



A study on the pattern of drug abuse and demographic characteristics of addicts referred to addiction treatment centers of Kermanshah City, Iran, in 2016

Aliakbar Parvizifard¹, Seyed Mojtaba Ahmadi¹, Kheirollah Sadeghi¹, Aliakbar Foroghi¹, Hooman Darushi², Nader Abazari³, Maryam Hossein⁴

1 Department of Psychology, School of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran

2 Department of Pediatrics, School of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran

3 Department of Clinical Psychology, School of Humanity Sciences, Shahed University of Tehran, Tehran, Iran

4 Student Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran

Original Article

Abstract

BACKGROUND: The problems of drugs and addiction and the consequences of drug into abuse are considered as a phenomenon that affects different aspects of human life and is one of the main problems of modern age. The main goal of performing this investigation was identifying general demographic factors which affect the process of addiction in order to make available the facility of diagnosis and practice of therapeutic programs.

METHODS: In this cross-sectional and descriptive study, a number of 500 addicts in Kermanshah, Iran, were selected using sampling method. Data were analyzed using SPSS software and descriptive statistics (frequency, percentage frequency, cumulative frequency, and average).

RESULTS: The mean age of the subjects in this study was 36.6 ± 8.80 years. Most addicts were in the age category of 31 to 40 years old. 62.8% of them began drug use for the first time in the age range of 10 to 20 years. 47% had primary education and 68.4% were unemployed and had no specific source of income. The top cause of drug use was reported as entertainment and enjoyment (47.6%) and the other cause was curiosity (26.4%). The most common cause of drug cessation was being tired of drug use.

CONCLUSION: With regard to the fact that most addicts are unemployed with no source of income, thus it seems that the authorities have to assess effective treatments and find ways to create youth employment and also healthy entertainment activities and source of income on which one can rely.

KEYWORDS: Addictive; Drug Abuse; Demography

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Introduction

Drug use among adolescents and young people is growing around the world, so that it is considered as one of the most common mental disorders of adolescents and young people.¹ Moreover, today, chronic addiction and dependency on it predisposes multiple harms

in communities, including economic, political, cultural, social, and health problems.² Therefore, today, chronic addiction should be considered beyond the bounds of health care issues as a social crisis and a phenomenon that has different dimensions.³ The term "chronic addiction" is not recognized by the World Health Organization (WHO) as an acceptable term and instead it recommends "drug dependency". Clinical psychologists and researchers discussed and disagreed about the

Corresponding Author:

Maryam Hossein; Student Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran

Email: maryam.h.psychology@gmail.com

definition of chronic addiction for years. In recent decades, the world has faced a shocking growth in the prevalence of drug abuse, generally at the community level and especially in young people and adolescents. Unfortunately, the statistics published by international organizations such as the United Nations International Drug Control Program (UNDCP), the WHO, and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) show increasing use of these substances in the world, and the only difference between countries is in their consumption patterns.⁴ According to the United Nations Office on Drugs and Offence (UNODO), the number of drug consumers is estimated about 200 million which constitutes 3% of the world's population.⁵ Due to the large number of Iran's young population, it has numerous problems regarding chronic addiction. Today, chronic addiction is more common in young people and chronic addiction age is significantly reduced. It seems that the number of addicts in Iran is much more than the statistics published by the Center for Combating Drugs (about 2000000 people), and some unofficial sources estimate the population of addicts in Iran as 3.3 million people.⁶ Drug risk factors include individual factors, interpersonal factors, and environmental and social factors.⁷ The phenomenon of chronic addiction has many secondary effects and each of these effects justifies the need for attention to the problem of chronic addiction. Devastating effects of chronic addiction not only influence the addict himself, but also his family, friends, community, and generally everything that is associated with the addict.⁸ For example, economically speaking, damage caused by drug abuse and drug trafficking in Iran is annually about 700 billion Tomans.⁶ Problems such as increasing drug-related crimes such as robbery, murder, self-immolation, unemployment, domestic violence, child abuse, rising in divorce rate, and decline in academic performance of

children whose parents are addicted justify the necessity of paying attention to chronic addiction.⁹ Etiology of chronic addiction has a significant breadth and diversity. Chronic addiction is considered as a disorder with clinical, behavioral, and cognitive symptoms and in its development, both social and psychological factors, on the one hand, and biological and pharmacological factors, on the other hand, are involved.¹⁰ Some focus more on biological and genetic factors, while some other stress on sociological and psychological aspects.⁵ What is certain is that without identifying what groups use the most drugs, how old they are, and what their common cause of drug use is, it is not possible to take effective measures in the field of prevention of drug use. Some studies were carried out in other parts of the country; for example, a study done by Abbasi *et al.* showed that most consumers were men, educated, and unemployed and opium was used more than other drugs.¹¹ Given that this pattern can vary in different cities due to geographical location and regarding the fact that there is not a new paper in this field and especially in the city of Kermanshah, Iran, it is decided that a study can be done about drug consumption patterns and demographic characteristics of drug addicts in Kermanshah.

Materials and Methods

This was a cross-sectional descriptive study. The population of this study consisted of ambulatory addicts referred to addiction centers in Kermanshah. In this study, 384 samples were examined, but in order to accurately sample and prevent the loss of potential subjects, using sampling, 600 drug users in the form of outpatient treatment for substance abuse rehabilitation centers in Kermanshah were selected as a sample; because of lack of cooperation and incomplete filling out of the questionnaire, 100 people were excluded and a total of 500 patients were studied. In this study, subjects had the

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria for substance abuse or dependence, and the subjects took part in the study voluntarily and with their consent.

In this study, samples were evaluated with the use of non-structured clinical interview and demographic questionnaire as below:

1. Unstructured clinical interviews: In order to ensure the presence or absence of diagnostic criteria for abuse or dependence, as well as cooperation and trust of the subjects, unstructured clinical interview was used by the researcher.

2. The demographic characteristics questionnaire: This questionnaire consisted of 13 items which was developed by the researcher to record demographic characteristics and objectives related to the research subject.

To conduct research, first, with the coordination and approval of the Treatment Department of Kermanshah University of Medical Sciences, a list of all the rehabilitation centers in Kermanshah were collected and among all available centers in Kermanshah, 20 centers were selected randomly and the sample size of the study was chosen from them. Before collecting data, a non-structured interview was done by the researcher with the addicts in the addiction center. All participants in the project were informed about the confidentiality of information and the purpose of the study and all of them were recruited by personal desire. In addition, all questionnaires were anonymous, so that participants could not be identified. At the end, the incomplete questionnaires were excluded from the study and data were analyzed using SPSS software (version 21, IBM Corporation, Armonk, NY, USA) and descriptive statistics (frequency, percentage frequency, cumulative frequency, and average).

Results

As mentioned before, the sample consisted of

500 male addicts who self-introduced to medical centers of Kermanshah. In terms of age, the results showed that 10 patients (2.0%) were in the age category of 10 to 20 years, 123 patients (24.6%) were in the age category of 21 to 30 years, 240 patients (48.0%) were in the age category of 31 to 40 years, 96 patients (19.2%) were in the age category of 41 to 50 years, 22 patients (4.4%) were in the age category of 51 to 60 years, and 9 patients (1.8%) were in the age category of 61 to 70 years. In general, most patients who referred for treatment were in the age category of 31 to 40 years old.

With regard to the age of first drug use, 314 patients (62.8%) were in the age category of 10 to 20 years old, 133 patients (26.6%) were in the age category of 21 to 30 years, 47 patients (9.4%) were in the age category of 31 to 40 years, 4 patients (0.8%) were in the age category of 41 to 50 years, and 2 patients (0.4%) were in the age category of 51 to 60 years old.

The results of the study showed that 235 people (47.0%) of the total sample had primary education, 205 people (41.0%) had only finished middle school, 11 people (2.2%) had high school diploma, 47 people (4.9%) had college education, and 2 people (0.4%) had other forms of education.

Results indicating marital status showed that 117 people (23.4%) of the total sample were single, 194 people (38.8%) were married, 41 people (8.2%) were divorced, and 12 people (2.4%) had other forms of marital status.

With regard to employment, the findings indicated that 158 (31.6%) of the total sample were employed and 342 people (68.4%) were unemployed (Table 1).

In addition, the findings in relation to the source of income represented that 143 people (28.6%) of the total sample were under financial support of parents, 158 people (31.6%) were employed, and 199 people (39.8%) had other forms of income.

Table 1. Demographic characteristics

Demographic characteristics	Demographic levels	n (%)
Age (year)	10-20	10 (2.00)
	21-30	123 (24.60)
	31-40	240 (48.00)
	41-50	96 (19.20)
	51-60	22 (4.40)
	61-70	9 (1.80)
The first age of consumption (year)	10-20	314 (62.80)
	21-30	133 (26.60)
	31-40	47 (9.40)
	41-50	4 (0.80)
	51-60	2 (0.40)
Educational status	Primary school	235 (47.00)
	Secondary school	205 (41.00)
	High school	11 (2.20)
	College education	47 (9.40)
	Other drugs	2 (0.04)
Marital status	Single	117 (23.40)
	Married	194 (38.80)
	Separated	136 (27.20)
	Divorced	41 (8.20)
	Other status	12 (2.40)
Occupational status	Employed	158 (31.60)
	Unemployed	342 (68.40)

Moreover, the findings indicated that 132 people (26.4%) began drug use for curiosity, 238 people (47.6%) for enjoyment and entertainment, 45 people (9.0%) due to stress management, and 85 people (17.0%) for physical pain relief.

267 people (53.4%) attempted to treat because of being tired of drug use, 109 people (21.8%) because of determination to quit, 50 people (10.0%) due to family pressure, and 74 people (14.8%) because of other causes.

The results regarding the kind of drugs showed that from the entire samples, 184 people (36.0%) used opium, 165 people (33.0%) used heroin, 18 people (3.6%) used narcotics, 35 people (7.0%) used heroin and opium, 9 people (1.8%) used narcotics and opium, 4 people (0.8%) used narcotics and heroin, 16 people (3.2%) used narcotics, heroin, and opium, and 69 people (13.8%) used other drugs.

The results regarding the way of drug use showed that 298 people (59.6%) smoked drugs, 61 people (12.2%) injected drugs, 33 people (6.6%) ate drugs, 22 patients (4.4%) used injection and smoking, 39 people (7.8%) ate and smoked drugs, 1 person (0.2%) injected and ate drugs, 14 people (2.8%) ate, injected, and smoked drugs, and 32 people (6.4%) used other methods for drug use.

207 people (41.4%) had no history of drug treatment and it was the first time they decided to quit and 293 people (58.6%) had a history of drug treatment (Table 2).

Table 2. The research variable data

		n (%)	
Source of income	Parents	143 (28.60)	
	Employment	148 (29.60)	
	Others, Specify	209 (41.80)	
Cause of addiction	Curiosity	132 (26.40)	
	Pleasure and fun	238 (47.60)	
	Stress management	45 (9.00)	
	Relief of physical pain	85 (17.00)	
Reason for drug treatment	Being tired of using drug	267 (53.40)	
	Wanting to quit	109 (21.80)	
	Family pressure	50 (10.00)	
	Others, specify	74 (14.80)	
	Types of drug used	Opium	184 (36.8)
		Heroin	165 (33.00)
Narcotics		18 (3.60)	
Heroin and opium		35 (7.00)	
Narcotics and opium		9 (1.80)	
Narcotics and heroin		4 (0.08)	
Narcotics, heroin, and opium		16 (3.20)	
Others, specify		69 (13.80)	
Administration of drug used		Smoking	298 (59.60)
	Injection	61 (12.20)	
	Oral	33 (6.60)	
	Injection and smoking	22 (4.40)	
	Oral and smoking	39 (7.80)	
	Injection and oral	1 (0.02)	
	Oral, injection, and smoking	14 (2.80)	
	Others, Specify	32 (6.40)	
	Drug treatment history	No	207 (41.40)
		Yes	293 (58.60)

Discussion

In this study, which was done to evaluate

consumption patterns and demographic characteristics of addicts referred to drug addiction treatment centers in Kermanshah in 2016, it was found that most addicts were in the age category of 31 to 40 years.

Our results were consistent with the results of Danesh *et al.* study in which most drug consumers were in the age group of 31 to 40 years old,¹² Brooki's study in which 63.6% of drug consumers were in the age group of 21 to 40 years old,¹³ and the study of Moshki *et al.*, in which most drug users were in the age group of 30 to 39 years.¹⁴

In Hajian *et al.*'s investigation, most drug consumers were in the age group of 20 to 29 years.¹⁵ With regard to the first time of drug use, 314 people (62.8%) of samples were in the age group of 10 to 20 years. It is proposed that due to a decrease in the chronic addiction age to adolescence, guidelines should be focused more on the prevention of chronic addiction. Day *et al.*¹⁶ reported this age as 20 to 22 years, that is consistent with the present study. Amani *et al.* considered the average age of first drug use as 28.8 years,⁴ which is not consistent with our results.

In our study, most of the addicts had primary level education (47.0%) and then middle school education (41.0%). One factor that could help to reduce chronic addiction in the community is using educational programs for the prevention of chronic addiction and since using educational programs requires a person to be educated to understand the educational programs, the necessity of education and training in this field is greatly felt as a deterrent to emphasize prevention of chronic addiction. Our results are consistent with other studies conducted in this field which report that most addicts have a low education including the following studies: Mousavi *et al.*'s study in which low education and reduction in educational opportunities were introduced as the causes of chronic addiction prevalence¹⁷ and Navidian *et al.*'s

study in which most addicts had education lower than high school diplomas.¹⁸

In the present investigation, the number of married people (38.8%) is more than the number of single people (23.4%). One of reasons for high number of married addicts is that many people who were addicted when they were single remained addicted after they got married. According to the myths in some cultures, marriage and forming a family can be a treatment for chronic addiction, so there are a lot of people who were addicted before marriage and got married as a solution to this problem. As a result, the number of married people suffering from chronic addiction is higher than the number of single addicted people. The results of this study are consistent with the results of other studies in Iran, such as Moshki *et al.* study,¹⁴ and in other countries, such as Heinz's study,¹⁹ which report that the number of married people is more than single people among addicts.

Another finding of the study is 68.4% prevalence of unemployed people in Kermanshah. In addition, 28.6% of the addicts received revenue from their parents and a high rate of 39.8% had other sources of income. Due to the high rate of unemployment among addicts in Kermanshah in comparison to other cities in Iran, it is necessary that authorities pay attention to the unemployment in Kermanshah and it is hoped that by creating jobs, chronic addiction decreases in Kermanshah and in general, in the whole country. Unfortunately, a lot of people take refuge to drugs because of the current economic and financial situation and the pressures of life as a way to escape from this situation.

The results of our study are not consistent with Naseri's study in Ilam, Iran, in which 62.0% were employed,² the study of Danesh *et al.*, which states that in terms of employment, a shift from unemployed to employed people is happening,¹² Moshki *et al.*'s study in which most addicts were self-employed,¹⁴ and Seyed

Javadi *et al.*'s study in Ardabil, Iran, in which only 33.0% of addicts were unemployed.²⁰

According to the results, the most common cause of drug use is enjoyment and entertainment (47.6%) and the second common cause is curiosity (26.4%) which emphasizes the fact that authorities should pay more attention to welfare, including providing joy and entertainment for people as a solution to reduce the tendency to the drug use due to lack of facilities in Kermanshah. Pleasure was ranked as the third reason in Moosavi and Ahmadi²¹ study in Shiraz, and the second reason in Ghoreishizadeh and Torabi study in Tabriz, Iran,²² which is somewhat consistent with our findings.

Moreover, the results show that the most important reason for withdrawal and treatment is being tired of drug use (53.4%). In Day *et al.*'s study, the main reason for withdrawal is tiredness of the current chronic addiction,¹⁶ which is consistent with our study. Based on our research findings and the results of other studies conducted in Iran concerning the most common type of drugs, the literature of the study shows that opium has the highest usage. Some of these studies are: Bolhari study in which opium was the highest used drug,²³ and the research by Ghorbani *et al.*, in which opium was in the first rank (72.5%).²⁴ These studies show that new drugs could not take the place of traditional use of opium and that the access to opium is more than other drugs.

In relation to the method of consumption, the most frequent way of drug use is smoking in our study (59.6%) which is consistent with the results of other studies in Iran, including Naseri's study with 51.2% of smoking,² Moshki *et al.*'s study with 66.5% of smoking,¹⁴ and Mousavi *et al.*'s study with 40.2% of smoking.¹⁸ In all of these studies, smoking is the most common method in drug consumption. Regarding the fact that the most common drug in Kermanshah and in Iran is opium, so it seems reasonable that the most common method of drug use is smoking.

According to the results, 58.6% had a history of drug treatment and in fact they attempted to quit drug use several times. This is consistent with parallel studies in this field, including Amani *et al.*'s study in which 37.9% of addicts had one or two unsuccessful attempts to quit drugs⁴ and Hajian *et al.*'s study in which 72.0% of addicts had a history of opioid withdrawal.¹⁵

The subject of this study could be performed among samples from other different cultures. In order to generalize the results of the main goal of this study, it could be performed on a large number of samples.

Conclusion

Recent results show that even though people refer to the centers for medical addiction treatment, relapse rates are high and this can have several factors including lack of adequate support and educational programs which make them avoid relapse, not following the treatment, lack of stable living conditions, and also availability of facilities. Results of this study show that some general demographic factors can affect the process of addiction. With regard to identifying these factors, it could be available to prevent addiction or its data can be used during therapeutic process and rehabilitation.

Conflict of Interests

Authors have no conflict of interests.

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References

- Delawar A, Rezayi AM, Alizadeh A. The relationship between family factors and secondary school students' attitude towards drug abuse (In Tehran). *Daneshvar Raftar* 2009; 16(37): 21-34. [In Persian].
- Naseri L. The study pattern of drug use based on demographic factors in referring addicts to addiction centers in the city Elam during years of 2009-2013. *Quarterly of Danesh Entezami Ilam* 2016; (17): 68-78. [In Persian].
- Noel X, Brevers D, Bechara A. A neurocognitive approach to understanding the neurobiology of addiction. *Curr Opin Neurobiol* 2013; 23(4): 632-8.
- Amani F, Sadeghieh Ahari S, Mohammadi S, Azami A. The trend in substance abuse among addicts referred to withdrawal centers, 1998-2003. *J Ardabil Univ Med Sci* 2020; 5(3): 220-4. [In Persian].
- United Nations Office on Drug and Crime. World Drug Report 2008 [Online]. [Online]. [cited 2008]; Available from: URL: <https://www.unodc.org/unodc/en/data-and-analysis/WDR-2008.html#:~:text=The%20World%20Drug%20Report%20presents,and%20amphetamine%2Dtype%20stimulants%20markets>
- Eftekhari-Ardebili M, Majlesi F, Parizadid SM, Hatami H, Seyednouzadi M, Razavie SM. Text book of public health. Tehran, Iran: Arjomand Publications; 2008. [In Persian].
- Rhodes T, Lilly R, Fernandez C, Giorgino E, Kemmesis UE, Ossebaard HC, et al. Risk factors associated with drug use: The importance of 'risk environment'. *Drugs Educ Prev Pol* 2003; 10(4): 303-29.
- Parvizy S, Nikbahkt A, Pournaghash TS, Shahrokhi S. Adolescents' perspectives on addiction: qualitative study. *Nurs Health Sci* 2005; 7(3): 192-8.
- West R, Hardy A. Theory of Addiction. Hoboken, NJ: Wiley; 2006.
- American Psychiatric Association. Diagnostic and statistical manual of mental disorders, (Dsm-IV). Washington, DC: American Psychiatric Publishing; 1994.
- Abbasi A, Taziki SA, Moradi A. The prototype of drug mis.abused of opioids in the self-introduced addicts in Gorgan (North-East of Iran). *J Gorgan Univ Med Sci* 2006; 8(1): 22-7. [In Persian].
- Danesh P, Faizolahi A, Haidari S. The status of drug abuser's consumption and distribution in Ilam township (the epidemiologic visage of addiction in Ilam township). *Ilam Culture* 2015; 15(42): 166-81. [In Persian].
- Brooki MH. Study the consumption pattern of substances in Urmia. *Journal of Research on Addiction* 2010; 4(14): 43-52. [In Persian].
- Moshki M, Khajavi A, Hashemizadeh H, Zarei M, Bidel S. Pattern of Drug Abuse Based on Demographic Factors in Self-Report Addicts of Quchan. *J Neyshabur Univ Med Sci* 2016; 3(4): 19-26. [In Persian].
- Hajian K, Khirkhah F, Falatoni M. Epidemiology of addiction among volunteered addicts attending in detoxification centers. *J Guilan Univ Med Sci* 2013; 22(87): 22-30. [In Persian].
- Day C, Nassirimanesh B, Shakeshaft A, Dolan K. Patterns of drug use among a sample of drug users and injecting drug users attending a General Practice in Iran. *Harm Reduct J* 2006; 3: 2.
- Mousavi GH, Ebrahimi A, Mohammadi M, Salar Shahrbabaki C. Social and economic characteristics of drug addicts. *Pajouhesh Dar Pezeshki* 1998; 3(4): 305-8. [In Persian].
- Navidian A, Davachi A, Bashardoost N. Study of personality traits among opiate addicts in rehabilitation center in Zahedan. *Hakim Res J* 2002; 5(1): 17-22. [In Persian].
- Heinz AJ, Wu J, Witkiewitz K, Epstein DH, Preston KL. Marriage and relationship closeness as predictors of cocaine and heroin use. *Addict Behav* 2009; 34(3): 258-63.
- Seyed Javadi M, Seyed Mousavi E, Mohammadi R, Ebrahimi Balili F, Seyed Javadi M. Epidemiology of Drug abuse in self-introduced addicts to addiction treatment clinic in Ardabil in 2012. *Proceedings National Congress on Addiction Sciences*; 2013 Sep. 11-13; Tehran, Iran. [In Persian].
- Moosavi A, Ahmadi J. A survey of demographic characteristic of addicted referred to Shiraz detoxification centers [Thesis]. Shiraz, Iran: Shiraz University of Medical Sciences; 2002. [In Persian].
- Ghoreishizadeh SM, Torabi K. Factors Contributing to Illicit Substance Dependence among Treatment Seeking Addicts in Tabriz. *Iran J Psychiatry Clin Psychol* 2002; 8(1): 21-8. [In Persian].
- Bolhari J. Assessment of drug abuse in Iran's prisons. *Research on Addiction* 2003; 1(3): 13-50. [In Persian].
- Ghorbani M, Asayesh H, Jahangir F, Badeleh M T, Rezapour A, Soleimani M A, et al . Substance abuse and correlation between of route of administration and age factors in substance abuser. *J Res Dev Nurs Midw* 2013; 9 (2): 82-9. [In Persian].