

## **Evaluation of the Effectiveness of Client Participation in Drug Abuse Treatment**

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### **Introduction**

Drug abuse seems to be a major problem in all contemporary societies; it has destroyed millions of lives and fighting it has consumed a substantial percentage of national budgets around the world (UN Drug Report, 2011: 8). Iran has one of the most serious drug problems in the world and the latest Rapid Situation Assessment (RSA), which was conducted in 2010 by the authorities in the country, estimated the number of drug users - both drug abusers and recreational drug users - to be 2/1 million people. Iran has the greatest growth rate of drug abusers in the world, after Afghanistan, with 2/65 % growth rate (Drug Situation Analysis Report, 2011: 15). The main pillars of any program to reduce demand for drug in the world are: epidemiology, prevention, and treatment. Generally, treatment is divided into two parts, pharmacological and non-pharmacological (UN Demand Reduction Program, 2000: 19). Substance abuse treatment centers and rehabilitation centers for drug dependence are the components of pharmacological treatment, which have increased in comparison to previous years (Statistical Yearbook of the Ministry of Health, 2010). Many studies show the prevalence of relapse, which is quite common among drug abusers after getting rid of the addiction in treatment centers. Considering this high rate of relapse in drug addiction treatment programs and the ambiguous efficiency of drug treatment programs, this research seeks to study the rate of drug abusers in Fereydonkenar and Babolsar methadone maintenance centers, and measure the effectiveness of methadone maintenance centers in drug abuse control. In a general classification, research conducted about addiction treatment centers can be divided into three categories: (1) those in which addicts are the only important research subject and the treatment itself is not often considered important, (2) those in which two or more types of addiction treatments are compared, and (3) those in which one kind of treatment is evaluated. In general, the majority of research projects that have been done about addiction treatment centers in the past can be located in the first category of the above classification and the other two are less frequent. Measuring the effectiveness of drug treatment centers is often conducted in the second category. Most research projects in this category, however, include medical and psychological perspectives and the share of sociological perspectives is little. On other words, sociological theories of explaining reduction in deviant behaviors (drug abuse) have been used in the treatment of addiction in an insufficient way. In this study, various theories that explain deviant behavior, including social bond theory of Hirschi and Gottfredson and Hirschi's self-control theory, Sutherland's theory of differential associations and self-esteem theory are used to form our research theoretical framework, according to which, the following assumption is formulated: the variable of participation in the treatment process is inversely related to drug abuse via interface variables such as attachment, belief, self-control, self-esteem, differential associations and attitudes to drug.

### **Materials and Methods**

The Research method in this study is survey and

data collection was done via questionnaire. Research population consists of 1324 drug users

who visited 11 methadone maintenance centers in Babolsar and Fereidoonkenar in the spring of 1391. Of this population, a total of 405 subjects were selected by stratified random sampling method. The data was analyzed using SPSS software and such procedures as multiple regression analysis. Attachment variables were assessed using 18 items, of which 6 items were related to dimensions of attachment to family and 12 items were related to dimension of attachment to religion. Of the 12 items measuring belief variable, 8 items were related to dimension of general belief, and 4 items were related to dimension of deviant activities. Also, a total of 10 items were used to measure self-esteem variables. Self-control variables were assessed using 6 items, of which 3 items were related to dimension of impulsive behavior and 3 items were related to dimension of risk seeking. To measure the variable of differential association, 4 dimensions were used: number of addicted friends, first initiation with addicted friends, the intensity of friendship with addicted friends and duration of friendship with addicted friends. The variable of attitudes to drug was also assessed using 16 items, of which 3 items were related to cognitive dimension, 6 items were related to emotional dimension, and 7 items were related to behavioral dimension. A total of 5 items were used to measure the variable of participation in the treatment process. Also to measure the variable of drug abuse, 3 items were used. All of these items were taken from previous research and were measured in a five-grade Likert scale.

### **Discussion of Results and Conclusions**

Findings suggest that 38.5 % of research subjects assess their participation rate in the treatment process to be low and 35.1 % assess their participation as moderate. However, 26.4 % reported to have a high participation rate in the treatment process. 90.9 % of subjects stopped using drug after entering to the methadone maintenance treatment centers. However, 2 % of the subjects reported their use to be at a low level, 2.4 % reported their use at an average level, and the 4.7 % reported their use at a high level. The most commonly used drug in Babolsar and Fereidoonkenar methadone maintenance treatment centers before and after treatment was opium. 90.9 % of drug users did not use any illegal

narcotics after treatment. Multiple regression analysis results also show that the variables of differential association (beta coefficient = 0.15), treatment participation (beta coefficient = -0.13), attachment (beta coefficient = -0.13) belief (beta coefficient = -0.12) and attitudes towards drugs (beta coefficient = 0.10) are the strongest predictors of the dependent variable.

The results of the study also show that a significant and inverse relationship exists between participation in the treatment process and intermediate variables (attachment and belief) with drug abuse. Pharmacological treatment generally improves the patient's physical and mental condition. By improving the mental and physical health of the patient, his relations and social bonds with family, friends, acquaintances, institutions and organizations improve as well. Studies have shown that, as long as the addict is in the treatment system there is a lower risk of getting involved in social crimes. This bond encourages them to respect the rules and norms of the family and society. It also strengthens their belief in social laws and norms. This indicates that the belief system of patients is reinforced by being present in the treatment process.

The present results suggest an inverse relationship between attitude towards drugs and participation in the treatment process. The presence in the methadone treatment center reduces depression and stress. Considering that attitude toward drug is directly related with stress and depression, we can say that the existence of stress and depression create a more positive attitude towards drugs. Also, the research findings show that there is a significant direct relationship between attitude towards drugs and drug abuse. So we can conclude that participation in the treatment process leads to reduction of drug abuse by negating patients' attitude towards drugs.

The results suggest an inverse relationship between participation in the treatment process and differential association. Previous studies have also shown that as long as the patient is present in the treatment system there is a lower risk of committing social crimes.

In general, we can conclude that participation in the treatment process leads to reduction of drug abuse by increasing associations and beliefs that are against drug abuse and by negating positive attitudes towards drugs.

**Keywords:** participation in methadone treatment, drug abuse, drug users on methadone maintenance centers.

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