

Which One Support (Family, Friend or Other Significant) is Much More Important to Drug Cessation? A Study among Men Kermanshah Addicts, the West of Iran

Farzad Jalilian¹, Fazel Zinat Motlagh², Mohamad Reza Amoei³, Naser Hatamzadeh⁴, Hassan Gharibnavaz⁵ and Mehdi Mirzaei Alavijeh^{6,*}

¹Health Education & Promotion, Substance Abuse Prevention Research Center, Kermanshah, University of Medical Sciences, Kermanshah, Iran

²Health Education & Promotion, Social Determinants of Health Research Center, University of Medical Sciences, Iran

³Applied research bureau of the police of Kermanshah, Iran

⁴Health Education & Promotion, Social Determinants of Health Research Center, University of Medical Sciences, Ahvaz, Iran

⁵Dept. of Epidemiology, Faculty of Health, Tehran University of Medical Science, Tehran, Iran

⁶Shahid Sadoughi University of Medical Sciences-Yazd, Yazd, Iran

Abstract

Introduction: Drug abuse is one of the most serious problems in recent years in many countries. Social support is important benchmarks of health for people in avoidance conditions. The main goal of this study was to determine the drug abuse pattern, and social support status among men Kermanshah addicts, the west of Iran.

Methods: This cross-sectional study, conducted among men Kermanshah addicts, the west of Iran, during 2010, a total of 132 addicts, were randomly selected to participate voluntarily in the study. Data were collected from conduct interviews based on standard questionnaire and analyzed were by using SPSS-18 at 95% significant level.

Results: The majority of addicts were young (Mean: 30.4 years), and with little education. Opium (36.4%), Crack (21.2%), and Methamphetamine (12.9%) was the predominant drug. Inabilities to reject the offer drug use and have an addict friend the most reason to drug use were reported. Almost, 18.9% reported history of drug injection. 43.2% of the participants had already done drug cessation at least once. There was a significant correlation ($P < 0.05$) between high level of social support and drug cessation.

Conclusion: Based on our findings, drug cessation was a significant correlation with high level of social support. It seems providing educational program to addict's families for more support of patients at drug cessation can be beneficial.

Keywords: Drug cessation; Social support; Drug offer

Introduction

Drug abuse is one of the most serious problems in recent years is the many of countries [1]. Addiction was defined a chronic, compulsive, or uncontrollable drug use, to the extent that a person (an addict) cannot or will not stop the use of some drugs, It usually implies a strong (Psychological) Dependence and (Physical) Dependence resulting in a Withdrawal syndrome when use of the drug is stopped [2]. Drug abuse is considered as one of the health, social, economic and political problem over the world. In addition, Iran for its specific geographical, social and cultural situations provided vulnerable situation for drug abuse. Research showed the 1.2 to 2 million people in Iran is addicts and 11 million people out of the population of Iran are struggling with their addiction or a member of their family [3,4]. Jalilian et al. carried out a research on prisoners in Kermanshah, the west of Iran and reported that 39.4% of the participants had history of drug abuse; furthermore, their study showed opium (33%), methamphetamine (27 percent), and crack (11.7%) are the highest substance abuse among them [5]. Drug addiction is a major problem in society ruining the life and leading to use of national assets for combating addiction and its defects [6]. Thus must be attention to drug abuse prevention program and addiction treatment. In this regard, social support, an important factor for drug cessation [7]. Social support is a function of social relations provided by members within a social network, and social networks generally relate to the number or contact frequency of family members, relatives, friends, and colleagues [8,9]. Beliefs and attitudes toward drug, as well as information and social norms about drug use influence drug behavior and may be formulated through interactions with members of the social network. Furthermore, because the social network functions as a social

support resource, support concerning drug behavior can influence a member's behavior [10]. Social support is important benchmarks of health for people in avoidance conditions. Social support in addiction treatment might decrease social isolation and in this respect decrease social rupture experiences and consequently, supports interpersonal relationship, and helps addicts in controlling problems and stress [11].

The main goal of this study was to determine the three kinds of support (family, friend and other significant) to drug cessation among men Kermanshah addicts, the west of Iran.

Methods

Participants and Procedure

This cross-sectional study, conducted among men Kermanshah addicts, the west of Iran, during 2010.

***Corresponding author:** Mehdi Mirzaei Alavijeh, Shahid Sadoughi University of Medical Sciences-Yazd, Yazd, Iran, Tel: 989133093483; E-mail: mehdimirzaiea@yahoo.com

Received November 20, 2013; Accepted February 07, 2014; Published February 14, 2014

Citation: Jalilian F, Motlagh FZ, Amoei MR, Hatamzadeh N, Gharibnavaz H, et al. (2014) Which One Support (Family, Friend or Other Significant) is Much More Important to Drug Cessation? A Study among Men Kermanshah Addicts, the West of Iran. J Addict Res Ther 5: 174. doi: [10.4172/2155-6105.1000174](http://dx.doi.org/10.4172/2155-6105.1000174)

Copyright: © 2014 Jalilian F, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

The participants were men addicts who arrested by anti-drugs police (because all of them cooperation on drug dealing) in Kermanshah, the west of Iran. One hundred and thirty-two (88%) participants out of 150 signed the consent form and voluntarily agreed to participate in the study, which has been approved by the applied research bureau of the police of Kermanshah.

Data were collected from conduct interviews based on a standard questionnaire by a one of the research team. The interviews were performed in the first week of arrest.

Measures

Prior to conducting the main project, a pilot study was conducted to assess the content validity of the study questionnaires. The pilot study participants were 15 men addicts, similar to those who participated in the main study. The pilot study was conducted to obtain feedback about the clarity, length, comprehensiveness, and required completion time of the study questionnaires, as well as collect data to estimate the internal consistency of the measures.

Demographics

The variables assessed in this study included: age (years), education level (illiterate, primary school, secondary school, high school, and academic), marital status (single or married), job, history of drug injection (yes or no), drug use among family (yes or no), frequency of drug use (opium, crack, methamphetamine, heroin, marijuana, other drugs), and history of drug cessation (yes or no).

Social Support Scale

Social support was evaluated by 12-item standard scale [12]. Each item was measured on an ordinal 5-point Likert-type scaling (1=strongly disagree, 5=strongly agree). Multidimensional scale of perceived social support, including three scopes (family, friend and other significant). Examples of the items are: There is a special person who is around when I am in need. The reliability coefficient for the social support scale in our study was .89, suggesting that the internal consistency was adequate.

Statistical analysis

Data were analysed by SPSS version 18 using appropriate statistical tests, including logistic regression at 95% significant level.

Results

The mean age of respondents was 30.45 years [95% CI: 29.05, 31.85], ranged from 19-65 years. More details of demographic characteristics of the participants (such as: age, education level, marital status, job, drug use by father, mother and sister or brother, and history of drug injection are shown in Table 1.

Opium (36.4%), Crack (21.2%), and Methamphetamine (12.9%) was the predominant drug (Figure 1).

Inabilities to reject the offer drug use and have an addict friend the most reason to drug use were reported (Figure 2). 43.2% (57/132) of the participants already did drug cessation at least once.

As can be seen in Table 2, a step-wise model building procedure was conducted and finally on 7th step the procedure stopped and the best model was selected, among the variables: age, drug use initiation age, and family support were the more influential predictor on drug cessation (Table 2).

Variables	Number	Percent
Age group (year)		
12-20	4	3
21-30	79	59.8
31-40	33	25
41-50	13	9.8
51-70	3	2.3
Education level		
Illiterate	25	19
Primary school (5 grades)	23	17.4
Secondary school (8 grades)	38	28.8
High school (12 grades)	39	29.5
BSc	7	5.3
Marital status		
Married	63	47.7
Single	69	52.3
Job		
Unemployed	32	24.2
Freelancers	70	53
Others	30	22.8
History of drug injection		
Yes	25	18.9
No	107	81.1
Father drug use		
Yes	22	16.7
No	110	83.3
Mother drug use		
Yes	3	2.3
No	129	97.7
Brother drug use		
Yes	30	22.7
No	102	77.3

Table 1: Distribution of the demographic characteristics among the participants.

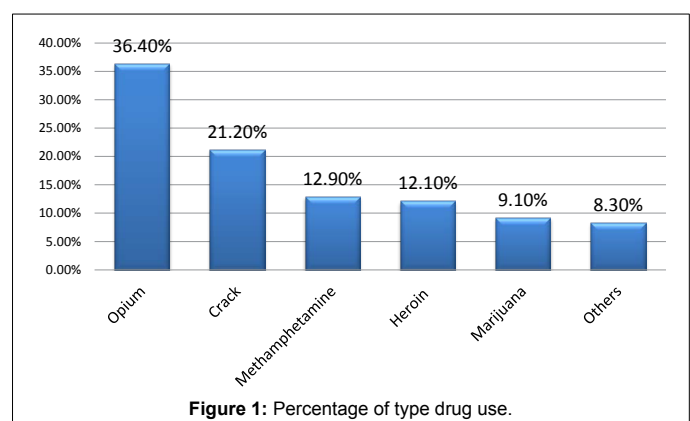


Figure 1: Percentage of type drug use.

Factors	Crud		Adjusted	
	OR	Sig	OR	Sig
Age	1.060	0.012	1.106	0.004
Drug use initiation age	1.002	0.926	0.918	0.017
Family support	1.131	0.014	1.110	0.043

Table 2: Factors related with drug cessation.

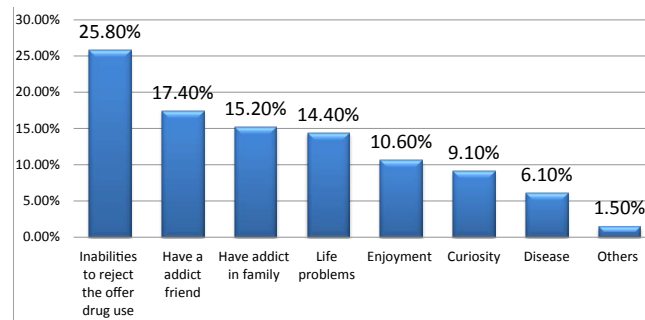


Figure 2: Percentage of most reason to drug use.

Scope	Item	Men	SD	Scope Mean ± (SD)
Family	My family really tries to help me.	2.43	0.95	9.68 (3.72)
	I get the emotional help and support I need from my family.	2.46	0.99	
	I can talk about my problems with my family.	2.44	1.04	
	My family is willing to help me make decisions.	2.32	1.02	
Friends	My friends really try to help me.	2.49	0.97	9.62 (3.73)
	I can count on my friends when things go wrong.	2.40	0.98	
	I have friends with whom I can share my joys and sorrows.	2.39	1.01	
	I can talk about my problems with my friends.	2.34	1.03	
Significant other	There is a special person who is around when I am in need.	2.48	0.94	9.84 (3.56)
	There is a special person with whom I can share my joys and sorrows.	2.50	0.96	
	I have a special person who is a real source of comfort to me.	2.51	0.97	
	There is a special person in my life who cares about my feelings.	2.34	0.96	

Table 3: The mean scores accrued of the family support, friend support, and significant other support.

Finally, in Table 3, it has showed the mean scores accrued of the family support, friend support, and significant other support.

Discussion

The mean age of respondents was 30.4 years, and the initiation age for drug use was 12. In addition, opium, crack, and methamphetamine were must drug abuse respectively. This is in line with the findings of earlier studies among Iranian addict [13-17]. Considering that drug addiction began at an early age are increasing, behavioral interventions provided for younger children with attention to industrial drugs, and psychotropic substance is necessary.

16.7% of a participant reported, their fathers had used drug and about 22.7% of them reported that their brothers had used a drug. In this regards, Weinstein reported that friends and peers important reason in predicting drug use. Many of study's also reported families and friends have a role in the substance abuse; it seems that life skills education can be the usefulness results [18-21].

Drug injection could cause increased the risk of viral disease's transmission such as hepatitis B, C and HIV/AIDS. Our findings showed 18.9% of participants reported to have a history of drug injection. These results can be warning to health policy makers in Iran; and should be the focus of special attention.

Based on the result, 43.2% of the participants already did drug cessation at last once. Many of the studies showed drug relapse in addiction is high [22-25]. In this regards Fridmann stated only that 20 until 50 presents of patients could continue to discontinuation drug use following a year [22]. In addition, Nurco et al. reported 66 presents this

rate [25]. In addition, Keller et al. notes the rejection of the community is one reason for drug relapse [26].

Another of our findings was a significant correlation between high level of social support and drug cessation. It's similar to another study [27-29]. In this regard, Brenda stated that special social support (family and friend) are very important at alcohol convalescence patients [28].

Drug abuse has a destroy influence not only on the individual addict but on the all family as well. Research showed collaborative effort of the whole family in drug cessation and relapse prevention. In the lack of a social support system, the earlier drug abusers will the most possible slip back into addiction [30,31].

Our result showed the mean of social support was a 29.10 (SD: 10.8), that showed a participant have acquired less than of half social support scale. Because of a social support role in addiction treatment has been shown, reinforced social support, and particularly through the family to addicts should be more be considered.

Acknowledgements

This research was supported by the applied research bureau of the police of Kermanshah, Iran. The authors declare that there are no conflicts of interests.

Funding

This study was funded by the applied research bureau of the police of Kermanshah, Iran.

References

- RahimiMovaghar A, Sharifi V, Mohammadi MR, Farhoudian A, Sahimilzadian E, et al. (2006) Researches on substance use in Iran 3 decades evaluation. *Hakim* 8: 37-44.

2. Nelson JE, Pearson HW, Sayers M, Glynn TJ (1982) *Guide to Drug Abuse Research Terminology*. National Institute on Drug Abuse, Rockville, MD, USA.
3. Zia al-Din H, Zarezadeh AR, Heshmati F (2006) The prevalence of drug abuse and drug addiction and associated factors in a senior high school students and pre-university 79-80 year Kerman. *Journal of Kerman University of Medical Sciences* 8: 84-94.
4. Shafei M, Rahgozar A, Rahgozar M (2004) The effect of education on attitude and knowledge, practice of family addicts. *Addiction* 3: 35-39.
5. Jalilian F, MirzaeiAlavijeh M, Amoei MR, ZinatMotlagh F, Hatamzadeh N, et al. (2013) Prevalence and Pattern of Drug Abuse among Prisoners in Kermanshah City. *Health Education and Health Promotion* 1: 41-50.
6. Ahmadpanah M, MirzaeiAlavijeh M, AllahverdiPour H, Jalilian F, Afsar A, et al. (2013) Effectiveness of coping skills education program to reduce craving beliefs among addicts referred to addiction centers in Hamadan: a randomized controlled trial. *Iranian Journal of Public Health* 42: 1139-1144.
7. Fisher EB Jr (1997) Two approaches to social support in smoking cessation: commodity model and nondirective support. *Addict Behav* 22: 819-833.
8. Due P, Holstein B, Lund R, Modvig J, Avlund K (1999) Social relations: network, support and relational strain. *SocSci Med* 48: 661-673.
9. Golden J, Conroy RM, Lawlor BA (2009) Social support network structure in older people: underlying dimensions and association with psychological and physical health. *Psychol Health Med* 14: 280-290.
10. Väänänen A, Kouvonon A, Kivimäki M, Pentti J, Vahtera J (2008) Social support, network heterogeneity, and smoking behavior in women: the 10-town study. *Am J Health Promot* 22: 246-255.
11. Fitz Patrick AF, Standish L, Brom B, Sanders F, Berger J, et al. (2006) Association of mind-body intervention with QoL in HIV positive individuals" Bastry university.
12. Canty-Mitchell J, Zimet GD (2000) Psychometric properties of the Multidimensional Scale of Perceived Social Support in urban adolescents. *Am J Community Psychol* 28: 391-400.
13. Asayesh H, Jahahgir F, Qorbani M, Badeleh MT, RezaPour A, et al. (2012) Substance Abuse and Correlation between off Route of Administration and Age Factors in Substance Abuser. *Journal of Research Development in Nursing & Midwifery* 9: 82-89.
14. Seraji A, Momeni H, Salehi A (2010) The investigation of factors affecting dependence on narcotics and reappearance of drug usage in narcotics anonymous population in Khomein (2009). *Arak Medical University Journal (AMUJ)* 13: 68-75.
15. Ghoreishi Zadeh SMA, Torabi K (2002) Factor's contributing illicit substance dependence among treatment seeking addicts in Tabriz. *Quarterly Journal of AndeeshehVaRaftar* 29: 21-28.
16. Amani F, Sadeghieh S, Salamati P (2005) Characteristics of self-introduced addicts in Ardebil. *Payesh, Journal of the Iranian Institute for Health Sciences Research* 1: 55-59.
17. Froghi S (2004) Aligodarz self-induced addict characteristics. *Journal of Lorestan University of medical and health services (yafteh)* 5: 57-62.
18. Weinstein ND (1993) Testing four competing theories of health-protective behavior. *Health Psychol* 12: 324-333.
19. Sargent JD, Dalton M (2001) Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics* 108: 1256-1262.
20. Gifford-Smith M, Dodge KA, Dishion TJ, McCord J (2005) Peer influence in children and adolescents: crossing the bridge from developmental to intervention science. *J Abnorm Child Psychol* 33: 255-265.
21. Agrawal A, Lynskey MT, Bucholz KK, Madden PAF, Heath AC (2007) Correlates of cannabis initiation in a longitudinal sample of young women: The importance of peer influences. *Preventive Medicine: An International Journal Devoted to Practice and Theory* 45: 31-44.
22. Friedmann PD, Herman DS, Freedman S, Lemon SC, Ramsey S, et al. (2003) Treatment of sleep disturbance in alcohol recovery: a national survey of addiction medicine physicians. *J Addict Dis* 22: 91-103.
23. Kearney MH (1997) Drug treatment for women: traditional models and new directions. *J ObstetGynecol Neonatal Nurs* 26: 459-468.
24. Brown BS (1998) Drug use--chronic and relapsing or a treatable condition? *Subst Use Misuse* 33: 2515-2520.
25. Nurco DN, Kinlock TW, O'Grady KE, Hanlon TE (1998) Differential contributions of family and peer factors to the etiology of narcotic addiction. *Drug Alcohol Depend* 51: 229-237.
26. Keller DS, Galanter M, Weinberg S (1997) Validation of a scale for network therapy: a technique for systematic use of peer and family support in addiction treatment. *Am J Drug Alcohol Abuse* 23: 115-127.
27. Dobkin PL, De CM, Paraherakis A, Gill K (2002) The role of functional social support in treatment retention and outcomes among outpatient adult substance abusers. *Addiction* 97: 347-356.
28. Booth BM, Russell DW, Soucek S, Laughlin PR (1992) Social support and outcome of alcoholism treatment: an exploratory analysis. *Am J Drug Alcohol Abuse* 18: 87-101.
29. Avants SK, Warburton LA, Margolin A (2001) Spiritual and religious support in recovery from addiction among HIV-positive injection drug users. *J Psychoactive Drugs* 33: 39-45.
30. Stone RJ, Morash M (2014) Influences on substance use cessation during pregnancy: an exploratory study of women on probation and parole. *Criminal Justice Studies, ahead-of-print* 27: 1-18.
31. Falkin GP, Strauss SM (2003) Social supporters and drug use enablers: a dilemma for women in recovery. *Addict Behav* 28: 141-155.

Citation: Jalilian F, Motlagh FZ, Amoei MR, Hatamzadeh N, Gharibnavaz H, et al. (2014) Which One Support (Family, Friend or Other Significant) is Much More Important to Drug Cessation? A Study among Men Kermanshah Addicts, the West of Iran. *J Addict Res Ther* 5: 174. doi: [10.4172/2155-6105.1000174](https://doi.org/10.4172/2155-6105.1000174)

Submit your next manuscript and get advantages of OMICS Group submissions

Unique features:

- User friendly/feasible website-translation of your paper to 50 world's leading languages
- Audio Version of published paper
- Digital articles to share and explore

Special features:

- 300 Open Access Journals
- 25,000 editorial team
- 21 days rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at PubMed (partial), Scopus, EBSCO, Index Copernicus and Google Scholar etc
- Sharing Option: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: <http://www.omicsonline.org/submission>