

## The prevention of drug abuse, methods, challenges and researches

Mohammad Sourizaei<sup>1</sup>, Javad Khalatbari<sup>2</sup>, Mohammad Mojtaba Keikhyfarzaneh<sup>3</sup> and Ramnaz Raisifard<sup>4</sup>

<sup>1</sup>Department of Electronics, Young Researcher Club, Zabol Branch, Islamic Azad University, Zabol, Iran.

<sup>2</sup>Department of Psychology, Islamic Azad University, Tonekabon Branch, Tonekabon, Iran.

<sup>3</sup>Department of Psychology, Young Researcher Club, Zahedan Branch, Islamic Azad University, Zahedan, Iran.

<sup>4</sup>Department of Architecture, Young Researcher Club, Zahedan Branch, Islamic Azad University, Zahedan, Iran.  
msoorizaei@yahoo.com

### Abstract

Drug use is one of the most dangerous problems of human societies in the modern era, which, in addition to numerous health problems, put also the cultural-social foundations at risk, and unfortunately, the youth are the most vulnerable age group for drug abuse. Nowadays, the emphasis is to cooperatively and coordinately prevent drug addiction and because this principle is superior to drug abuse treatment, there have been numerous training methods for preventing drug abuse for different age periods. The present study is aimed to review these methods and also the causes of drug abuse and the researches done in this field.

**Keywords:** Drug abuse, psychology, addiction

### Introduction

Drug addiction can be defined as the dense mass of negative results due to drug use that these results are intensified every day (Allison *et al.*, 1990). The world is encountered with shocking statistics of drug abuse prevalence in the last decades, generally in society and especially in adolescents and the youth population. Due to catching these population to diseases like AIDS through intravenous injection, and also due to lasting concerns about adverse drug, social, legal, sanitary, and economical effects of drug abuse, (Wright & Klee, 2001) we're now witnessing a new emergency for extending more better strategies to prevent drug addiction. On the other hand, it is proved that most effective and latest treatments for drug abuse are associated with a high rate of recurrence. This is due to the fact that the pathogenic environments deplete any progress in their treatment, and in such an environment, drugs are easily accessible and there are social networks of friends who support and give continuity to drug abuse (Coggans & McKellar, 1994). So the prevention provides a logical alternative for mental and physical immunization. The fundamental assumption is that prevention is much easier, economical and effective than treatment (Pentz, 1994). In order to adopt a suitable preventive program for the targeted population, prevention specialists have redefined prevention approaches, based on the groups the preventive program has been designed for, and they came to this conclusion that there are three independent types of prevention approaches (Younesi & Muhammad, 2001): 1) A comprehensive or general prevention: in fact, this type of prevention contains the strategies for preventing the early signs of drug abuse start using in public, 2) Selected prevention: this method actually includes the types of prevention strategies that has been designed for target groups or some subsets of the general population, such as the children of drug user

parents or poor student of schools and 3) Compulsory prevention: the created strategies of this prevention are aimed at the participants involve in the prevention program who have now some evidences of drug use progression symptoms or there are high risk factors amongst them, such as conduct disorder, excitement seeking, excessive adventure, aggression and sexual imprudence.

The reality is that it is not possible to properly specify the exact time of human's familiarity with drugs, but humans were using drugs to relieve sufferings, or at least reduce their pains from the beginning of the world emergence. Political and social issues analysts believe that drugs phenomena is the most important factor in bringing and the communities to ruin and moral decline in cultural invasion and influence, and unfortunately, the range of drug use in communities is so extend that even educated and scientific class of society have been absorbed to. The struggle to addiction is a strategic action in confronting to the global domination system tools in moral declining of the communities with specific purposes. The addiction will never be eradicated completely as a social harm, but at least it can be brought into control with prudence, thought, and sincere effort. Drugs are predominated in one's mind and body in such a quiet way that no addict remembers their beginning time of being addicted. Drugs are the origin of many social crimes as murder, rape and robbery (Mahyar & Jazayeri, 1997). On etiology, many researches have been done concerning addiction and new issues have always been proposed. This issue will be briefly investigated from three areas such as:

1. Predisposing factors to drug dependence: Kaplan and Saduk pointed to two categories of individual and social factors concerning the causes of being addicted, which each one is divided to pre and current affective factors (Kaplan & Sadock, 2000).



## 2. Cognitive models of drug dependence:

Genetic model: most psychiatric disorders have a familial nature, and it also can be seen among other family members. This issue provides a possibility of a genetic factor for the development of a disorder. The studies accomplished concerning drug abuse propose the possibility of transferring the problems of addiction and disorders related to it from parents to children based on genetic and environmental backgrounds (McCrary & Epstein, 2000).

Biological and medical models of drug dependence: addiction is a disease comparable with other diseases such as diabetes or Alzheimer from this perspective. Drug dependence is considered as a chronic, progressive, recurrent and fatal disease which though people have decisive role in its beginning, it is not like alcohol or chemical dependency that would be on the person's own will (McCrary & Epstein, 2000; Bakhshani, 2002).

## 3. Psychological model of drug dependence emphasize on idiosyncratic and personality needs of users, which is divided into two categories: i) Those who emphasize on getting rewards from psychoactive drugs use. ii) Those who believed that drug dependent individuals have egregious differences compared to others (McCrary & Epstein, 2000).

Researchers have mentioned different factors such as stress and the lack of adequate coping skills, lack of assertiveness and mental health conditions, and also inappropriate mood status, especially in simultaneity with major depressive disorder in considering the causes of addiction onset and its recurrence after treatment (Hasin *et al.*, 2002; Grant, 1997; Weiss *et al.*, 1999; Litt *et al.*, 2003; Room, 1998; Nunes & Quitkin, 1997). On the other hand, antisocial behaviors such as smoking (Guillon *et al.*, 2007), drug abuse (Ucman & Prosen, 2007), problems in finding friends, delayed or early puberty (Woodbridge, 2000), academic problems (Byabangard, 2003), depression (Serretti *et al.*, 2002; Lazaratou *et al.*, 2007; Franck *et al.*, 2007a, Taylor & Montgomey, 2007), perfectionism, and competitive anxiety (Koivula *et al.*, 2002), deterministic thinking and lack of effort to improve one's own condition (Caplan & Schooler, 2003) and suicide (Franck *et al.*, 2007b) have a relationship with low self-esteem.

According to research conducted, there are many preventive methods which few of them are mentioned briefly:

- Life Skills Training Program (LST): this program focuses on creating skills as a primary tool for prevention. Borton *et al.* at Medical Centre Institute of Cornell University showed that preventive approach of cognitive behavior which trains resistance skills is very effective on reducing drug use prevalence among teenagers, and the way of providing this program composed of various training methods such as display and behavioral training are the family's duty. The

results of review of the follow-up outcomes of this program after six years shows that this program (LST) is effective in reducing and preventing drug use (Bakhshani, 2002).

- Increasing of information orientation: This approach is based on cognitive model of drug consumption and abuse, i.e. it is assumed that those who use illicit substances and drug are unaware of their adverse effects. So coping methods, increasing individuals awareness about drugs is so important that he/she can have a logical and sensible decision based on the received information. Although by considering overall studier, it was recognized that these methods have no effects, since the etiology of drug abuse is multi-factorial, it is not possible to definitely mention that this method is ineffective (Botvin & Shinke, 1995).
- Affection Education Based on Feelings (AE): this approach proposed some methods by assuming the fact that beliefs and personality factors are major ones in orienting teenagers towards drug use, and put its main emphasis on social and personality growth of students. Decision making skills training and assertive training were formed the main elements of such programs. The results of evaluation gained from this method have been satisfactory (Taremin, 1999).
- Approaches to Social Influence and Impact (SI): in the late 70 AD, a major change occurred in the design of preventive methods. The role of psychological factors was given more attentions in these methods, so that more attention was given to psychological theories of human behavior in preventive methods of 80s and 90s AD. Evaness *et al.* developed the first psychological and social intervention program for preventing smoking based on the principles of social immunization in Histon University. The modus operandi of Evaness was to provide educational films and considering peer pressure on smoking. Some accurate and appropriate information was also provided to teenagers concerning the statistics of the smokers and its undesirable physical aftermaths (Botvin & Shinke, 1995).
- Social Resistance Skills Education Approach (SRSE): these methods focused on teaching skills to resist against social pressure (refusal, social resistance, and resistance skills). These methods rely on Bandura views, and the main emphasis is on peers and mass media. The results of researches have shown that the use of these methods could create a 30% to 50% reduction compared to Gantrel group (NIDA, 2002).
- Personal and Social Skills Education (PSSE): the psychological immunizing methods and skills education specialists believed that the teenagers were not going to use drugs and wanted to virtually say (no) against others, but they would submit to peer pressure and the lack of resistance skills against the group's pressure. But some research has shown that some teens are willing to use drugs and using drugs does not mean that the person has been submitted to the group's pressure,



because some drugs has instrumental role; that's to say, it may reduces the teenager's anxiety, raise his/her self-esteem and make him more relaxed and calm in social situations (NIDA, 1997).

- Resistance Educational Program Against Drug Abuse (DARE): the educational program (DARE) used in America had several important educational practices for primary prevention programs. The main objective is that some necessary skills for resistance against peer pressure application through a set of methods (saying no to drugs) learn to students. The rapid expansion of this program shows that it is widely accepted as the newest and best model in primary drug prevention in schools. But in an evaluation conducted in 1994, it was noted that the overall methodological weaknesses of this evaluation is very remarkable, and it included the use of non-randomized experimental design, lack of measurements before the intervention, the use of small samples and non-narrative measuring device, and lack of statistical controls in the analysis (Aghaii, 1998). Leca (1992) believes that the emotional relations and familial dependency make the person to be disillusioned of drug use. Family is the most important place for preventing unauthorized disposition to drugs.

Others considered school to be important for educating people, and major parts of prevention have been assigned to schools and educational systems. For example, in addition to schools as the most important factor in the development and growth of individual's personality after the family, disregards to students needs and lack of proper management of the instructors who are unaware of teenager's and the youth's problems could be the propellant factor towards drugs (Orang, 1991).

Maxi magazine (2000) expressed as a report titled "smoking fantasy and effective helping of parents" that if you do not want your ild to be an smoker one or has an inclination to any other type of addiction, sit with him to talk to, and the sooner you open the field of dialogue with your child, the better results you you'll get. More than half of the teenagers try smoking at least for once, not too surprising, because smoking equals with success and attraction in the mind of a teenager.

Krish (1995) mentioned that confronting with the action results an effective way concerning this matter, and recommends that the students be organized in small groups practically and applicably, and every group has an interview with the others, experts and practitioners about the diseases resulted from drug use and ask about the effective psychological and psychosomatic factors. Narimani (2001) found out the use of alternative factors such as holding cultural, artistic and competitive events have more effects in preventing addiction. Raising awareness of families, informing the destructive effects of addiction in educational centers and holding lectures by diseases experts are the effective ways which proposed by the groups of study. The addicted considered the

psychological counseling centers formation as a preventive ways of becoming addicted.

Considering the above issues and materials, it is required that all the people of a society not only to be familiar with various preventive methods, but take advantage of them if necessary. In order to deal with addiction, there are various ways applied by nations and governments, but none of them have solely been able to inhibit the addiction necessarily and properly. In order to approach appropriately and systematically to addiction, the educational position of addiction should be distinguished among the various encounters with addiction.

### References

1. Aghaii A (1998) The study and comparison of factors affecting smoking and tendency towards it among high school male students of Isfahan from the viewpoint of students, teachers and parents. National Res. pp:43.
2. Allison K, Leone PE and Spero ER (1990) Drug and alcohol use among adolescents, Social context and competence. In: Understanding youth. Leone PE (ed.), New bury Park California Sage.
3. Bakhshani N (2002) The guide to prevent and treat addiction: Cognitive- behavioral models. First ed. Zahedan, Iran: University of Medical Sciences Publ. pp:32.
4. Botvin G and Shinke O (1995) Drug abuse prevention with multiethnic youth. Sage Company
5. Byabangard E (2003) Methods of self-esteem enhancement in children and adolescents. 7<sup>th</sup> ed. Karang Press, Tehran.
6. Caplan LJ and Schooler C (2003) The roles of fatalism, self-confidence, and intellectual resources in the disablement process in older adults. Psychol. Aging. 18(3), 551-561.
7. Coggans N and McKellar S (1994) Drug use amongst peers: peer pressure or peer preference. Drugs, Education, Prevention & Policy. 1,15-26.
8. Franck E, De Raedt R, Dereu M and Abbeele D (2007a) Implicit and explicit self-esteem in currently depressed individuals with and without suicidal ideation. J. Behavior Therapy & Expt. Psychiatry. 38 (1), 75-85.
9. Franck E, De Raedt R and Houwer D (2007b) Implicit but not explicit self-esteem predicts future depressive symptomatology. Behavior Res. & Therapy. 45(10), 2448-2455.
10. Grant FB (1997) The Influence of co morbid major depression and substance use disorders on alcohol and drug treatment: Results of a national survey. NIDA Res. Monograph. 172, 4-15.
11. Guillon MS, Crocq MA and Bailey PE (2007) Nicotine dependence and self-esteem in adolescents with mental disorders. Addict. Behav. 32(4), 758-764.
12. Hasin D, Liu X, Nunes E and MacCloud S (2002) Effects of major depression on remission and relapse



- of substance dependence. *Arch. Gen. Psychiatry.* 59, 375-380.
13. Kaplan H and Sadock B (2000) *Comprehensive textbook of psychiatry* 7<sup>th</sup> ed. William and Williams.
  14. Krish H (1995) *Drug lessons education programs in developing countries.* New Brunswick (USA) and London (UK).
  15. Koivula N, Hassman P and Fallby J (2002) Self-esteem and perfectionism in elite athletes: effects on competitive anxiety and self-confidence. *Personality & Individual Differences.* 32(5), 856-875.
  16. Lazaratou H, Dikeos DG, Anagnostopoulos FA and Sodatou CR (2007) Depression and self-esteem in adolescents: A study of senior high school students in Greece. *Eur. Psychiatry.* 22 (Suppl.1), S235.
  17. Leaca P (1992) *Preschoolers and substance abuse strategies for prevention and intervention.* New York, London (Australia).
  18. Litt MD, Kadden RM, Cooney NL and Kabela E (2003) Coping skills and treatment outcomes in cognitive-behavioral group therapy for alcoholism. *J. Consult. Clin. Psychol.* 71, 118-128.
  19. Mahyar A and Jazayeri M (1997) A critical review on methods of prevention and treatment of drug abuse. Research Institute in Planning and Development. A Research project of National Program Providing for Combating Drugs;. Report No: 9. pp:83.
  20. Maxi magazine (2000) *The disposition to smoke and affective helping to parents.* First Edition. Translated by Mortazavi B & Pourafkari N. Azadeh Publ., Tehran.
  21. McCrady H and Epstein E (2000) *Addictions: comprehensive Guide book.* Oxford University Press, NY.
  22. Narimani M (2001) *The study of addicted point of view towards addiction prevention methods.* Conference articles concerning the social and cultural causes of the youth trends towards addiction. Tehran. 210-215.
  23. NIDA (1997) *Drug abuse prevention for the general population.* National Institute on Drug Abuse. NIH Publication. pp: 97-411.
  24. NIDA (2002) *Therapy manuals for drug addiction treatment.* NIH Publication. pp: 99-418.
  25. Nunes VE and Quitkin FM (1997) Treatment of depression in drug-dependent patients: Affect, mood and drug use. *NIDA Res. Monograph.* 172, 61-85.
  26. Orang J (1991) *A research on Edition.* Cultural and Islamic Publishing Organization. pp:44.
  27. Pentz MA (1994) Directions for future research in drug abuse prevention. *Preventive Med.* 23, 646-652.
  28. Room R (1998) The co-occurrence of mental disorders and addictions. *Am. J. Psychiatry.* 57, 893-907.
  29. Serretti A, Olgiati P and Colombo C (2002) Components of self-esteem in affective patients and non-psychiatric controls. *J. Affect. Disord.* 88(1), 960-966.
  30. Taremian F (1999) *Drug abuse in adolescents.* I ed. Tarbiat Publ., Tehran. pp:89.
  31. Taylor TL and Montgomey P (2007) Can cognitive-behavioral therapy increase self-esteem among depressed adolescents? A systematic review. *Children & Youth Services Rev.* 29 (7), 823-839.
  32. Ucman S and Prosen S (2007) Drug-addicted adults: Their self- concept, self-esteem and their role in treatment. *Eur. Psychiatry.* 399-408.
  33. Weiss DR, Najavits ML and Greenfield FS (1999) A relapse prevention group for patients with bipolar and substance use disorders. *J. Substance Abuse Treat.* 16(1), 47-54.
  34. Woodbridge CT (2000) Identifying inner-city high school students at high risk for academic problem. *J. School Psychology.* 38(2), 277-298.
  35. Wright S and Klee II (2001) Violent crime, aggression and amphetamine: what are the implications for drug treatment services? *Drugs: Education, Prevention & Policy.* 8(1), 73-90.
  36. Younesi J and Muhammad M (2001) Using self-informant addicted and their families for educating the students in preventing addiction. Research Project Reports of National Research Center of Medical Sciences. Tehran, Iran.