role in preventing substance abuse. Children who have a special temperament, such as high excitability or high inhibition, may feel more anger and helplessness when they are in a problem-solving situation, and therefore have a greater tendency to use substances to cope with such emotions [32]. Therefore, if these children or teenagers learn to evaluate and solve their problems in a more effective way, their tendency towards drug use will probably decrease. This issue is shown from another

angle in the research of Yazdan-Panah et al. (2009), which showed the effectiveness of community-based interventions on reducing risky behaviors that are related to excitement seeking [32]. On the other hand, the results of the research showed that the presentation of community-oriented interventions on family and community-related factors was not effective in the post-test phase and the interventions showed their effectiveness only in the follow-up phase. According to the subscales of the family area, which are: bonding with the family and parents' attitude towards drug use, family conflicts and family supervision. It seems that because community-based interventions were presented only to students, it can only affect subscales and factors such as bonding with family and reducing family conflicts, and because some subscales such as family supervision and family attitude towards drug use directly It is related to the parents and since the parents did not receive any intervention, it is natural that there were no changes in this area. Regarding the fact that the interventions were effective in the follow-up phase, it can also be said that the sub-scales related to this area are related to the interaction of the teenager with the family and the community, so the intervention has been able to have an effect on the students. Of course, by receiving these interventions, students have improved their interaction with the family and the amount of family conflicts has decreased, which has caused the adjustment of the family factor and its related subscales. The results of the research showed that community-oriented interventions neither in the post-test phase nor in the follow-up phase had an effect on the improvement of school-related factors. Although this finding is inconsistent with some researches related to the effectiveness of intervention methods on reducing school-related problems, it should be noted that for effectiveness on all areas related to the protective and risk factors of drug use, including the sub-scales of school-related factors such as commitment to school and the psycho-social atmosphere of the school are mandatory and not just using an approach such as a community-oriented approach. In general, community-based prevention interventions

were effective in improving the total scores of protective factors and modulating risk factors, which can be explained in line with the standard of the community-based prevention program. In fact, in the current research, the community-oriented intervention method in terms of method and content has been able to affect risk factors such as positive attitude towards drug use, lack of inhibition, weak self-control, passivity in relationships, lack of resistance to peer pressure, negative behaviors, naïveté and Positive sensation-seeking towards drug use and experience and also affect the increase of protective factors such as: negative attitude towards drug use, appropriate inhibition, emotion control, self-management, positive behaviors, problem-oriented coping styles.

It also affects some sub-scales related to family and community factors, which can be justified in line with how community members participate from the very beginning of the problem, training and creating the necessary platform for change. However, it seems that creating sustainable effects on all individual, family, social and school areas requires the integration of different prevention approaches, such as school-based, community-based, family-based, etc. is that this issue can be placed as a proposal in the agenda of related institutions and researchers in the field of drug prevention.

Conclusion

By examining nostalgia, the following results can be pointed out: Nostalgia in new poems can be seen in nostalgia for ancient times, nostalgia for homesickness, nostalgia for childhood, and nostalgia for being away from a loved one. In other words, the nostalgia of being away from the beloved, the nostalgia of despair and emptiness, and the nostalgia of childhood and adolescence can be seen. Despite the similar concepts of nostalgia, it can be said that each of these poets emphasizes one of the concepts of nostalgia more than the others. A short word about the new poetry is that: "Today's poetry is not a word poem, it is not a lyrical poem, it is not a slogan, it is not an abstraction, it is not a pure image or a show, but it is the result of the

efforts of those conscious poets who The medium of presenting new poetic forms and forms in terms of strengthening the foundations of new poetry as well as the combination and organization of mental and external images, in the natural flow of related words, has taken a stable and lasting structure.

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