

Environmental Factors Influencing Relapse Behavior among Adolescent Opiate Users in Kerman (A Province in Iran)

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Abstract-This study explores the importance of the environmental factors on drug use and its effects on relapse. In this respect, the effects of peer groups and availability of drug are discussed in this research. Environmental factors have played a crucial role in both male adolescents drug use and relapse and could increase the likelihood of their becoming addicted to drugs and relapse (Taylor, Lioyd, & Warheit, 2006). An individual can have a variety of environments such as the family, community, school and friends, within each the risk of addiction and relapse might develop (Genetic science learning center, 2008). Furthermore, the adolescents have an influential need to spend more time with their surrounding environment; i.e. more time with peers and less with their families (Bezuidenhout & Joubert, 2003). Nearly 60% of Iran population is under the 25 and spending more time with friends is a prior preference among this young people. Also the adolescents' tendency toward using drugs is eased and reinforced with their availability since Iran is neighboring Afghanistan, a country of the greatest poppy and natural drugs with an annual production rate of almost 3000 tons (Farjad, 2000). Thus, one can assume that environmental factors play an important role in increasing the possibility of relapse after treatment. Therefore, this study considers two factors: peer groups and availability of drugs. The objective of this study is to examine the effects of environmental factors on relapse behavior among male adolescent opiate users in Kerman. In this research 226 adolescents between the ages of 13 to 20 were selected based on ten rehabilitation centers to answer the face to face interview questionnaire. Results indicated that there were significant relationships between these factors with relapse in adolescents. The study proposes some suggestions in order to prevent relapse after treatment in adolescents.

Keywords-Environmental factors, Opiate addiction, Adolescents, Peer groups, Availability of drugs, Iran

I. INTRODUCTION

Addiction is obviously not a novel phenomenon and has always affected the fate of nations around the world. Drug addiction has threatened societies more than anything else (Deborah, 1995). In fact, drug addiction is a considerable social and personal problem which negatively influences not only the mind and body of the addict but also the health of a society concerning social, economical, political and cultural issues (Farjad, 2000). Drug using.

mostly starts during the second decade of one's life (Azizi, 2004; Farjad, 2000). However, due to various factors, it is also spreading with a fast pace, so that using drugs among adolescents is becoming, discreetly enough, more ordinary in everyday life (Mokri, 2002). According to Mental health Touches (2006), adolescent drug use is nowadays marked as a problem all over the world. Basically this does not raise any surprise since there has been moving statistics, highlighting this alerting social phenomenon. For instance, United Nations (2006) reports that 25 percent of addicts in Asia and eastern Europe are under the age of 20; also in the South Africa 80 percent of burglary and robbery cases had tight bounds to drugs and most of the convicts were between 12 to 17 years old age (Drakenstein Police Service, 2006). In recent decades, using drug has become a fatal social phenomenon in Iran, causing prevalent social, psychological, economic and family disasters. Furthermore, the rise of using drug has led to the quick emergence of infectious diseases, such as (HIV) and Hepatitis (Mokri, 2002). Substance use among adolescents is widespread in Iranian communities, schools, and families (Azizi, 2004). 45 percent of drug addicts in Iran are under the age of 20 (Azizi, 2004). He emphasizes that drug use among Iranian adolescents is increasing, and is bound with a multitude of problems. Azizi asserts that in Iran the main factor causing addiction in people specially the adolescents is originated from environmental problems such as availability of drugs.

Geographically Iran is neighboring the greatest poppy and natural drugs country (Afghanistan) which produces about 3000 tons of drugs each year (Mokri, 2002). Afghanistan stands first in the world regarding planting, and smuggling drugs. This country was the main distributor of drugs in the year 2003 (Azizi, 2004). One of the main factors for the widespread use of drugs in Iran is, according to Farjad (2000), its vicinity with the golden crescent producing narcotics, Afghanistan and Pakistan. Kerman is one of the biggest provinces in Iran and is located near the border of Iran and Afghanistan. Since this province is situated in the path of world's drug transit, there is no wonder that drug is easily accessible to people (Ziaaddini, 2005). The most common used substances in Kerman are opium and its residue. Data suggests that the prevalence of substance in Kerman was 22.5% (Iran Drug Control Headquarters, 2008). According to National Institute of Drug Abuse (2006) drug availability, and drug trafficking patterns are the factors that can affect young people begin using drugs.

Although drug abuse in adolescent is increasing, the demand for treatment of drug addicted adolescents is also increasing

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especially among male adolescents in Kerman. In spite of the attempts that have been made in recovery processes, unfortunately about 2/3 of opiate addicts return to drug in just less than one year (Kaplan, 1997; Saeed, 2000). The reason that affects on drug use can also affect on relapse in adolescents (Annis & Davis, 1997). According to Gorski (2001), 78% of adolescents relapsed after they stopped using drugs for six months. Researchers have proved successful results of many different treatments; however, high relapse rates are still typical across all classes of drug abuse (Gordon, 2003; Hunt, Bameett, & Branch, 1971). Usually the recovery processes are not done completely and just attend to the physical dimension by detoxification neglecting the important factors such as environmental factors. Since after detoxification the addicts return to their surrounding environment and society, cannot expect a perfect quit from them without considering about these factors carefully (Ghorbanhosseini, 1990). In today's schools the variety of drugs and their availability is prevalent (Mokri, 2002). The supply and demand for drug is very high (National Institute on Drug Abuse, 2006). So, adolescents that quitted using drugs will return to environments like school and society where drug is easily available and there exist the risk of returning to drug use or relapse. As mentioned above, availability of drug has an important role to increase the high rate of relapse after detoxification. In addition to availability of drugs, the effects of peer groups seem to have the largest effect on adolescent drug using behavior (Chen, Sheth, Elliott, & Yeager, 2004; Kandel, 1996). The main factor involved in the risk of drug use is having friends who suffer behavioral problems (Brandt & Delpont, 2005; Fraser, 2002; Goodwin, 2000). In today's schools, it is very common to use drugs. Peer pressure generally is the reason for their using drugs. If the people in a social group use drugs, they will influence each other directly or indirectly

(Chen, et al., 2004; National Institute on Drug Abuse, 2006). So this study expresses the importance of environmental factors namely, peer groups and availability of drugs as crucial role on relapse behavior among male adolescents in Kerman.

II. METHODOLOGY

This study was a quantitative study. The survey research method, which is the most popular data-gathering technique, is used in this study. To achieve the purpose, data were collected from 226 opiate addicted male adolescents, aged 13-20, who had referred to rehabilitation centers, and had at least once relapse in Kerman. The method of data collection was face to face interview questionnaires. Since the subjects were not in the right condition to provide complete and reliable answers to a questionnaire independently, face to face interview questionnaire could be the most appropriate for the purpose of the present research. Demographic information such as age, education level, and occupation status was collected using a questionnaire of demographic data. The second part includes questions about environmental factors that are related to relapse. Questions pertaining to the environmental factors on relapse behaviour were measured using the Likert scale in the form of "(1) Negligible, (2) Low, (3) Moderate, (4) High, and (5) Very high" with each item in the questionnaire. The reliability coefficients for environmental factors are .75. It took about 20 minutes to complete the questionnaire. Two statistical procedures, descriptive statistics and inferential statistics were used for data analysis. In order to ensure that the data was normally distributed the normality test was calculated for all measures. To describe the research hypothesis, the Pearson Correlations test is applied to appoint the connection between the two variables.

Table1 -Frequencies and percentages of respondent's demographic background

Characteristics	Number (n=226)	Percentage (%)
Age (n=226)		
13-14 years	20	8.8
15-16	39	17.3
17-18	83	36.8
19- 20	84	37.2
Mean=17.5		
Level of Education		
Elementary	28	12.4
Secondary school	79	35
Associated degree	82	36.3
Bachelor	37	16.4
Occupation Status		
Unemployed	138	61.1
Employed	88	38.9
Parental Marital Status		
Live together	133	58.8
Divorced	51	22.6
Widow	18	8
Widower	24	10.6

Duration quit background

Once	77	34.1
Twice	68	30.1
Third	29	12.8
More than three times	52	23

Income (thousand Tomans)

< 70000	164	72.7
> 70000	62	27.3

III. RESULTS OF THE STUDY

Data were available for 226 respondent's adolescents. Table 1 shows the frequencies and percentages on respondents' demographic background. According to the results, the age of the adolescents ranged from 13 to 20 years old. Their mean age was 17.5. The Majority of the respondents (37.2%) belong to the age group of 19-20 year-olds of the whole samples. In terms of education, the largest parts of the samples in this study belong to the associated degree that comprised 36.3% of the whole subjects. Also regarding occupation, most of them (61.1%) are unemployed. In addition, the largest part of the samples in this study belongs to the adolescents whose parents live together; i.e. 58.8%. As it is shown in table 1, 34.1% of the samples are adolescents who quit their addiction once. 72.7% of income or spending money belongs to the lowest price (0-70000 Toman). This means that most of the

respondents were in the low-income group. 35% had quit due to feeling tired of addiction. Pearson correlations among environmental factors and relapse shows that relapse was correlated with environmental factors (peer groups and availability of drugs). Considering data analysis, it is specified that Pearson Correlations between environmental factors and relapse of respondents is .323 in rank order and with p-value is .0000 in rank order which is less than $\alpha = 0.01$ significance value, table 2 confirmed that there was a significant positive correlations between environmental factors and relapse ($r=.323, p<0.01$). A positive relationship in the correlation indicates that there is an increase in the dependent variable with increase in the independent variables. In other words, whenever a person is exposed to potential environment as such (high availability of drugs or peer groups who use drugs), he would be placed in relapse situation again.

Table 2 -Pearson Correlation tests between Environmental factors and Relapse

		Environmental factors	Relapse
Environmental factors	Pearson Correlation	1	.323**
	Sig. (2-tailed)		.000
	n	226	226
Relapse	Pearson Correlation	.323**	1
	Sig. (2-tailed)	.000	
	n	226	226

**Correlation is significant at the 0.01 level (2-tailed).

IV. DISCUSSION

The objective of this study was to examine the relationship between the environmental factors and relapse behaviour among adolescent opiate users in Kerman. Environmental factors have played a crucial role in adolescents drug use and in relapse as well. Factors that are shown in this research were environmental factors like peer group and availability of drugs. As Table 2 shows, a significant moderate positive correlation between environmental factors and relapse ($r=.323, p<0.01$), it shows that increase relationship with environmental factors associate with higher relapse. The functions of peer groups in adolescence are a reference to developing norms (Gouws, Kruger, & Burger, 2000). Adolescents need to be accepted. If the family fails to give acceptance to them, adolescents will turn to a place where they can fulfill this need (Bezuidenhout &

Joubert, 2003; Erikson, 1998). Furthermore, the adolescents have an influential need to spend more time with their surrounding environment that is more time with peers and less with their families (Bezuidenhout & Joubert, 2003). Peer groups effectively influence the adolescent's decision to use drugs and return to drugs as well (Gouws, et al., 2000). Peer influences seem to have the major effect on adolescent substance using behavior. Actually, peer drug use has been identified as an important factor that most likely leads to use of drugs (Kandel, 1996). Van Der Westhuizen (2007) indicated that the need for support from friends and harmful effect of peer pressure as factors anticipating relapses after treatment among adolescent drug users. The finding of this research indicates that relationship with addicted friends more causes to relapse in adolescents. This findings supported research done by Gouws et al. (2000) and Mc Whirter et al. (2004) who suggested that peer group

is a significant resource in illustrating the leading factors to relapse behaviour. In addition to affect of peer groups, numerous studies show that drug availability is one of the risk factors that contribute to relapse in adolescents' drug addiction (Brandt & Delpont, 2005; Fraser, 2002; Goodwin, 2000; Gordon, 2003). Also, Farjad (2000) agreed with this and stated that availability of drug in society put at risk the drug addicted that are in recovery. Based on these findings, availability of drug in society will mostly lead to relapse in adolescents. This finding supports research done by Fraser (2002), that declared the availability of drug is an important factor that causes relapse and put the adolescents at risk.

These factors could increase the likelihood of their becoming addicted to drugs and effect on relapse (Taylor, et al., 2006). The previous studies of Gouws et al. (2000), Westhuizen (2007), Jenkins (1996) and Swadi (1989) indicated the high rate of relapse among adolescents and the importance of peer group and availability of drugs on relapse. Using a drug in response to the high-risk situation can lead to feelings of failure and guilt, which can predict further use of drugs (National Institute on Drug Abuse, 2006). Iran is in the procedure of developing and growing drug abuse treatment options for opiate and other drug dependent patients. These days community development is becoming more and more popular, powerful, valuable, prevalent and most importantly as a planning style to solve the community problems. Warren (1978) defines the Community development, as a process of helping community people to solve their problems. The goal of community development is to help people improve their social situations (Christenson & Robinson, 1980). Self-help approach is one of the essential approaches in community development. This approach is based on that people can, will and should work together to solve community problems (Littrell & Hobbs, 1989). Self-help approach is becoming more significant as a planning style to solve the community problems and self-help is a community building approach and also it is a style of planning, decision making, and problem solving (Christenson & Robinson, 1980; Littrell & Hobbs, 1989). Self-help comprises two organized features: (1) it is expected to create improvements of peoples' living condition, facilities and services, (2) it stresses that the process by which these improvements are achieved is necessary to the development of a community (Littrell & Hobbs, 1989; Summers, 1986; Wilkinson, 1986). The developed community is both improved and empowered as a result. The self-help perspective highlights that the process is more significant in the long run than the improvements, due to the collaboration that derives from a strong sense of community that can be the means to continuing improvement of community services and quality of life (Littrell & Hobbs, 1989; Summers, 1986; Wilkinson, 1986). Self-help a serious emphasize on education about the problem and its sources. Self-help can exist as an institute, place or an interest group (Littrell & Hobbs, 1989). The person is vulnerable but can improve huge strength in self-help groups (Kindernothilfe, 2002). Berger & Neuhaus (1977) proposed empowerment as a way of improving

individual by means of mediating social institutions. Self-help has become an integral part of treatment for emotional issues, behavior problems, drug use, relapse and also dealing with stressful situations. Many people find that self-help and support 6 groups are an invaluable resource for empowerment and recovery (Focus adolescent service, 2008). Self-help support groups bring together people with common experiences. Participants share experiences, provide understanding and support and help each other find new ways to cope with problems (Younus, 2005). Most drug addiction treatment programs encourage patients to participate in a self-help group during and after formal treatment and also encourage parents who have adolescents with behavior problems like relapse to attend a parenting group for support and guidance (Kindernothilfe, 2002). Self-help groups play a necessary role for the family members to know the addiction, they should be empowered in recovery process and to become involved in treatment (Mental Health Touches, 2006). Self-help groups are effective in supporting the family, and addressing the feelings related to the addiction and the involvement of families in aftercare efforts as necessary to prevent relapses (Goodwin, 2000; Van Der Westhuizen, 2007). A support group can also supply emotional support, practical coping skills and strategies, and empower individual towards personal growth, positive changes, and healing (Focus adolescent service, 2008). Brandt and Delpont (2005) indicated that the self-help groups provide addicted adolescents with role models to help them in forming new beliefs regarding drug abuse and also Focus adolescent services (2006) declare that self-help groups learn them to function in the community and to assist them to form healthy relationships. The strength of using the self-help approach in this study lies in its potential to focus on the influence and interaction of self-help group on relapse prevention in male adolescent. Self-help groups can be engaged powerfully in the context of aftercare services supplied in the route of relapse prevention. Self-help approach was included here to explain relapse prevention through self-help group after treatment. Kerman is the biggest province in Iran and is also located near the border of Iran and Afghanistan. This city is situated in the path of world's drug transit, so drug is easily accessible (Mokri, 2002). There exists the risk of returning to drug use or relapse. As mentioned above, environment has an important role to increase the high rate of relapse after detoxification. The results of the study have shown that unfortunately most of the adolescents that give up their addiction in Kerman suffer from environmental problems like peer groups and availability of drugs. These factors gave the researcher some insight into the need for support from friends, the harmful effect of peer pressure and availability of drugs as factors threatening relapses after treatment amongst opiate adolescents in Kerman. The results of this study are consistent with results reported by (Brandt & Delpont, 2005; Fraser, 2002; Goodwin, 2000; Gordon, 2003).

V. CONCLUSION AND RECOMMENDATIONS

The general conclusion derived from the afore-mentioned environmental factors is that there are several factors that may lead to relapse. Outcomes of this research indicate environmental factors of "peer groups" and "availability of drugs" as significantly related to relapse in addicted adolescents. Based on the results, the researcher suggests, the following methods to decrease relapse in Kerman.

The adolescents need self-help group in order to support them to avoid relapse. In addition, self-help groups play an essential role for the family members to understand the addiction. The opiate addicted adolescents should be helped to manage high risks situations. Also should able to develop assertiveness to deal with peer pressure and to choice the right friendship. Parents should be able in their roles in order to support their adolescents in treatment and also receive information on high risk situation.

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