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## Factors Affecting the Drug Use by Adolescents in Isfahan City

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### **Abstract:**

*This study designed to determine the factors affecting with drug abuse among adolescents in Isfahan city. Method: a total 460 youth (230 males and 230 females) selected by simple random sampling, which who refers to Mehrandish Clinic of Social Work and were interviewed using questionnaire. The variables were tested by using Chi-square test. Result: 54.8% of the adolescents abused drugs to enjoy, 46.7% as peer group influence, influence from relatives, 21.5%; lack of parental supervision, 32.9%; personality problems due to socio-economic conditions 31.7%, experimental curiosity 29.1%, the need to prevent the occurrence of withdrawal symptoms 14.8 and availability to the drug was 18.8%. Conclusion: the result shown get to enjoy, influence of relative and peer group, lack of parental supervision, personality problems, experimental curiosity, need to prevent the occurrence of withdrawal symptoms and availability to the drug play a major roles in influencing many adolescents into drug abuse.*

**Keywords:** drug abuse/ factors affecting/adolescents/Isfahan city

### **1. 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. Isfahan is one of the biggest provinces in Iran. The most common used substances in Isfahan are opium and its residue. Data suggests that the prevalence of substance in Isfahan 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 especially among male adolescents in Isfahan. 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. 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 group influence, lack of parental supervision, the need for energy to work for long hours, availability to the drug; the needs to prevent the occurrence of withdraw symptoms as crucial role on relapse behavior among male adolescents in Isfahan

## 2. Materials and Methods

This research was based on a survey. The sample group was composed of adolescents ranging in age from 13-23 years, living in Isfahan in Iran. Simple random sampling was used to select the 460 participants (230 males and 230 females) who refer in Mehrandish Clinic of Social Work. Data were collected by questionnaires filled out by the adolescents. The data collected was coded and tabulated according to study variables. The variables were assigned nominal values and analysis done using the SPSS computer program. Cross tabulations were done among the different variables and with the help of the SPSS program each of these variables was subjected to Chi-Square test at the 0.05 level of significance to test.

## 3. Results

### 3.1. Socio-Demographic Characteristics of the Respondents

Data were available for 460 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 12 to 23 years old. The Majority of the respondents (49.6%) belong to the age group of 20-23 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 (78.44%) are unemployed. In addition, the largest part of the samples in this study belongs to the adolescents whose parents live together; i.e. 48.91%. As it is shown in table 1, 38.26% of the samples are adolescents who quitted their addiction once.

Characteristics	Number (n=460)		Percentage (%)	
	Male	Female	Male	Female
<b>Ages</b>				
12-15	38	23	16.52	10
16-19	74	89	32.18	38.70
20-23	118	118	51.30	51.30
<b>Level of Education</b>				
Elementary	00	00	00	00
high school	106	103	46.08	44.78
Bachelor	124	127	53.92	55.22
<b>Occupation status</b>				
Unemployed	198	217	86.08	94.34
Employed	32	13	13.92	5.66
<b>Parental marital status</b>				
Live together	100	125	43.48	54.35
Divorced	92	58	40	25.22
Widow	26	31	11.30	13.48
Widower	12	16	5.22	6.95
<b>Duration Quit Background</b>				
One month	64	112	27.82	48.70
Two months	76	73	33.04	31.74
Third months	59	25	25.65	10.86
More than three months	31	20	13.49	8.7

Tabl 1: Frequencies and Percentages of Respondent's Demographic Background

### 3.2. Age of Onset and Sex Difference in Drug Abuse

Majority of the adolescent (49.6%) who were abusing drugs were aged between 20-23 years ( $p = 0.003$ ) as indicated in table-2. The table also shows that by the age of 13-15 years, adolescents (7.4%) were already abusing drugs and by the age of 16-19 years, the number of students abusing drugs was (32.2%).

Age range	Sex		Percent of Drug Abusers	
	Male	Female	Male	Female
12-15	38	38	5.1	2.3
16-19	74	74	23.8	8.4
20-23	118	118	33.2	16.4

Table 2: Age of Onset and Sex Difference in Drug Abuse

In table 3 the relationship between drug abuse and sex is shown. The results show that the proportion of males adolescent abusing drugs 36.9% was more than that of females 27.3% but this difference was statistically insignificant ( $p = 0.007$ ).

Sex	Adolescent Drug Abuse Percent
Male	36.9
Female	27.3

Table 3: The Relationship between Drug Abuse and Sex

### 3.3. The Effect of Place of Residence and Family Influence on Drug Abuse

According to the findings shown in table 4, adolescents coming from middle socioeconomic class areas of Isfahan city were more involved with drug abuse (25.22%) compared to those from high socio-economic class areas of the city (18.91%) and low socio-economic class areas (13.69%).

Residence	Drug abuse		
	Yes	No	Total
High Class Areas	87(18.91%)	64(13.92%)	151(32.83%)
Meddle Class Areas	116(25.22%)	84(18.26%)	200(43.48%)
Low Class Areas	63(13.69%)	46(10%)	109(23.69%)
Total	266(57.82%)	194(42.18%)	460(100%)

Table 4: The Effect of Place of Residence and Family Influence on Drug Abuse

Family influence has also been shown to have an influence on drug abuse for example in this study many of the adolescents who abused drugs came from families where other family members abuse drugs ( $p < 0.001$ ). These included immediate family members like parents and siblings and other members of the extended family staying with them (see table 5).

Family Influence	Yes	No	Total
Yes	126	39	165
No	169	126	295
Total	295	165	460

Table 5: Family Influence on Drug Abuse

### 3.4. Drugs Abused

The results shown in Table 6 reflect that tobacco were the most commonly abused drugs (55.9% and 36.7% respectively). Other drugs abused by adolescents included Glass and LSD (23.1%) heroin (3.7%) and Crack (18.3%) and cocaine (1.5%).

Kind of drug abuse	Male	Female	Total Percent
Tobacco	55.9	36.7	92.6
Glass / LSD	15.8	7.3	23.1
Heroin	2.3	1.4	3.7
Crack	11.4	6.9	18.3
Cocaine	1.0	0.5	1.5

Table 6: Drugs Abused

### 3.5. Reasons for Drug Abuse in Adolescents

The research shown in Table 7 the commonest reason elicited from 54.8% of the adolescents was that they abuse drugs to enjoy the feeling the substances give them. Other reasons cited included peer group influence, 46.7%; influence from relatives, 21.5%; lack of parental supervision, 32.9%; 5.2% for stress relief, availability to the drug; 18.8%, experimental curiosity 29.1%, personality problems due to socio-economic conditions 31.7% and the need to prevent the occurrence of withdrawal symptoms 14.8%.

Reasons for Drug Abuse in Adolescents	Proportion of Adolescent (Percentage %)
Enjoy the Feeling	54.8
Peer Group Influence	46.7
Lack of Parental Supervision	32.9
Availability to the Drug	18.8
Experimental Curiosity	29.1
Personality Problems Due to Socio-Economic Conditions	31.7
The Need to Prevent the Occurrence of Withdrawal Symptoms	14.8
Stress Relief	5.2
Influence from Relatives	21.5

Table 7: Reasons for Drug Abuse in Adolescents both Males and Females

## 4. Discussion

These findings indicate that reasons for using drugs like enjoyment of the feelings elicited by the substances, experimentation, peer group influences, lack of parental supervision, personality problems due to socio-economic condition, experimental curiosity, influence from relatives, availability to the drug and medicinal use, the need to prevent the occurrence of withdrawal symptoms and stress relief should be taken into consideration when planning health education programs for adolescent in society and with government and non-government agencies. Experimentation as a reason for drug abuse is very important because some studies have found that experimentation with mind-altering substances appears to be part of the adolescent "rites of initiation" (Bratter & et al, 1984). The majority of the adolescents who were abusing drugs were aged between 20-23 years.

Suphap (1997) stated that adolescent behavior was greatly influenced by the behavior of members of the group or the group leader. Analysis of the factors influencing adolescent drug habits showed that family or friends' drug habits do influence adolescent risk of drug use.

This is consistent with the results of the research by Sussman and *et al* (2000), which found that the drug use habits of friends were a predictive factor for adolescent drugs habits. Adolescents were more likely to be influenced if a member of the family, especially a parent, had a history of drug use. Adger (1992) found that the family factor influences the probability of alcohol and drug abuse by an individual. Adolescent culture revolves around friends. They are easily influenced by friends because of the need for peer recognition. Being shunned and isolated from the group is considered humiliating and the worst punishment. Curiosity increases the risk of drug abuse. To prevent the occurrence of such problems, a new referral group needs to be established and friends need to draw adolescents away from drugs. The higher proportion of male students abusing drugs suggests that the compulsive use of drugs is associated with the male gender and control programs should therefore target all in general and males in particular. The gender differences in drug abuse are said to have their foundation in the very first stage of drug involvement and the opportunity to use drugs. If given the opportunity to use drugs, males and females are equally likely to use (Anthony & et al, 1999).

One benefit of improved understanding of the link between opportunity and eventual abuse is that counselors or physicians may be able to learn about young patients' drug use by asking about their opportunities to use drugs. Young people may feel comfortable to answer a question about the opportunity to use drugs rather than a question about actual drug use, because the opportunity is less likely to be illegal or particularly sensitive. Understanding the sex differences in opportunities could make it possible to develop prevention programs that reduce the opportunities and therefore the higher rate of drug abuse among males. The higher level of abuse in middle-class areas than in high-class areas of Isfahan city suggests that although control measures should target all these areas of the city more efforts should be put in middle and higher -class areas which seems to have characteristics that encourage drug abuse. Males and females have different use behaviors. More males than females use multiple substances As shown above, about 85 percent of men are multiple users (using two or more) compared to just 52 percent of women.

## 5. Conclusion

This study concluded that high numbers of adolescents in Isfahan city were exposed to drugs and the problem affected all age groups although the age group 13-23 was particularly vulnerable. Most adolescents abused drugs for enjoyment and those from middle-income areas were more at risk. Peer group influence, peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Isfahan in Iran, as other parts of the world, one may not enjoy the company of others unless he/she conforms to their norms. Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members. These phenomena initialize and increases drug abuse. Adolescents with personality problems

arising from social conditions have been found to abuse drugs. Curiosity to experiment the unknown facts about drugs thus motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue (Haladu, 2003).

Poverty is widespread, broken homes and unemployment is on the increase, therefore our youths roam the streets looking for employment. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems lead to recourse in drug abuse for temporarily removing the tension and problems arising from it. Availability of the drugs in many countries has increased (Ige, 2000).

These findings indicate the need for early intervention that targets adolescents. More effort should be made to develop drug abuse prevention strategies that target adolescents as a high-risk group. Appropriate intervention, health education efforts, support and referral systems should be established in schools, college and university to help curb this habit early. Control efforts should not only be confined to schools, college and university but extends to their places of residence so that influences in the home environment and the surroundings that contribute to drug abuse can be identified and controlled.

## 6. References

1. Adger Jr H.(1992). Alcohol and other drug use and abuse in adolescents. Adolescents at risk: medical and social perspective. Seventh Conference on Health Policy. Cornell University, Medical College: Westview Press.
2. Annis, H., & Davis, C. S. (1997). Self-efficacy and the prevention of alcoholic relapse: initial finding from a treatment trial. New York: Preager.
3. Anthony, J.C., Van Etten, M.L., & YD, Newmark.(1999). Male to female differences in the earliest stages of drug involvement. *Addiction*; 94(9):642-4.
4. Azizi, A. (2004). What is addiction? (4<sup>th</sup> Ed.). Tehran Sabz.
5. Brandt, C. J., & Delpont, C. S. L. (2005). Theories of adolescent substance use and abuse. *Professional Journal for Social Work*, 41(2), 163-175.
6. Bratter, T.E., Kolodny, R.C., & C, Deep.(1984). *Surviving Your Adolescence*. Boston: Little Brown.
7. Chen, K., Sheth, A. J., Elliott, D. K., & Yeager, A.(2004). A Prevalence and correlates of past-year substance use, abuse, and dependents in a suburban community sample of high-school students. *Addictive Behaviors*, 29, 413–423.
8. Deborah, A. O. (1995). *Psychiatric nursing biological and behavioural concepts*: W.B. Sanders Company.
9. Drakenstein Police Service. (2006). *Crime analysis*. South Africa.
10. Farjad, M.(2000). *Addiction*. Tehran: Badr.
11. Fraser, M. W. (2002). *Risk and resilience in childhood. An ecological perspective*. Washington: NASW.
12. Goodwin, D. W.(2000). *Alcoholism: the facts (3<sup>rd</sup> Ed.)*. Oxford: Oxford University Press.
13. Gorski, T. T.(2001). Adolescent relapse prevention Retrieved 5/4/, 2006 from <http://www.tgorskiarticles/adolescent>.
14. HALADU, A.A.(2003). Outreach strategies for curbing drug abuse among out-of-school youth in Nigeria: A challenge for community Based Organization (CBOS), in A. Garba (ed). *Youth and drug abuse in Nigeria: Strategies for counselling, management and control*. Kano: Matosa Press.
15. Iran Drug Control Headquarters.(2008). from [http://dchq.ir/html/index.php?newlang=eng\(22/03/2011\)](http://dchq.ir/html/index.php?newlang=eng(22/03/2011)).
16. Kandel, D. B.(1996). The parental and peer contexts of adolescent deviance: An algebra of interpersonal influences. *Journal of Drug Issues*, 26, 289-315.
17. Kaplan, S.(1997). *Summary of psychology (N. Poorafkary, Trans.)*. Tehran: Shahrab.
18. Mental Health Touches.(2006). Getting the facts about adolescent substance abuse and treatment Retrieved 3/4, 2006, from <http://www.athealth.com/Consumer/adolescentsufacts.html>.
19. Mokri, A.(2002). A brief overview of the status of drug abuse in Iran. *Archives of Iranian Medicine*, 5(3), 184–190.
20. National Institute on Drug Abuse.(2006). <http://www.drugabuse.gov/DirReports/DirRep904/DirectorReport9.html>
21. Saeed, M.(2000). The effects of economics factors and social factors on addiction in rehabilitation centers in Kerman. Shiraz.
22. Suphap S.(1997). *Sociology, (16<sup>th</sup>Ed)*. Bangkok: Thai Watana Panich.
23. Sussman S, Dent CW, Leu L.(2000). The one-year prospective prediction of substance abuse and dependence among high risk adolescent. *Subst Abuse*; 12: 378-86