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Study of the Role of Rehabilitation Centers in Treatments of Addicts in Iran and Need for Their Expansion

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Abstract: *This paper is based on a research carried out for evaluation of addict rehabilitation centers in Iran. The research has been conducted by application of survey method, questionnaire technique and interview with help seekers (addicts) in Qarchak Varamin Rehabilitation and De-addicion Center in south- eastern of Tehran. This study has been carried out in two stages of pre-treatment and rehabilitation and comparison of addicts between these two stages aimed at resting of six hypotheses in a meaningful relationship with the scale of depression, anxiety, aggressiveness, social alienation, political alienation and tendency towards collective work during above mentioned stages among addicts. Results of the study show that despite considerable efforts by the officials of the Rehabilitation Center to achieve the objectives of the Center in detoxification of addicts, the applied methods during pre-treatment stage have not been very effective in preparing the necessary ground for acceptance of program in the next stage (rehabilitation). Meanwhile, lack of continuous contact between the help seekers and the center during the second stage (rehabilitation) and after discharging, has reduced the extent of relative success during the rehabilitation period*

Keywords: *Help seeker, anxiety, pre-treatment stage, addiction, rehabilitation test (S.C L .90).*

Introduction

Nowadays, evaluation studies have become a necessary part of planning and policy making in various organizations. Such research works provide the opportunity for the planners and policymakers to determine which program to be implemented, expanded or revised. Thus, managers pay due attention to results of evaluation studies in order to make the final decision on the basis of the findings for allocation of organizational resources and selection of the most appropriate approach. The addicts rehabilitation centers in Iran are also guided by these principles specially because rehabilitation of addicts and returning them to normal life and free from narcotic substances is not an easy task and even in some developed countries which have extensive research, scientific, financial and professional capabilities and carry out systematic programs for de-addiction and rehabilitation, the results are not perfectly satisfactory. One of the main reason for failure of rehabilitation schemes is the inability of the contents of this programs in changing the behavior and mentality of help seekers, while the structural factors in rehabilitation centers, resources, facilities, organization, expertise and knowledge, duration of program, the way the help seekers are handled, comprehensibility of goals and policies of the organization, the way the organization looks at addicts and some other factors are also somehow responsible for the failure of rehabilitation schemes. In addition, lack of systematic and continues control and monitoring of de-addicted individuals after their release from the rehabilitation centers, reduces to a great extend the possibility of success and achieving the objectives of rehabilitation centers because rehabilitation and recovery of such individuals is not possible at once and quickly and consists of various well planned a comprehensive stages and could not be achieve in short term courses.

Theoretical Basis of the Research

One of the sociological theories dealing with disorders is social pathology. This theory was formulated in late 19th and prevailed until the later years of 1930s. Under this approach, society is considered as a living an organism which its function resembles the function of a living creature. The most important organic allegory about the society could be seen in writings of Herbert spencer who believed society works and acts like a living organism. According to this approach, since society consist of individuals who are interconnected by social interaction, any disorder, malfunctioning in social relationship, would endanger and disturb the normal function of the whole system. In other words, in each society, there are some norms and criteria which are indications of a healthy and homogeneous society. At the same time societies are prone to generate and spread disorders, abnormalities and anomie, phenomena such as dependency on narcotics, Alcoholism, suicide and other offences are plagues that any

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healthy society could become fasted with them and threatened.

Social pathologists look at social disorders from two different angles: first, there are disorders and anomies in each society which should be studied in social level (Macro). Second, in any society there are certain individuals who are ill and unruly who must be studied in individual level (Micro).One of the criticism leveled against this approach is that social disorders are not as universal as the social pathologist believe and take different from in each culture and therefore, norms are relative. Secondly, disorders, contrary to what social pathologists believe are not individual ailment, but are against norms and traditions and are considered as anti-social.

Another theory on social deviation studies is called "Social Disorganization". According to this theory which was first put forward by three American sociologists, Thomas, Znanieki and Cooley, social disorders are the results of unequal social development as well as drastic social changes, conflicts and events which affect the behavior of the people. From views point of this theory, whenever the ideal social equilibrium and balance are disturbed, the possibility of social control and required moral management of society declines and consequently the rate of social disorders increases (Vosooghi and et al., Evaluation of Rehabilitation Centers P.68, 1976). Robert Merton expanded the theory of social Anomie which was first developed by Emil Durkheim .Merton believes that social disorders are neither a psychological disorder nor a specific personal issue but is a social phenomenon cause by social structure and therefore he describes the Anomie as alienation and disconnection of individual and the social structure. He considered all social disorders including drug abuse as the result of disruption and lack of active relationship between what the culture of the society is propagating and promoting as the objective, desire, aspirations and values and what are regarded by the society as the legitimate ways and means to achieve these objective. Another prevailing theory in dealing with social disorders including addition is socialization theory which its leading theorist is Edwin Sutherland. According to Sutherland, disorder or deviation are violation of social norms and disregard for cultural values and principles and therefore a phenomenon caused by learning. Sutherland believes that the main reason for non-rehabilitation of individuals who due to serious crimes have been convicted, is the improper punishment and its execution is not only ineffective in rehabilitation but makes the offender more revengeful, brutal and unruly (the same source). This study while taking to account the viewpoints referred earlier, lays emphasis on Sutherland's outlook.

Objectives of the Study

In this research work, in addition to expounding on objectives and evaluation of the condition of Qarchak Rehabilitation Center in Varamin in southern outskirt of Tehran, some recommendations have been made for promotion of its programs and improvement of its services and efficiency.

Research Methodology

With respect to the nature of the case under the study and the goals of the research and since a part of the objectives of the study is concerned with review and acquaintance with the organizational structure of the rehabilitation center, content of its programs and education as well as the change of behavior of addicts, therefore the survey method along with questionnaire technique, observation and interview have been employed for this study. In addition, all sorts of documents such as personal files, reports, letters and regulations related to addicts have been used for preparation of this work.

Statistical Sample

The following four sample populations have been studied in this research work:

1. Addicts being kept in Pre-treatment stage totaling 153 people.
2. Addicts being kept in the rehabilitation ward totaling 153 people.
3. Relatives of the help seekers (close family members) totaling 54 people.
4. Staff of the Center including managers, ward keepers, aid workers, psychiatrists etc.

At the beginning, it was intended that only 20 percent of the total number of addicts being kept in this Rehabilitation Center totaling 180 to 200 persons to be studied as sample unit. This sample unit, had to be decided after preparation of the list of aid seekers on the basis of variations such as age, occupation, matrimonial status, education, income , duration of addiction and similar parameters, but since the group under the study was a fluid unit (meaning that each day a number of new comers were added to the group of help seekers and gradually a number of rehabilitated people were released) therefore, there was no choice but to consider all the help seekers

who were in the pre-treatment stage in a given 15 days period totaling 153 people to be taken as the sample unit and fill in the table No.1 (questionnaires for help seekers in per-treatment stage). As help seekers spend 15 days at pre- treatment stage, therefore, those aid seekers who were leaving this stage and being transferred to the main ward on the same day or the following day were selected for interview and efforts were made to select the members of the sample unit from those individuals who have undergone the full period of pre-treatment stage. The number of sample population in the next stage is the same as the pre- treatment stage meaning that the same number of help seekers who had spent more than one month in the main ward once again interviewed and were asked to complete the questionnaires. In the third stage, due to lack of access to the families of all help seekers, we were obliged to reduce the population of our sample to 54 people. On the other hand, because of inadequate information about the identity of help seekers and their families as well as their residential address in the, despite all out efforts by the research group and the interviewers, we could not gain access to a convincing percentage to discharged help seekers which this shortcoming in itself is an indication of non-continuity of communication between the Center and the discharged help seekers.

Information Gathering Method

As mentioned earlier, in this research work, in addition to making use of the available documents, the required information was mainly gathered through systematic, free and guided interviews and completion of questionnaires. The various following forms and questionnaires were used for gathering the needed information:

1. The form of interview with the help seekers in pre-treatment stage.
2. The form of interview with the help seekers in the main ward of the Rehabilitation Center.
3. The form of interview with the family members of the help seekers.
4. Questionnaires and interviews with managers and working staff of the Rehabilitation Center.
5. Questionnaires used for checking the mental disorders of help seekers in two stages of arrival and departure from the Center.

To make sure that questionnaires and forms of interviews (questions, variables, statements and indices) are valid and fluent, a limited number of the people from the sample population were selected for examination and testing. After reviewing of the gathered information on the basis of reports prepared by researchers and examination of their findings, all discrepancies were removed and the relevant questionnaires and forms were finalized.
Upon collection of information, responses of the target group were extracted and the way was paved for coding. Coding of questionnaires and forms was made for compatibility with computer data processing and following the coding and reviewing of questionnaires, 3 data banks were established.
Since, some of the hypotheses of the project were aimed at comparison of the help seekers conditions in two stages of pre and post rehabilitation stages connection between these three data banks became possible. SPSS software was used for processing of data and preparation of descriptive and analytical reports of the statistics.

Interview Stages

In this research work, interviews were conducted in three stages as follows:

First stage: in this stage (help seekers in pre- treatment), all help seekers were registered and then for a period of 15 days they were interview based on the date of their arrival at the Rehabilitation Center. In this stage, efforts were made to interview with the help seekers on their first day of arrival. In this stage 178 questionnaires were completed.
Second stage: This stage started one month after the completion of questionnaires in the first stage and 30 days after the first interview, the help seekers were interviewed for second times. But since a member of help seekers were discharged earlier than the specified date, all of those who were interviewed in the first stage were not available for the second interview and as the result the total number of help seekers by 20 percent decline was reduced from 178 to 153 and therefore, 153 questionnaires were completed in second stage.
Third stage: in this stage the family members of help seekers were interviewed. The interviews were conducted two months after the release of help seekers but since the center did not have the proper residential address of more than 70 percent of the help seekers, therefore the questionnaires were completed only for 54 family members of the help seekers. The objective behind completion of these questionnaires which was prepared in 13 pages containing 60 questions, were to evaluate the impact of the Rehabilitation Center on help seekers and at the same time to know the opinion and possible suggestions of their family members about the services provided by the Center and its effectiveness.

Problems Encountered during the Research Works

One of the main problems which researchers faced right from the beginning of their work was selection of population and sample unit. Since help seekers enter The Rehabilitation Center quite randomly and in irregular intervals and at the same time their staying period at The Center is short and not even fixed for all help seekers (some are discharged earlier than 2 month) determining the sample unit from among this fluid population was very challenging task. Another problem, the research team had to deal with was the lack of contact between The Center and those discharged help seekers. This problem prevented researchers from access to residence of all discharged help seekers. This problem is the result of improper address given intentionally by most help seekers upon their arrival at The Center. However, as mentioned earlier, we could gain access to families of some 30 percent of help seekers. And finally, the third major problem faced by researchers in their field studies was scatteredness of help seekers residents which made the task of looking for the families of help seekers within the large city like Tehran a pain sticking effort, specially so, because each researcher required a private means of transportation to look for and find the family members of each discharged help seeker.

Formulation of the Research Hypotheses

In this research work, with due attention to the objectives of the study, efforts have been made to derive the hypotheses from the main sources of hypotheses in sociological and behavioral studies such as theories, personal experiences and previous empirical studies which are comprehensive, universal and based on scientific reasoning. Thus, in preparing and formulating the hypotheses, all socio-psychological as well as structural parameters have been taken into consideration so that all variables, affecting the behavior of the addicts (external factors such as rehabilitation center, environment, society and internal factors, such as psychological attachment) as aggravating factors of drug dependency behavior and behavior stabilizing impulses have been identified and brought under empirical observation. Secondly, these factors have been regarded as element preventing the de-addiction programs which is in fact the ultimate objective of The Rehabilitation Center. And finally, all external and internal factors and variables regarded as addiction prevention were identified and examined and their impact were compared with factors and impulses encouraging addiction. With respect to above mentioned considerations, the following six hypotheses have been observed and empirically examined in this research work.

1. It seems that the degree of depressive disorders among the help seekers varies in pre-treatment and rehabilitations stages.
2. It seems that the extent of anxiety in help seekers covered by this study differs in pre-treatment and rehabilitations stages.
3. It appears that there is a meaningful difference in extent of aggressive disorder among the help seekers in pre-treatment and rehabilitations stages
4. It seem that the level of social alienation (based on SROLE scale) among the help seekers differs in pre-treatment and rehabilitation stages.
5. It seems that there exists a meaningful difference in the degree of political alienation (based on Schwartz scale) among the help seekers in pr-treatment and rehabilitation stages.
6. Apparently there is a difference in the extent of willingness for group work among the help seekers in pre-treatment and rehabilitation stages.

For measuring and comparison of the extent of depression in pre-treatment and rehabilitation stages, the standardized and modified test of SCL 90 has been applied. The scale of depression is one of the scales used for measurement of the ten symptoms of psychological (mental) disorders in S.C.L 90 test. This scale is comprised of 13 items which in LIKERT form are arranged in order. Each item has 5 answers (none, little, to some extent, extensive, strong) and the one who gives the test (subject) selects one of the answers which is compatible with his conditions and marks it. The texts of the items after translation to Farsi (Persian) and their modification and adoption to the condition of population under the study have been employed in two stages of pre-treatment and the rehabilitation. From the total scores obtained from each item based on the values assigned to each answer, one can measure the extent of the depression of the subject. Based on the obtained scores, the subjects are divided into 5 categories of quit healthy, healthy, at the verge of illness, ill, very ill. Results of this test in two stages of pre-treatment (upon arrival) and rehabilitation are shown in the following table:

Table (1): Scale of depression among the sample population I Pre-treatment and rehabilitation stages

Items	Pre-treatment stage		Rehabilitation stage	
	Number	Percentage	Number	Percentage
Quit healthy	54	35.3	97	65.1
Healthy	66	43.1	41	36.8
On the verge of illness	26	17	10	6.7
Ill	6	3.9	1	0.6
Very ill	1	0.7	-	-
Total	153	100%	153	100%

As indicated in the above table, the relative recovery of depression disorders among help seekers in the rehabilitation stage is more evident than pre-treatment stage to an extent that the percentage of healthiness in first stage has increased from 78 to 92 percent and at the same time the percentage of illness has declined from 4.6 percent in the first stage to 0.7 percent in the second stage. In the above statistical evaluation, the chi-square test was employed and with respect to the value of the calculate chi-square (X2= 41.29) and due to scientific nature of this test, from statistical point of view could be concluded that there exists a meaningful difference between scale of the anxiety among the help seekers in pre-treatment and rehabilitation stages. For measuring the extent of anxiety among the subjects under the study, the standard test of S.C.L 90 was employed. The scale of anxiety as one of the scales of measurement, consists of 9 items which the results of the test are shown in table 2.

Table (2): Scale of anxiety among the sample population in pre-treatment and rehabilitation stages

Items	Pre-treatment stage		Rehabilitation stage	
	Number	Percentage	Number	Percentage
Quit healthy	54	37.3	75	50.3
Healthy	43	28.1	40	26.8
on the verge of illness	39	25.5	23	10.4
Ill	10	6.5	10	6.7
Very ill	4	2.6	1	0.7
Total	153	100%	153	100%

The above table shows that although 65 percent of help seekers were quit healthy or healthy in the pre-treatment stage, this figure has increased to more than 77 percent in the rehabilitation stage. In contrast the 35 percent ill or on the verge of illness help seekers in pre-treatment stage, have reduced to 23 percent. In statistical examination of this evaluation, the chi-square test was used. The result of this test shows that the value of obtained chi-square with the degree of freedom (DF=16) is equal to X2=116.89. Therefore and with respect to systematic nature of this test, it could be reasoned that statistically speaking there is a meaningful difference between the scale of anxiety among the help seekers in pre-treatment and rehabilitation stages. In order to examine and determine the scale of aggression within the sample population the standardized test of L.C.L 90 was employed. The scale of aggression as one of the spectrum in S.C.L 90 test, consists of six items which was used after modification and adoption to the conditions of the population under the study in Qarchak Rehabilitation Center. The following table shows the scale of aggression among the help seekers in two stages of pre-treatment and rehabilitation.

Table (3): Scale of aggression among help seekers in pre-treatment and rehabilitation stages

Items	Pre-treatment stage		Rehabilitation stage	
	Number	Percentage	Number	Percentage
Quit healthy	65	42.5	98	65.8
Healthy	40	26.1	23	15.4
In the verge of illness	31	20.3	18	12.1
Ill	17	11.1	9	6
Very ill	-	-	1	0.7
Total	153	100%	153	100%

From the above table, it could be said that the scale of healthiness in the rehabilitation stage has relatively increased in comparison with the pre-treatment stage. And in the contrast, the percentage of the ill or on the verge of illness subjects has reduced considerably. (18.8 percent compared with 31 percent) The result of chi-square test also

confirms the correctness of this finding because its measured value which is X2=V9.35 with the degree of freedom FD=12 and with respect to the systematic nature of this test, the meaningful difference of the scale of aggression among the help seekers in pre-treatment and rehabilitation stage could be accepted. Socio-political alienation is another factor in hypotheses employed in this research work. Socio-political alienation is a state of indifference and detachment (intellectual and interactive) from some of the cultural, social and political aspects of the society. In socio-political alienation, the alienated individual feels that he has no role in socio-political process of his society and his participation in politics and society will not bring any changes. On the other hand, the alienated individual is not satisfied and pleased with his participation in socio-political activities. Socio-political alienation also means rejection and disregard for cultural values, behavioral patterns, manifestations and norms of socio-political interaction and goals which the culture and the cultural value system of the society have established and want the individuals to behave and act according to these values and organize their social life on such basis.

Socio-political alienation may be expressed in various forms such as the sense of powerlessness, meaningless, anomies apathy and lack of interest to political and social activities, hatred, denial etc. To determine the scale of social alienation of help seekers in Qarchak Rehabilitation Center, the modified and standardized SROLE scale of social alienation was employed. The SROLE scale consists of five items in the form of Likert which the subject will select one of the answers of fully agree, agree, no idea, disagree, and fully disagree. These items are as follows:

- I believe that man must think about today because no one knows what will happen tomorrow.
- Despite the understanding of some people, I believe that the overall condition of deprived and lower sectors of society is evermore deteriorating.
- I believe children in these days are not so sensible, because all indications imply an uncertain and unclear future.
- Referring the problems to the government is irrelevant because the government pays no attention to people's demands, interests and problems.
- I believe we have entered an age which could not count on any one.
- For measuring the scale of political alienation, the Schwartz scale was employed. This scale consists of three following statements.
- Whenever I think about the government and political structure of my country, I feel I am alien.
- I think because of my country's political system there is no way for my political influence.
- At the beginning I considered myself as part of political process and government but nowadays I do not have the same feeling.
- The results of application of SROLE and schawrts scales in studying the help seekers in Qarchak Rehabilitation Center in pre-treatment and rehabilitation stages are given in two following tables:

Table (4): The scale of social alienation among the help-seekers in pre-treatment and rehabilitation stages.

Items	Pre-treatment stage		Rehabilitation stage	
	Number	Percentage	Number	Percentage
Not alienated	1	0.7%	2	1.4
Partially alienated	26	17	32	21.8
alienated	126	82.4	113	76.9
Total	147	100%	147	100%

Table (5): Scale of political alienation among the help- seekers in pre-treatment and rehabilitation stages

Items	Pre-treatment stage		Rehabilitation stage	
	Number	Percentage	Number	Percentage
Not alienated	3	2	2	1.4
Partially alienated	68	45.3	48	32.4
alienated	79	52.7	98	66.2
Total	150	100%	148	100%

As indicated in these tables, despite the high level of socio-political alienation among the help seekers in rehabilitation stage, they show relative reduction in comparison to pre-treatment stage (social alienation in pre-treatment stage is 82 percent which has reduced to 77 percent in rehabilitation stage). In contrast the rate of political alienation in the second stage has increased by 12 percent. In evaluation of both hypotheses of social and political

alienations which was carried out by using chi-square test with degree of freedom of (DF=4) due to systematic nature of this test, a meaningful difference between socio-political alienation in two stages of pre-treatment and rehabilitation stages was observed. The sixth hypotheses was concerned with group work (collective work) among the help seekers in Qarchak Rehabilitation Center in pre-treatment and rehabilitation stages. Participation and interest in group work is described as willingness to work and take part in group, organizational works for debate and decision making in active or passive manner which the role and responsibility of the individual is not quite cleared and defined. For determining the degree of willingness in taking part in group work and social participation among the help seekers in Qarchak Rehabilitation Center. The scale of participation and eagerness to group work was employed. This scale consists of 9 statements, leading to a score which indicates the scale of individual's willingness to group work and social participation. These statements are as follows:

- I am more successful in solving my daily problems through collective work.
- Group work is better than working alone.
- In group work, consultation is necessary.
- In group work, people could express better their views.
- Group work is yielding.
- Taking care of the interests of others will serve our own interest as well.
- Whenever I am in trouble, I feel there is someone who can help me without any expectation.
- I prefer a job so that I can work with others.
- I believe I can earn more through collective work.

Findings of the application of the scale for participation and desire for group work among the help seekers in pre-treatment and rehabilitation stage are reflected in the following table:

Table (6): Scale of willingness for participation and group work among help seekers in pre-treatment and rehabilitation stages

Description	Pre-treatment stage		Rehabilitation stage	
	Number	Percentage	Number	Percentage
Low willingness	1	0.7	2	1.4
Medium willingness	78	51.7	92	62.2
High willingness	22	47.7	54	36.5
Total	151	100%	148	100%

As indicated in the above table, the willingness for participation and group work has only moderately increased among the sample population and its percentage has reach to 62.2 percent in rehabilitation stage from the 51.7 percent in pre-treatment stage. In examining this hypothesis again the chi-square test was employed and due to the small value of the calculate chi-square X2=4.5, the sensitivity value of the table with C.V=9.49 degree of freedom of 4, this hypothesis of the research work could not be accepted. Thus, by rejecting this hypothesis, it could be concluded that the scale of willingness for participation and group work among the help seekers does not differ in pre-treatment and rehabilitation stages.

Conclusion

The findings of this research worked could be summarized as follows:

Despite enormous efforts made by the officials in charge of The Rehabilitation Center to achieve the objectives set for pre-treatment and rehabilitation stages, it could be said that the applied methods specially in pr-treatment stage have not be fully affective in preparing the ground for proper implementation of programs during rehabilitation process. In fact, lack of substituting the narcotics with any other alternative substance, is the main and fundamental weakness of programs enforced in pre-treatment stage. While acknowledging that this method has positive outcomes but such methods will be more effective if it is compatible with physical and mental conditions of the help seeker.

What we can conclude in the first part of this report based on the findings from the tables is that the pre-treatment stage due to one sided programs and failure in persuading the help seekers toward participation even in selective manner, has not been a success in real sense, specially so, because in the pre-treatment environment, unavoidable contacts between young addicts who have newly become dependent on narcotics and those longtime burg abusers

and such contacts paves the way for return of the habit after they are discharged from The Center. On the other hand, measures taken during rehabilitation stage could only be effective if the help seekers upon their full detoxification and release from the center receive further protection and assistance and their personal problems which mostly originate from poverty and unemployment are tackled as much as possible. With respect to the above mentioned shortcomings and in order to improve the condition in The Center and the services provided to the help seekers, the all-important findings of this research work could be summarized as follows:

A - Pre-treatment Stage

1. Addict should be regarded as a sick person who must undergo physical and psychological treatment.
2. Forming a sort of mutual and interactive relationship between the addict and medical personnel at the rehabilitation center.
3. Setting up a well and effective program at the pre-treatment stage.
4. Creation of a suitable condition to encourage the help seeker for active participation.
5. Separation of tong time and short time addicts on the basis of parameters such as age, occupation, social background, education …

B - Rehabilitation Stage

1. Setting up common psychiatric sessions.
2. Forming mutual relationship between the help seeker and the personnel of The Rehabilitation Center.
3. Continued contact with help seeker after release from The Rehabilitation Center
4. Continued contact and consultations with the family of the help seeker after discharging from The Rehabilitation Center.

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