Original Article

Surveying Effective Factors on Increase in Addiction of Self-Introduced Addicts in Shiraz City

Seyyed Yar Mohammad Khademi*1, Eghbal Zarei²

¹Department of Clinical Psychology, Science and Research Branch, Islamic Azad University, Hormozgan, Iran

²Department of Psychology, Hormozgan University, Iran

*Corresponding Author E-mail: sevedyarmohamadkhademi@yahoo.com

Received: 11 December 2013, Revised: 20 January 2014, Accepted: 29 February 2014

ABSTRACT

Many of addicts in their addiction period have voluntarily referred to rehabilitation centers. Evidences don't show that most of addicts are not able to quit addiction for the long term so that more than 75 percent of people who have treated, less than 6 months again relapse into drug abuse. In this study, survey- descriptive method has been used in order to analyze effective factors on addiction relapse. To do this, statistical sample of 300 persons have responded through researcher-made questionnaire. To analyze data, descriptive and inferential statistics have been used. According to research results, it was determined that factors such as impact of addicted friends, addiction reminding factors, contaminated life's environment and inefficiency of psychotherapy sessions in addiction relapse have played role in addiction relapse. Also impact of these factors on age and gender of self-introduced addicts are similar (P= 0.000). To prevent addiction relapse, recommendations such as providing consultants for rehabilitation centers, more accurate monitoring of police over places of drug distribution, preventing from traffic of under-treatment addicts to former places of drug distribution, preventing from communication of under-treatment addict with addicted friends and more concentration on treatment plans in first 3months of addiction relapse, seem necessary.

Keywords: Addiction, Self-introduced Addicts, Addiction relapse.

Introduction

Collapsing individual personality, destruction family basis, increase in other kinds of social defects and crimes, increasing number of redundant and useless people, occupying hospital beds, reducing rate of public sanity and numerous phenomena all have entire correlation with rate of addicts in the society. Existing 800 thousands to 1 million and 700

thousands addicts (without considering recreational drug users) in 2008 which include 95 percent men and 5 percent women (1) with age average of 18 for starting to use drug (2), rings the alarm for the society. Factors of addiction relapse are the factors affected on addiction that are proposed in 4 forms:

Individual factors (spiritual poverty, depression, patience, epicureanism, lack of self-confidence, autonomy, lack of personality growth and disappointment, low education), family factors (addiction of one or more member in the family, family disparity, inability of parents to manage family, parents redundancy especially father, parents low education). Social factors school (environment. inappropriate friends. unsuitable recreations, redundancy, lack of cultural acceptability, poverty, population growth, excessive immigration), geographic and economic factors (living close to drug users' places, easy availability to the drugs, poverty and economic crisis, redundancy and escape from life's problems). In the viewpoint of psychology and medicine, addict is a patient and his illness like other illnesses requires primary and secondary prevention. As the education of addiction's issues and problems in the economic, social, mental and physical dimensions rudimentary prevention of children has to be considered in order not to be engaged with addiction in adolescence, in the secondary prevention, conducting treatment actions is necessary. When patient is completely treated, with considering medical-health tips, advancement of illness is controlled and others take care their healthiness with consideration these principles. Since in treatment of addiction like other illnesses, treatment is paid attention more than prevention, no success has been achieved so far (13).

Although, pharmacotherapy is counted the first choice to treat addiction, but using only pharmacotherapy doesn't have any result except ruining attempts and spiritual and material expenses of addicts and his family. Using only pharmacotherapy without consideration dimensions of mental, cultural and financial dependency of addict just emphasizes in removing effective material of drug (morphine). While most of experts

believe that long-term psychotherapy and group therapy for the detoxified patient is important more than detoxification. Unfortunately, concentration on pharmacotherapy causes patience of 80% people recur again after 6 months (2), while doing compliment therapeutic actions such as psychotherapy, occupational therapy, physical therapy, faith therapy and at last family therapy moreover pharmacotherapy, decrease possibility of addiction relapse from 25 percent to 2 percent(3).

It has to be reminded that with all attempts have been done in the context of addiction treatment, statistics of addiction relapse is really alarming. Friedmann et al in 1998 have expressed that only 20 to 50 percent of patients can continue not using drug after one year (4). Brown in 1998 expressed that only 19 percent of drug users after treatment are able to continue not using drug (5). Narimani et al study in 2005 showed that 81 percent of treated addicts have had addiction relapse less than 6 months (6). Fadayi in 2008 expressed that in the best situation and in the best treatment, 95 percent of addicts after 6 months of addiction treatment relapse to addiction and the rest 5 percent also relapse to this cycle after future 1 or 2 years

In the context of research's literature review, Falahzade and Hoseyni in 2007 have indicated factors affective on addiction relapse: addicted friends, mental-spiritual stress, referring to the former locations, Traumatic situations, family and society rejection, seeing instruments of using drug (8).

Narimani in 2005 counts the most important factors of addiction relapse: lack of programing for addicts' occupation, lack of intelligence about coping methods with life's problems, contaminated social environment, addicted friends, not having leisure, not participating in group therapy, stress, depression and disappointing (6).

Amini et al in 2004 consider factors of addiction as following: having connection with drug, bankruptcy, addicted classmates, family rejection, mental coercion to use drug, physical disability and having false confidence (9). Also in the study, it is determined that addicted friends, family dispute, short period of addiction treatment and social problems are the effective factors on addiction relapse (2).

Thus, current study intends to answer these 2 questions:

Are effects of factors of addiction relapse (associate factors, addicted friends, contaminated life's environment, inefficiency of psychotherapy sessions) in terms of gender variable similar?

Are effects of factors of addiction relapse (associate factors, addicted friends, contaminated life's environment, inefficiency of psychotherapy sessions) in terms of age variable similar?

Materials and methods

This study is descriptive-analytical that its statistical population is all self-introduced addicts to the rehabilitation center who have record of addiction relapse again. Statistical population has been chosen over 200 persons using available and goal-oriented sampling method. Data collection mean in this study is a questionnaire titled "Reasons of addiction relapse" includes 24 questions

which have been designed for this goal and have been completed in interview form. Reliability of this questionnaire has been determined through study and approve of experts in this context. To evaluate durability of this questionnaire Cronbach's alpha coefficient was used that the evaluated coefficient is 81%. To survey and analyze research data, descriptive statistic (frequency, percentage and table) and inferential statistic (multi-variable chi-square with Yates's correction) were used.

Results and discussion

200 addicts having addiction relapse participated in this study that majority of them (71 percent) are men and only (29) percent are women, 27.5 percent are more than 30 years old, 43 percent are between 25 to 30 and 29.5 percent are under 25 years old, 63.5 percent have smoking record before addiction and mean of addiction treatment duration is 63.74 days. Findings related to research's questions have been reported in tables1 and 2 according to age and gender variables (P<0.000). Findings brought in table1 show that men's and women's attitude (having addiction relapse) about impact of factors of addiction relapse are similar. Findings brought in table 2 show that age groups' attitude (having addiction relapse) about impact of factors of addiction relapse are similar.

Table 1. Research's findings based on gender variable

Chi- square	Evaluated chi-	DF	Sum		Category	Gender	Relapse factors	
table	square			Disagree	Normal	Agree		
9.21	0	2	58(29) 142(71)	6(3) 14(7)	12(6) 29(14.5)	20(40) 99(49.5)	Female Male	Reminding factors
9.21	6.73	2	58(29)	-	16(8)	42(21)	Female	Addicted
			142(71)	13(6.5)	57(23.5)	72 (36)	Male	friends
6.63	0	1	58(29)	-	20(10)	38(19)	Female	Contaminated
			142(71)	-	46(23)	96(48)	Male	environment
6.63	2.79	1	58(29)	-	12(6)	46(23)	Female	Inefficiency of psychotherapy sessions

Table 2. Research's findings based on age variable

p- value	Chi- square	Evalu ated	DF	Sum Category			Age group	Relapse factors	
	table	chi- squar e			Disagree	Normal	Agree		
0.000	13.28	4.37	4	59(29.5)	8(4)	15(7.5)	36(18)	Under 25	Reminding factors
				86(43)	6(3)	14(7)	66(33)	25-30	
				55(27.5)	6(3)	12(6)	37(18.5)	Over 30	
0.000	13.28	9.55	4	59(29.5)	5(2.5)	19(9.5)	35(17.5)	Under 25	Addicted friends
				86(43)	8(4)	40(20)	38(19)	25-30	
				55(27.5)	13(6.5)	73(36.5)	114(57)	Over 30	
0.000	9.21	0.82	2	59(29.5)	-	22(11)	37(18.5)	Under 25	Contaminat ed
				86(43)	-	26(13)	53(26.5)	25-30	environmen
				55(27.5)	-	18(9)	37(18.5)	Over 30	t
0.000	9.21	3.4	2	59(29.5)	-	6(3)	53(26.5)	Under 25	Inefficiency of
				86(43)	-	16(8)	70(35)	25-30	psychothera
				55(27.5́)	-	5(2.5)	50(25)	Over 30	py sessions

Conclusion

Addiction is a social disease that has mental and physical tolls. If causes of patient trend are not paid attention, and physical mental treatment satisfactory just for a short period of time and addict is again getting involved by addictive materials. Due to this fact that 63.5 percent of studied people have the smoking record before addiction, this finding can be alarm for the families and society administrations in order to prepare a plan to prevent tobacco smoking which is a gate to addiction. Worrying statistics in the context of tobacco indicate that 11.9 percent of people over 15 in Iran are smoker (10). Moreover, we observe increase in female smokers so that 5 percent of women in Iran are smoker. 3.5 percent of this number or in another word, about 70 percent of women are senior.

Finding of current study showed that mean of addiction treatment duration is equal to 63.74 days. Aforementioned finding indicates that duration exactly after hospital or rehabilitation center discharge is a critical duration. In this

period, people are so prone to addiction relapse. If treated patient go through this duration successfully, treatment results is promising. Studies of Narimani et al in 2004 indicate this point that after successful 6 months addiction relapse period, 45 percent of investigated sample haven't used any kind of drug (6).

Research' findings showed that reminding factors of addiction have impact on addiction relapse. Patient has temptation to use drug and any kind of connection with drug using instruments and watching drug's images and being in former locations of drug using can be considered factors for patient's slipping. Research's findings are in agreement with results of Falahzade and Hoseyni study. Research's findings show that addicted friends have an impact on addiction relapse. Relationship and friendship with people infected with drug abuse is a potential powerful factor for addiction relapse. Drug users try to force their friends to accompany them in order to get verification for their behavior. Group of addicts ignore their individual-family

existence because of compatibility with their friends and peers, so that, they surrender to any kind of demand and this indicates the less point that the relationship between parents and youngsters is, the more valuable is group relationship and peers. In the current study, Friends with 69.5 percent is the first factor to encourage individuals to use drug. Findings of this research are in agreement with findings of Falahzade and Hoseyni (2005), Yonesi J (2006) (13), Verdineya (2006) (14), Amini et al (2003) (9). Research's findings showed that contaminated life's environment has an impact in addiction relapse. Pathogenic environment (environment in which drug is easily available and there is a social network of friends who are supporter and maintaining of drug abusing) deteriorates improvement obtained treatments. In areas that there is more accessibility to drug, people have more opportunity to commit a crime because in these areas, opportunities are provided for people to commit crime related to drug (16). Also current study's findings are in agreement with Narimani's study (2004) and Yonesi and Mohammadi's (2006). Research's findings showed inefficiency of psychotherapy sessions has an impact on addiction relapse. In the treatment duration, it is possible to unpleasant problems and situations happen. Since, patient has experienced temporary resolving problems like mental pressures, depression, concern, sexual problems driven from drug abusing, he is put at risk for addiction in different directions. Lack of necessary facilities or lack of access to psychotherapy services which can support person in this situation leaves the person alone and without any social resistance level. Although, uprooting addiction is nearly impossible, but with accurate recognition of mechanism and nature of addiction and its predisposing factors can provide prerequisites of public recognition. Now due to research's findings (impact of addicted friends, addiction reminding factors, contaminated life's environment and inefficiency of psychotherapy sessions in addiction relapse). following suggestions for preventing addiction relapse are proposed:

Providing consultant for rehabilitation centers

More accurate monitoring of police over places of drug distribution

Preventing from traffic of undertreatment addict to former places of drug distribution

Preventing from communication of undertreatment addict with addicted friends

More concentration on treatment plans in first 3months of addiction relapse

References

Narenjiha H. (2008). The average age of starting drug use is 18 years. Iranian National Drug Control Headquarters. (Persian)

Sadegiye Ahari S., Azami A., Barak M., Amani F., Firuz S. (2004). Reviewing the causes of recurred addiction in patients who referred to centers introduced of Tehran welfare. Ardabil Med Univ J, 3 (4): 36-40. (Persian)

Yegane B. (2007). Reducing the risk of recurred addiction from 25 to 2 percent with complementary therapy. Tehran: Iranian Students News Agency; (Persian)

Friedmann P.D., Saitz R., Samet J.H. (1998). Management of adults recovering from alcohol or other drug problems relapse prevention in primary care. J Am Med Assoc, 279(15):1227-31.

Brown B.S. (1998). Drug use-chronic and relapsing or a treatable condition? Subst use misuse, 33(12): 2515-20

Narimani M., Sadegiye Ahari S. (2004). Recurred addiction and ways to deal with it. 1st Ed. Ardabil: Department of Culture and Islamic Guidance; (Persian)

Fadayi F. (2008). 95 percent of addicts after 6 months return to addiction. Iranian National Drug Control Headquarters, (Persian)

Falahzade H., Hoseyni N. (2005). Reviewing the causes of recurred addiction from the perspective of addicts who referred to welfare center of Yazd city. Tolooe Behdasht J, 15 (1,2): 67-73. (Persian)

Amini K., Amini D., Afsharimogadam F., Azar M. (2003). Social and environmental factors related to return of addicts to consumption of opiates referring to addiction centers in Hamadan, Zanjan Med Univ J, 11 (45): 41-56. (Persian)

Sharifirad G, Hajaveyi MM, Hasanzade A (2006). Effect of health education based on the health belief model functions provided on the prevention of smoking in high school students. Arak Med Univ J, 10 (1): 79-86. (Persian)

Mosanejad A. (1999). Social factors influencing trends in teenage boys of Isfahan prison drug use (Dissertation). Isfahan: University of Isfahan; (Persian)

Mogarab M., Rezvani M.R., Mahmudirad G. (2004). Reviewing the causes of recurred addiction from the perspective of addicts who referred to the psychiatric center of Imam Reza in Birjand. Shakiba J, 4 (6,7):61-6. (Persian)

Yonesi J., Mohammadi M.R. (2006). Using the approach of publishing information on programs to prevent drug addiction among teenagers. Daneshvar Raftar J, 13 (16):1-10. (Persian)

Verdineya A.A. (2006). Sociological study of drug addiction in Iran. Refah Ejtemayi J, 5(20):193-212. (Persian)

How to cite this article: Seyyed Yar Mohammad Khademi, Eghbal Zarei, Surveying Effective Factors on Increase in Addiction of Self-Introduced Addicts in Shiraz City. *International Journal of Advanced Studies in Humanities and Social Science*, 2014, 3(1), 24-29. http://www.ijashssjournal.com/article-83548.html