

THE INVESTIGATION OF SOCIAL, ECONOMICAL, AND EMOTIONAL/MENTAL FACTORS AFFECTING THE GIVING UP OF ADDICTION

‘A Case Study of the Addicts Reporting to the Outpatient Department of Addicts in Shafa Welfare Complex, Pars, Kerman shah’

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ABSTRACT

Undoubtedly, addiction has long been with different societies in different forms, and they [societies] have constantly been under its harmful effects. What appears so important is the manner of dealing with and the way of solving the problem which has always been under hot and chaotic arguments. Needles to say that no society desires to dissipate and/or extirpate its active, social, and economic human resources and precious institutions such as ‘the family’, only because of addiction, and this has caused the authorities to choose different strategies to eradicate the leech-problem. What proves very crucial among all is the change in people and authorities’ attitudes towards this highly undesirable phenomenon.

Keywords: Addiction, Prevention, Social Costs.

Introduction:

Today, addiction is considered as an individual and social disease. The unsuccessful attempts by the police over years have been just to control the supply of drugs and those of scientists or experts just to figure out appropriate healthy strategies to change people's inner attitudes and help reduce the demand. In our society (Iran), too, with respect to its historical background as in other parts of the world, drugs in their different forms have been more or less known to the people. The geographical location of Iran that lies on the world transit route of drugs and its having common borders with the main producer of drugs in the world (Afghanistan) which produces thousands of tons of opium and other drugs have prepared grounds and vulnerability to addiction especially on the borders and big cities.

Research Methodology:

The research method applied in this study was the survey.

Research Population:

The population in this research was composed of all unhospitalized self-reported addicts of Shafa Welfare Complex, Pars, Kerman shah.

The Sample Population of the Study:

120 individuals were randomly selected from the addicts reporting to the center.

Tools Used in this Study:

The data were collected through a standardized Likert questionnaire.

Standardization of the Questionnaire:

To determine the reliability of the questionnaire, the researcher administered it to five individuals of the same population getting it test-re-tested. The reliability was calculated and it was at the level of acceptance with a reliability of 73.

Table 1: Frequency distribution and percentage of rehabilitating addicts based on their age

Age	16-26	27-37	38-48	49-59	60+	Total Number
Frequency	25	40	27	18	10	120
Percentage	20.8 %	33.3 %	22.5 %	15 %	8.33 %	100 %

Table 2: Frequency distribution and percentage of rehabilitating addicts based on their sex

Sex	Male	Female	Total Number
Frequency	103	17	120
Percentage	85.83 %	14.16 %	100 %

Table 3: Frequency distribution and percentage of rehabilitating addicts based on their residential location

Residential Location	Kerman shah City	Villages & Cities of Kerman shah	Total Number
Frequency	95	25	120
Percentage	79.16 %	20.83 %	100 %

Table 4: Frequency distribution and percentage of rehabilitating addicts based on their educational level

Level of Edu.	Illiterate	Reading & Writing	Primary Edu.	Upper Primary Edu.	Diploma	Collage Edu.	BA	MA	Ph.D	Total No.
Freq.	35	28	24	14	10	3	4	2	-	120
P	29.17 %	23.3 %	20 %	11.7%	8.3 %	2.5 %	3.3 %	1.7 %	-	100 %

Table 5: Frequency distribution and percentage of rehabilitating addicts based on their marital status

Marital Status	Single	Married	Discontinued	Divorcees	Widows	Temporary Marriage	Secondary Marriage	Complex Marriage	Etc.	Total No.
Freq.	35	30	16	25	4	-	5	5	-	120
P.	29.17 %	25 %	13.33 %	20.83 %	3.33 %	-	4.16 %	4.16 %	-	100 %

Table 6: Frequency distribution and percentage of rehabilitating addicts based on their monthly income

Monthly Income	0-40,000 Tomans	41-90,000 Tomans	91-140,000 Tomans	141-190,000 Tomans	191-240,000 Tomans	241+,000 Tomans	Total Number
Freq.	28	14	37	16	14	11	120
P.	23.33 %	11.7 %	30.83 %	13.33 %	11.64 %	9.17 %	100 %

Table 7: Frequency distribution and percentage of rehabilitating addicts based on the type of drugs they use

Type of Used Drugs	Hashish	Opium extract	Opium	Heroin	Alcohol	Etc.	Total No.
Freq.	10	22	64	24	-	-	120
P.	8.33 %	18.33 %	53.34 %	20 %	-	-	100 %

Table 8: Frequency distribution and percentage of rehabilitating addicts based on their start time to use drugs

Start Time to Use Drugs	16-26	27-37	38-48	49-59	60 +	Total No.
Freq.	51	22	26	17	4	120
P.	42.5 %	18.33 %	21.7 %	14.17 %	3.33 %	100 %

Suggestions and Recommendations:

1. Addiction is a disease which develops a heavy physical and mental dependence in the addict, and compared to other diseases, its treatment is long-lasting where the addict should not discontinue his contact with the clinics so that the clinical center can implement its programs to make the addict give up, including giving information, rendering social work, giving medicative services, group therapy, family therapy, counseling etc. which fit the physical, mental and emotional conditions. The most important and essential treatment of addiction is the group-therapy where their [addicts] disappointment, feeling of guilt, incapability in establishing healthy social relationships with others, solitude, isolation, untrustworthy, hostility, irresponsibility, lying, suspicion, and vanity and egotism nearly vanish and they begin to resume or gain skills to resist and fight addiction.
2. Being honest to oneself and medication are an important principle which highly influences recovery. Moreover, that the addict admits his own disease (addiction) and responsibility of his medication makes him more resistant against hardship and difficulties.
3. Factors tempting individuals (especially addicts) such as friends or other people, social and environmental events, positive and negative excitement and stimuli, the habituated-to-time and place of using drugs prove threatening to the giving up process which addicts must avoid.

Recommendations to the Families Who Have Addicts:

1. The most threatening factor which always arouses the addicts to use drugs again is the *temptation*. The addict must be helped out with the identification of these stimulating factors. Then he should be assisted to avoid them. The tempting driving forces such as solitude, depression, pains, anxiety, insomnia, wrath, and fear can be avoided by the family members' in-time presence and logic support. The addicts must be encouraged by useful conversations and accompaniment to resist and fight temptation and critical period. The good results of giving up addiction should be spoken to him and his motivation to keep up his intention of abandoning drugs should be reinforced.
2. The addict must be encouraged to gradually replace positive, constructive, interesting, and favorite activities for his previous habits of using drugs and enjoy the life and experience comfort and peacefulness without drugs.
3. In case of his return to his previous habits, he had better not be reprimanded; rather, he should be made aware of the tempting driving forces and be helped to avoid the people, objects, places and other things which remind him of his using drugs. If in spite of the family's struggles and attempts, he [the addict] recovers his previous habits, they [family members] should not get disappointed, but try to resume their treatment once more.

Finally, addicts should be supported not only by themselves but also by unsparing and generous people, society and authorities:

- The addicts should not be looked upon as criminals, but as patients who have been afflicted with this disease without any clear reasons.
- The families of the addicts where they [the addicts] serve as breadwinners and guardians should be supported and taken care of. Since in their recovery and rehabilitation, due to their economic problems, they might resort to some unlawful activities such as smuggling drugs, criminal jobs and delinquency.

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