Addiction Relapse among Iranian Men the Role of Resiliency and Social Support

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Abstract: Addiction is one of the major problems in human societies and relapse of addiction is most challenge in addiction treatment. The aim of this study was to determine the prevalence of relapse and examine the relationship of resiliency and social support on relapse among sample of Iranian addict. This cross-sectional study was conducted in Kermanshah, Iran, 2015. A total of 250 male opiate addicts, who were referred to addiction treatment centers for receiving methadone maintenance treatment, were randomly selected to participate voluntarily in the study. Participants filled out a standard questionnaire. Data were analyzed by SPSS version 21 using bivariate correlations, t-test and ANOVA statistical tests at 95% significant level. The participants' age ranged from 20-50 years with a mean age of 31.20 (SD = 7.34) years. Mean initiation age for substance abuse was 14.90 years. Almost, 50.7% of participants was reported had relapse in the past 6 month. Furthermore was a significant relationship between relapse with resiliency (p = 0.001) and social support (p = 0.002). Our findings indicated social support and resiliency was low among addicts and seems necessary to designing and implementing of intervention for increase social support and resiliency for addicts could be beneficial results for the relapse prevention.

Key words: Social support, resiliency, addict, relapse, voluntarily

INTRODUCTION

Substance abuse is a disorder in which the individual uses a medical, non-medical or a poisonous substance in a damaging way and it can result in addiction or physical and psychological dependency on substances (Ashouri *et al.*, 2008; Jalilian *et al.*, 2015; Mousaviraja *et al.*, 2014; Amani *et al.*, 2005). Addiction is a behavioral and mental syndrome that involves intense desire to drugs, continuous consumption and intense inclination to re onsume after discontinuing the substance use. Addiction is one of the major problems in human societies that is significant medically i.e., in terms of physical and mental health and socially, culturally, economically and politically and it results in social dangers and significant number of deaths in the world (Jalilian *et al.*, 2014; Ataee *et al.*, 2014; Jalilian *et al.*, 2015). The social problems of addiction are more in developing countries (Ashouri *et al.*, 2008). Social analysts believe that drug addiction is currently one of the most complicated social issues that paves the way for many social damages and deviations. World Health Organization (WHO) has considered drugs together with three other global issues i.e., production of weapons of mass destruction, environmental pollution and poverty as fundamental issues that seriously threaten and challenge human life in the world (Jalilian *et al.*, 2013). The number or addiction victims is continuously increasing to the dangers and problems resulted from addiction and the statistics reported by WHO indicate the increasing consumption of drugs globally (Ahmadi and Hasani, 2003) and this results in many health and legal problems (Farnia *et al.*, 2014; Jouibari *et al.*, 2014).

Also, another major challenge in addiction treatment is high rate of relapse (Ahmadpanah *et al.*, 2013). Different issues have been pointed out regarding relapse prevention but the studies point out to the role of two factors in this regard: resilience and social support (Jafari *et al.*, 2010; Matin *et al.*, 2014; Jalilian *et al.*, 2012). Overall, resiliency refers to factors and processes that protects the physical and mental growth from the danger of being involved in problematic behaviors and psychological damages and results in coping outcomes despite inappropriate conditions (Waller and Okamoto,

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(2003). Social support has been defined as the level of having affection, companionship and attention of family members, friends and other individuals and its psychological usefulness may be due to the effects on mental assessment of stress factors, the way of selecting effective coping strategies, the feeling of self-esteem and personal skills (Rathus, 2007). Social support plays a significant role in maintaining individuals' health and reduction of negative effects of stresses received from the environment and the society and consequently it will have a direct effect on the life quality and reduces the individual's vulnerability to stress, depression and different mental and physical problems (Callaghan and Morrissey, 1993). In this regard, Oritt believe that the individual, based on his/her previous experiences, may conclude whether he/she has social support or not and if the answer is positive, the interaction with the social network will increase and the negative consequences of life events will be reduced (Oritt *et al.*, 1985).

Considering the importance of the subject, the present study has explored the role of resiliency and special support in relapse among a sample of male addicts who referred to Methadone Maintenance Treatment (MMT) centers in Kermanshah City in Western Iran.

MATERIALS AND METHODS

This study was a cross-sectional study that was conducted among 250 male addicts who referred to MMT centers in Kermanshah City. The participants were randomly selected from the addicts. It should be noted that all the participants of the study were informed on the way the study is conducted, the confidentiality of the information and the aim of the study and they participated in the study with willingness. Also, all the questionnaires were nameless and the participants were not identifiable. The questionnaires that were not completed fully were excluded from the study and the information were entered into SPSS version 21 and analyzed. This study has been approved by the Institutional Review Board at the Abadan School of Medical Sciences, Abadan, Iran (IR.ABADANUMS.REC.1395.68).

The data collection tools: questionnaire was used for data collection and it included three sections in which the data were collected through self-report or interview with the participants.

The first section: Background and demographic information: this section had 6 questions and assessed the participants' information regarding age (years), education (illiterate, elementary, middle-school, diploma, university), marital status (married, single, living

separately, divorced), occupational status (unemployed, self-employed, worker, farmer, civil servant, driver, retired, others) and relapse history in the last 6 month (yes, no).

The second section; questions related to resilience: The Connor-Davidson resilience scale was used in this study for measuring resilience. This scale is consisted of 25 questions that are measured using 5 point Likert scale and gives a total score between 0 and 100. And the higher the score of a person is, the more resilient he is (20). The Cronbach's Alpha for the aforementioned scale in the group explored in this study was found to be 0.82.

The third section; multidimensional scale of perceived social support: Multidimensional scale of perceived social support used in this study is consisted of 12 specific questions that are scored using s score of 0-4 and overall, the scale gives a score between 0 and 48. And the higher the score, the more the social support. The reliability of this study obtained with Cronbach's Alpha has been reported to be 0.93 (Canty-Mitchell and Zimet, 2000).

Data were analyzed by SPSS version 21 using bivariate correlations, t-test and ANOVA statistical tests at 95% significant level.

RESULTS AND DISCUSSION

The participants' age ranged from 20-50 years with a mean age of 31.20 (SD = 7.34) years. Mean initiation age for substance abuse was 14.90 years (range, 10-24 years). Regarding the educational status: 70.1% (n = 141) had in under diploma, 21.4% (n = 43) were diploma and 8.5% (n = 17) were academic education. Nearly, 47.8% (96/201) were married, 37.3% (75/201) were single and 14.9% (30/201) were divorced. 30.8% (62/201) of participants were independent and 69.2% (139/201) of them were dependent. Almost, 8.5% of participants' reported history of drug injection. In addition, 50.7 (102/201) of participants was reported had relapse in the past 6 month.

The mean, standard deviation, maximum obtainable score and the correlation of the variables social support and resiliency are presented in Table 1.

The findings related to the relationship between social support, resiliency and some of the background variables are presented in Table 2.

Table 1: Mean, standard deviation, maximum obtainable score and correlation of the social support and resiliency

Variables	Mean (SD)	Maximum obtainable score	Social support	Resiliency
Social support	34.89 (8.110)	58.15%	1	
Resiliency	55.04 (18.34)	55.04%	0.363**	1

Table 2: Association between background variable with social support and resiliency

Variables	Social support mean	SD	p-values	Resiliency mean	SD	p-value
Education level						
Under diploma	34.65	7.83	0.810	55.45	18.80	0.885
Diploma	35.48	8.05		53.90	17.99	
Academic	35.41	10.71		54.58	16.01	
Economic status						
Dependent	33.18	7.77	0.001	54.35	18.35	0.001
Independent	38.72	7.59		56.64	18.38	
Marital status						
Married	37.44	7.20	0.001	56.84	18.35	0.376
Single	34.08	7.21		53.97	19.20	
Divorce	28.76	8.39		52.06	15.96	
History of injection						
No	35.04	8.20	0.379	56.48	17.58	0.001
Yes	33.23	7.10		39.64	19.90	
History of relapse in the past 6 month						
No	36.66	8.09	0.002	62.69	16.62	0.001
Yes	33.17	7.80		47.64	16.91	

The findings indicate that the age of onset of substance use (mean: 14.90 years) in the studied individuals. The studies in this regard indicate that, in Iran, the age of onset of substance use has decreased in the last two decades and has reached under the age of 20 (Shamsi *et al.*, 2008). In line with this, Khani (2012) found that 18.8% of students have experienced substance use at least one. Also, 8.7% of the 13 years old students had experienced one substance in their life and cigarette, opium and alcoholic beverages were the most commonly used substances respectively (Khani, 2012). Most of the teenagers who start substance use in their early teenage years continue to use the substances in subsequent years and the use of substance and related problems are increased (Muck *et al.*, 2001). On the other hand, as pointed out before, substance use can pave the way for many health and legal problems. Therefore, substance use prevention programs in lower age groups are recommended in be designed and implemented in the society.

Another finding of the present study was that 50.7% of the participants in the study had a history of relapse. In this regard, it should be said that one of the challenges facing experts of behavioral sciences is the high rate of relapse after quitting substance use in which the addicted has an intense desire to re-experience the effects of the substances after quitting. This feeling may be seen from a few hours after quitting to several months after the end of the treatment. This phenomena is highly reported in the initial months of detoxification process and then its frequency is reduced (Ekhtiari *et al.*, 2008). Studies indicate that 20-90% of addicts who undergo treatment become afflicted with relapse (Wallace, 2003). In this regard, it should be pointed out that addiction is a disease that indicates biological, mental and social poles of humans. Therefore, treatments are needed that can cover different aspects. This means that human social and mental dimensions should be paid attention to as much as

if not more than, biological dimension. The importance of this issue becomes apparent when we find out that addicted individuals who have quit many times began using substance again after a period of time. Repeated relapse prevents the daily activities of the individual, reduces the individual's self-confidence, feeling of responsibility and effectiveness and consequently highly impacts the family. Family problems arise again, the lack of family's trust in the individual is increased and the next quitting attempts and their acceptance become more difficult (Golestani, 2009).

Therefore, relapse should be paid a special attention in relapse and one of the efforts of authorities in this regard should be prevention of relapse.

As mentioned before, the main aim of this study was determining the relationship between relapse, social support and relapse among a group of drug addicts visiting MMT centers in Kermanshah in Western Iran. The findings of the present study indicate a significant correlation between resilience and social support. Also, these factors have statistically a significant relationship with relapse rate and these findings are consistent with other studies on this subject. For example, the study by Farber *et al.* (2000) on 200 individuals with AIDS indicated that low level of resilience in the target group was positively related to low mental and physical health (Farber *et al.*, 2000).

Therefore, low level of resilience and use of undeveloped defense systems result in anxiety and stress and therefore, it will pave the way for relapse (Aghayusefi and Bazyari, 2013). The role of social support in the treatment of substance abuse and relapse has been pointed out in different studies (Dodge and Potocky, 2000; Davis and Jason, 2005; Rao *et al.*, 2012).

On the other hand, the present study's results indicated that the participants obtained 58% of the maximum score of the Connor-Davidson resilience scale

and 55% of the maximum score of multidimensional scale of perceived social support. These results indicate low level of social support and resilience among the participants in the study. Therefore, it seems that implementation of programs for resilience and social support is necessary for substance abuse treatments.

LIMITATIONS

The limitations of this study include collection of data through questionnaire (in which there is a possibility for lack of sincere cooperation of individuals).

CONCLUSION

Considering the results of the study and low level of resilience and social support among Iranian drug addicts that can pave the way for relapse, designing and implementation of interventions for improvement of social support and resilience in these addicts with the aim of relapse prevention seems necessary.

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