

**A Comparative Study of the Addicts' Attitude toward Using of
Narcotic Substances after Quitting Addiction
(A Comparison between Two Techniques of Indigenous Self-esteem
and Methadone Therapy in Azadshahr City)**

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Abstract

According to the studies and comments of the experts, addiction is a difficult problem in our society. Nowadays, the most important issue related to addiction in our country is the second return of addicts to narcotic substances after once quitting them. In fact, this is the indication of failure or weak performance of addiction-therapy techniques, emphasizing on its physical aspect. However, an attitude toward drug abuse is a factor considered as an important variable in the behavior of drug abuse. In fact, it can be claimed that the attitudes can facilitate an addict's second return or non-return to addiction. The target group consisted of treated addicts within age range of 15 to 29, while the target universe included two addiction-therapy centers: indigenous self-esteem and methadone therapy in Azarshahr city referring to those two centers during 2010 to be treated, 199 individuals from among which were selected using Cochran's formula. Then the obtained data were analyzed using SPSS software and differential Uman White Ni test. Results from this comparative research on two groups of indigenous self-esteem and methadone therapy show that attitudes toward second return to drug abuse within the two techniques are different.

Keywords: After-treatment attitude, Narcotic substances, Addiction-therapy techniques, Indigenous self-esteem, Methadone therapy.

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1. Introduction

Nowadays, the problem of substance abuse, either lawful or unlawful, has become a comprehensive worldwide issue. Figures given by international organizations, specifically, by the world health organization (WHO), world committee to control drug abuse and UNESCO, indicate a continuing increase in the amount of drug abuse across the world. Everyone knows that continuing of this process is destroying moral, economic, and social foundations of societies. This problem is growing so rapidly that no country can be safe from its harm (Bavi, 2019, p. 1). At present, most addicts return to addiction again after recovery, thus, it becomes necessary to use more effective methods of therapy in this regard. In fact merely keeping addicts in camps and treating their physical toxication, without paying attention to their mental and attitudinal aspects are not enough (Akhlaghi Bouzani, 1996, p. 3). Attitudes toward drug abuse are a factor considered as an important variable in the behavior of drug abuse. Formation or change of attitude is initially a function of learning principles. In fact, an individual is exposed to information and experiences related to a phenomenon, and under the influence of emulation (Rahmati, 2004, p. 7). Therefore, supposing that attitude impacts on behavior, and positive or neuter, beliefs toward narcotics strengthen the probability of beginning to use narcotics; it means that negative attitude in this regard lowers that probability. The aim of this research is to comparatively study the attitudes of addicts toward narcotics after quitting drug abuse. Addicts who were treated in two different groups of indigenous self-esteem and methadone therapy have different views about narcotics. In this research it is assumed that addicts who were treated through indigenous self-esteem have more negative perspectives about drug abuse comparing to those who were treated using methadone therapy technique. Consequently, it will be assumed that the probability of their second return to narcotics is less than that of the latter. Therefore, the question of this research can be asked in this way: "Is there any difference between the attitudes of those two groups after being treated? "In which group the attitude toward narcotics is positive and in which group is it negative?" The general aim of this research is to determine the degree of difference in attitudes toward drug abuse after treatment between those two groups.

2. Research Background

Laudet, Alexander, Stanick, Virginia, Sandez, and Brin (2007) conducted a research with the title of “The impact of 12-step sessions on the treatment of addicts who had used multiple drugs outside therapeutic centers” using semi-experimental method, with a 219-individual sample size. One of those groups participated in the 12-step study but the other group didn’t, and the results of treatment were assessed after a year. The best results belonged to the group who participated in the sessions and it was anticipated that those results would continue and because of being cost-effectiveness, the 12-step sessions can be used to promote therapeutic outcomes. In a research done by Daffi and Treddy (1990) in America on some alcoholic men, 28 individuals participated in therapeutic groups. In those groups training, self-expression, pharmacotherapy, and family-therapy and consultative relationship techniques were employed. The results of this group were indicative of increase in self-esteem in those men. Also changes in their relationship patterns could be felt in their group interaction (Akhlaghi, 1996, p. 31). Liman et al. in a study compared individuals who had returned again to drug abuse with those who were refraining from alcohol abuse after quitting it. Their study showed that those individuals familiar with different ways to cope with problems were in the group of refrainers and the most important factor of distinctiveness between those two groups was the cognitive control factor. This research emphasizes the basis of therapeutic programs, and has mostly been based on therapeutic techniques appropriate to each individual, paying attention to strengths and weaknesses of people addicted to alcohol and narcotics, rather than extensive diagnostic groups to which alcohol and substance addicted individuals belong (Liman, 1986). Akhlaghi and Boozani conducted a semi-experimental study under the title of “The impact of group training and consultation on attitudes of addicts toward narcotics in Mahyar rehabilitation center” which is a place near Isfahan. The results from scores of control group which were given two months after keeping them in that center showed that no change had happened in thinking manner of those individuals who had not received any group treatment or consultation, toward narcotics. Abbas Rahmati (2004) carried out a study with the title of “The impact of teaching of skills of confrontation in the

manner of group debate on the attitudes of students toward drug abuse.” In that research, he studied the impact of some kind of instructive intervention on changing and making negative attitudes in students toward drug abuse. The results of that research confirmed its hypotheses showing that teaching of skills of confrontation in the manner of group discussion had a meaningful influence on attitudes of students of experimental group (Ten classes in ten schools, n=282), as well as on their three cognitive, emotional, and behavioral components of attitude toward drug abuse.

2.1. Theoretical Bases

Today, addiction has become a worldwide problem. A glance at formal and informal studies shows a remarkable increase in the number of criminals within the realm of addiction with young people as the main group of victims. Different therapeutic groups create different attitudes in addicts toward drug abuse after being treated. There are different ideas about how the group impacts on its members. Leon Festinger, Himan and Newcamp point to this problem as follows in their *theory of reference groups*:

“Human beings, in formation of their perspectives, rely on the groups with which they have relationships more than on themselves. Therefore, in a large society, they are often influenced by those individuals with whom they have closer relationships in the framework of smaller groups. For example, friends and classmates have the highest degree of influence in the processes of self-assessment, and as a result, an individual’s inclination or tendencies toward a group is the main factor forming his or her attitudes and behaviors on the base of norms and methods of that group (Sadigh and Hashemi, 1992, pp. 153-154).

Similarly, within the group of friends it is assumed that drug abuse is a group activity. According to the *role theory* every individual does many tasks and has many duties in his or her everyday life (Ahmadi, 2003, p. 14). *The theory of social interaction* also considers social behavior of humans as the product of social interaction based on a reciprocal action.

According to *differential association theory* drug abuse is a group activity appearing in the social context of friends (Darabi, 2007, p. 29). Relationship with friends and companions can have much influence on individuals, and

friendship with criminal people can lead to creating new criminal individuals. *The theory of incentives and conflicts* considers the position of attitudes according to a tendentious-avoidant conflict. Every individual has certain reasons to accept a specific position and other reasons to reject that position and even to acquire contrary positions (Karimi, 2010, pp. 85-86). Buninger, Crossing, and Brent also consider three factors of self-interest, social identification, and dependence on values as important in formation of attitudes. According to Cretch, Crachfield, and Balaki (1962), there are four factors to form attitudes: (1) What meets an individual's needs, (2) acquisition of information about a certain thing or certain person, (3) group attachment, and (4) An individual's personality (Karimi, 2010). *Agreement perspective* also concentrates its attention on the influence that a person with a positive or negative perspective produces on a thing or an individual (ibid: 93). Therefore, it can be said that apart from an individual's own information and beliefs in relation to drug abuse, and an addict's judgement about narcotics after he or she is treated, the addict's friends also express opinions (positive or negative) about narcotics. And the influence produced by those opinions on others is the center of attention by the agreement perspective and those opinions eventually lead to the newly treated addict's positive or negative attitudes toward drug abuse. All theories employed in this research emphasize the important role played by *attitude and social environment* in the formation of the phenomenon of deviation. Undoubtedly, if an addict gets negative perspective toward drug abuse after quitting it, there is less probability that he or she returns again to narcotics. Drug abuse is considered as a behavior learned in a social manner, and behavior is an action produced by interaction between social (interpersonal) factors. All of us participate in different groups and play roles in group interactions and with their help, attempt to solve our problems, impact on groups and become influenced by those groups. In the second step an individual is put beside him as a leader who has sometime been an addict. He can strengthen the under-treatment addict's spirit and finally takes him out of isolation and brings to the social stage and social interaction. In fact in group-therapy technique it is planned to make addicts quit their individual actions and replace them by social actions.

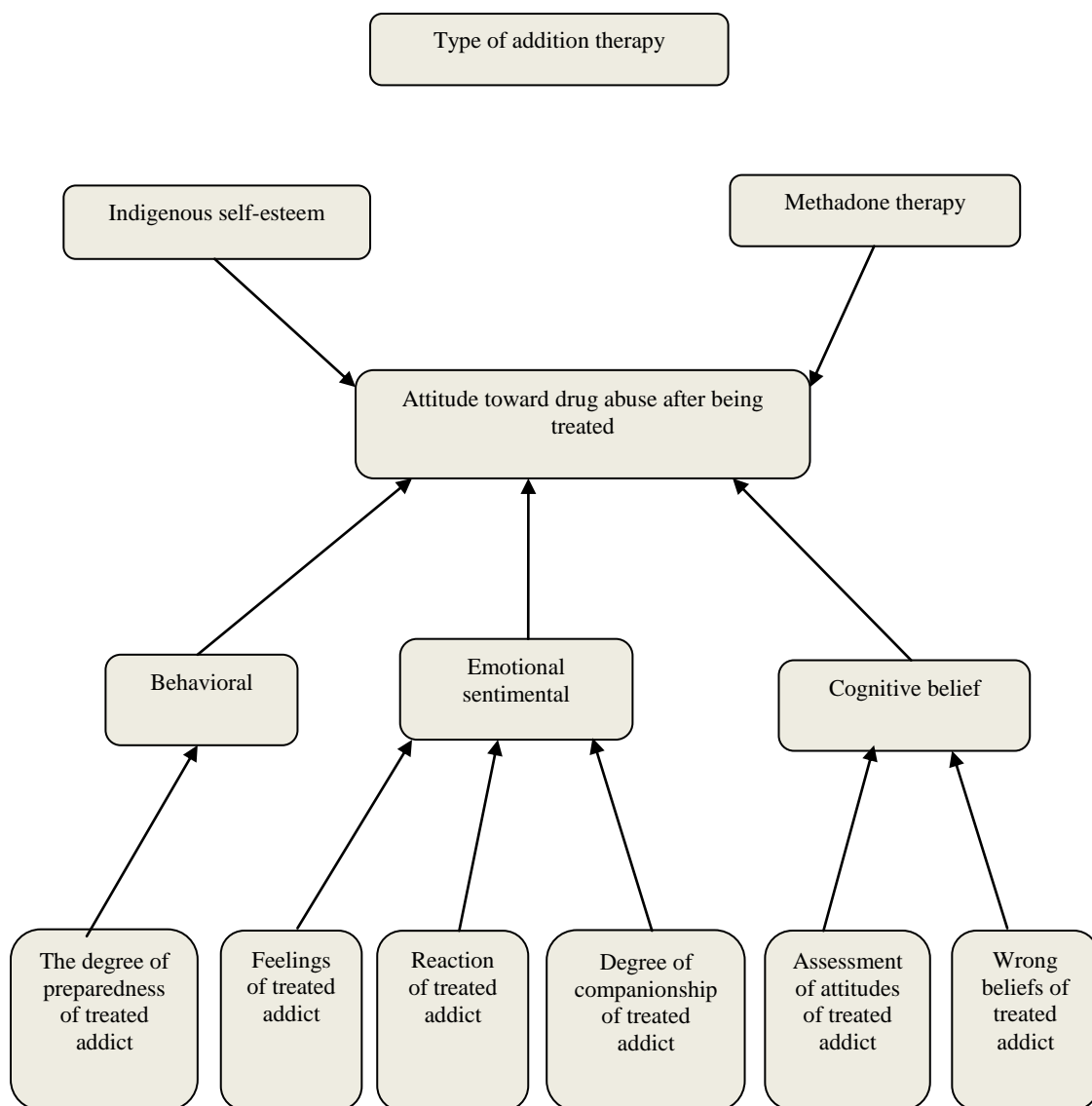


Figure 1. Concept model

3. Research Hypotheses

1. Wrong beliefs of the treated addict toward drug abuse in methadone therapy and indigenous self-esteem groups are meaningfully different.

2. Assessments of perspectives of the treated addict influenced by drug abuse in two groups are meaningfully different.

3. The degree of companionship of the treated addict with drug abusers is meaningfully different within two groups.

4. The reaction of the treated addict toward the invitation of friends to use drugs is meaningfully different in two groups.

5. The feeling of the treated addict about second drug abuse is meaningfully different in two groups.

6. The degree of preparedness of the treated addict to use drugs once again, is meaningfully different in two groups.

7. The treated addict's general perspective toward drug abuse is meaningfully different in two groups.

In this research, in order to determine validity, and reliability of assessment instrument, in addition to face validity and employing experts' comments, factorial analysis (Habibpour, Safari, 2009, p. 304) and Cronbach Alpha test were used to examine the conformity between theoretical and experimental structures.

Table 1. Results of factorial analysis (validity) and Cronbach alpha (reliability) of research variables

Validity coefficient	Reliability coefficient	Number of expressions	Variable
%42.902	0.729	6	Wrong beliefs
%61.271	0.835	5	Assessment of perspectives
%61.271	0.636	6	Degree of companionship
%52.505	0.688	4	Reaction
%65.265	0.718	3	Feeling
%56.901	0.844	6	Degree of behavioral preparedness
%63.807	0.741	30	General attitude

Regarding the factorial analysis of expressions of dependent variable it can be claimed that those expressions cover the conceptual space of variables, and although in some variables it is slightly lower than standard level (0.50), regarding the level of test statistic of KMO (0.75), which is above 0.70; it is

suggested to do the factorial analysis, so that it can be said that variables under study have enough validity.

4. Research Method

According to its aim, the method used in this research is descriptive-analytic. This research is applied type because in the realm of therapy, it can be applied to decrease positive attitude toward narcotics and. This research is quantitative regarding its assessment techniques, while it is of analytical survey type regarding its data gathering manner. Its data gathering tool in theoretical part consists of written library resources, interviews, and observation. However, the main method in its experimental part is analytical survey.

4.1. Measuring Instruments

Researcher-made questionnaire is used in relation to drug abusers after being treated through two different therapeutic techniques of methadone therapy and group therapy which consists of two parts: a) twelve items in relation to general information about treated addicts, and b) thirty expressions to assess their attitudes toward drug abuse in three cognitive, emotional, and behavioral dimensions, for each of which the participant should mark one of choices of “I completely agree”, “I agree”, “I have no comment”, or “I completely disagree”. Descriptive statistics were used to analyze one-dimensional tables of data, while inferential tests were used to test research hypotheses. Also, regarding that the data distribution was obtained in non-normal form, non-parametric tests were employed, and in order to determine the difference between variables, Whitney Test was used. The statistical universe under study consisted of two groups: a) According to figures given by the therapeutic center of Shekoufagaran Pakandish in Azadshahr (indigenous self-esteem) in 2010, totally 370 male individuals had spent the 21-28 day course to be treated in that center, who consisted our statistical universe (age range = 15-29). B) Methadone therapy clinic of Azadshahr had treated 52 men and women during the same date in a two-month course. Therefore, the second statistical universe consisted of fifty two males and females. In order to determine the sample size,

Cochran formula was employed. After distribution of questionnaires, 161 questionnaires were completed by self-esteem group.

$$n = \frac{N.t2.p.q}{N.d2+t2.p.q} \quad n = \frac{370(1/96)2.(0/5)(0/5)}{370(0/5)2+(1/96)2(0/5)(0/5)} = 193$$

(Methadone

therapy)

$$n = \frac{N.t2.p.q}{N.d2+t2.p.q} \quad n = \frac{52(1/96)2.(0/5)(0/5)}{52(0/5)2+(1/96)2(0/5)(0/5)} = 46$$

(Sarayi, 2009, p. 129).

In this research, sampling was conducted through random type (for respondents, equal probabilities were intended).

5. Research Findings

Regarding that the distribution of data using one-sample Kolmogorov was not normal, non-parametric tests were employed. Also in comparative hypotheses with ordinal data, Whitney test was used as the best one to test hypotheses. Usually, this test is employed for sample sizes fewer than 20, but in the case of using it for data larger than 20, sample distributions become closer to normal distribution (Habibpour and Safari, 2009, p. 644). In the interpretation of results of Whitney test, in addition to determining meaningfulness level of difference or non-difference, it can be seen in which of groups the difference level is higher and in which it is lower.

Table 2. Hypotheses results

Difference level	Approval or reject of hypotheses	Test type	Data distribution	Measuring scale	Variable type	Hypotheses
methadone (131.42) Self-esteem (92.58)	Hypothesis 1 approved	non-parametric	non-normal	ordinal	dependent	wrong belief about narcotics
methadone (125.50) Self-esteem (93.98)	Hypothesis 1 approved	non-parametric	non-normal	ordinal	dependent	assessment of attitudes of addicts

methadone (138.46) Self-esteem (90.92)	Hypothesis 1 approved	non- parametric	non-normal	ordinal	dependent	companionship level with drug abusers
methadone (147.84) Self-esteem (88.71)	Hypothesis 1 approved	non- parametric	non-normal	ordinal	dependent	treated addict's reaction to his friends' invitations to use drugs again
methadone (142.08) Self-esteem (90.07)	Hypothesis 1 approved	non- parametric	non-normal	ordinal	dependent	treated addict's opinion about drug abuse
methadone (132.43) Self-esteem (92.43)	Hypothesis 1 approved	non- parametric	non-normal	ordinal	dependent	behavioral preparedness level to drug abuse again
methadone (145.32) Self-esteem (89.30)	Hypothesis 1 approved	non- parametric	non-normal	ordinal	dependent	general attitude of treated addict toward narcotics

Table 3. Comparative tests of independent variable of attitudes toward drug abuse in both groups

Average rank of variable	Meaningfulness level	Z test level	Variable
methadone therapy (131.42) self-esteem (92.58)	0.000	-4.498	wrong beliefs about narcotics
methadone therapy (125.50) self-esteem (93.98)	0.000	-4.636	assessment of attitudes of addicts
methadone therapy (138.46) self-esteem (90.92)	0.000	-5.84	companionship level with drug abusers
methadone therapy (147.84) self-esteem (88.71)	0.000	-7.810	treated addict's reaction to his friends' invitations to use drugs again
methadone therapy (142.08) self-esteem (90.07)	0.000	-5.940	treated addict's opinion about drug abuse
methadone therapy (132.05) self-esteem (92.43)	0.000	-5.369	behavioral preparedness level to drug abuse again
methadone therapy (145.32) self-esteem (89.30)	0.000	-6.494	general attitude of treated addict toward narcotics

In interpretation of results from Whitney Test, with reference to the amount of Z test which is meaningful at error level lower than 0.05, it should be said that with 0.95 confidence, the difference between two groups is statistically meaningful (approval of hypothesis 1 (presence of difference)). And regarding that average ranks of methadone therapy group are higher than that of self-esteem group, so individuals in methadone therapy group have more positive attitudes toward second drug abuse after being treated.

6. Discussion and Conclusion

Nowadays, drug abuse is considered as a worldwide problem and no country is secure from its danger. A brief study of formal and informal figures shows the increase in number of criminal in the realm of addiction. What shows the depth of this tragedy is second return of addicts to drug abuse after they are once treated. Therefore, what is more important is the group type and manner of treating addicts that can create different attitudes in addicts after quitting drug abuse.

According to cognitive-behavioral theory, thoughts lead to behavior. No one attempts to do any action without thinking about it. Different individuals have different thoughts and beliefs (Bahari, 2009, p. 170). Therefore, addicts also have different thoughts and beliefs. If thinking way impacts on behavior, it means that ideas and beliefs of treated addicts toward second drug abuse also are different from each other, because they do not attempt to follow a deviational behavior (return to drug abuse) without thinking about it, and do not choose a normal behavior (not attempting to use drugs) without thinking about it. This proves that some treated addicts have wrong beliefs about drug abuse. The theory of incentives and conflicts considers the position of attitude according to the attitudinal-avoidant conflict. In that case, the individual has certain reasons to accept a position and some reasons to reject it. According to encouragement pattern, the relative power of incentives determines individual's attitude. If the initial acquired attitude is negative, the new attitude becomes positive only when adoption of the new position includes more incentives (Karimi, 2010, pp. 85-86). Based on this perspective, it can be said

that if treated addicts realize that drug abuse can create a good mood in them, and the experience of drug abuse is pleasant, this will be a positive realization that acts in addicts as an incentive. According to this theory, the hypothesis of presence of difference between perspectives of treated addicts about influences of drug abuse on two groups of self-assessment and methadone therapy has been confirmed. Differential companionship is based on this presumption that deviational behavior is not intrinsic, but is acquired as any other behavior. In the process of acquisition, companions of an individual define legal principles as appropriate or inappropriate cases, and the individual learns those definitions from them (Ahmadi, 2005, p. 94). Sutterland believes that all people have difficulty with such principles that sometimes prefer deviational behaviors to social norms, but the basic issue is the degree of apposition to those principles. The treated addict is under the influence of many criminal patterns and part of his or her beliefs is formed in the context of these companionships. Thus what is appreciated is considered as positive assessment, while what is judged as reprehensible will become part of his negative assessment of drug abuse, so the individual learns legal principles from his companions. Therefore, the degree of companionship of the treated addict with drug abusers was different between the two groups of methadone therapy and self-esteem; so this hypothesis also was confirmed. The agreement considers the impact of the behavior of people toward a matter which will receive a reflection (Karimi, 2010, p. 93). According to this theory, it can be said that there is a probability that a person returns to drug abuse again after once quitting it if his or her friends invite him or her to do so. The reaction of the treated addict to that invitation is the subject studied by agreement theory. Of course that reaction depends on addict's attitude. Sometimes they reject that invitation because of their negative attitude toward drug abuse, while they may accept it if their attitude is positive about it. In the case of accepting it, their behavioral preparedness to use narcotics increases. This confirms the hypothesis of difference between the two groups in relation to their reaction to their companions' invitation to use narcotics again. Intention and decision that lead to actions are created according to individuals' beliefs and judgements. Treated addicts obtain certain tendencies based on their mental norms and

beliefs, and they return to drug abuse again or reject it based on those tendencies. The decisions of young people to use or not to use narcotics can be a function of individual's emotional values that he or she considers for his or her behavioral consequences. Therefore the treated addicts' feeling toward second drug abuse also can be analyzed with this theory and thus, the fifth hypothesis also has been confirmed. The theory of procedural pattern of attitude toward behavior shows the process of formation of an attitude to the stage of stimulation of the behavior. The case of addiction can be analyzed in the framework of this theory in this manner: "Narcotics stimulates an attitude in addicts, when the attitude was stimulated it influences addict's perceptions in relation to narcotics. On the other side, individuals have some beliefs in relation to drugs, and all of them together define the case of attitude (using or rejecting narcotics) and eventually lead to a behavior that can be deviational or normative; that is in the final stage that the newly treated addict decides either to use drugs again or to reject them.

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