

Sustained Remission from Drug Addiction among the Attendees of the Meetings of Anonymous Addicts and Rehabilitation Centers in Mashhad, Iran, During 2017

Zahra Aramideh^a, Faezeh Sahbaeiroy^{a*} 

^a Department of Nursing, Islamic Azad University, Tehran Medical Sciences Branch, Tehran, Iran.

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*Corresponding Author:

Faezeh Sahbaeiroy

Email:

fsahbaei@sbmu.ac.ir

Tel: +98 9031439453

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ABSTRACT

Background: Addiction is one of the most complex diseases of the century that for its treatment various methods have been proposed. In this regard, one of the non-pharmacological methods with a profound effect on drug withdrawal involves the participation of addicted individuals in a 12-step anonymous addiction recovery program. The purpose of this study was to compare the sustained remission from drug addiction among individuals taking part in an anonymous recovery program and those attending a rehabilitation center for drug withdrawal.

Methods: This descriptive study was conducted on 300 participants (150 individuals of the anonymous recovery program and 150 patients of the rehabilitation center) in Mashhad, Iran, using a random sampling technique. Data collection tool was a researcher-made questionnaire consisting of two parts, namely demographic information and information related to sustained remission from drug addiction in the attendees of the two groups.

Results: The obtained results indicated that there was a significant difference between the two groups in term of withdrawal from drug abuse ($\chi^2 = 0.08$; $P < 0.001$). Addiction resumption occurred in 40.7, 48.4, and 10.9% of cases in the first, second, and third months, respectively. Regarding addiction relapses, 42% and 70% of patients in the rehabilitation and anonymous groups failed to accomplish the recovery, respectively. Regarding sustained remission from drug addiction among the investigated subjects, 40% of the cases in the anonymous addict group and 51.6% of individuals in the rehabilitation center could persistently withdraw from drug abuse for more than 6 and 3 months, respectively. Accordingly, there was a significant difference between the two groups in terms of sustained remission from drug addiction ($\chi^2 = 0.08$; $P < 0.001$).

Conclusion: On the basis of the obtained results, it can be concluded that attendance to anonymous addict meetings can be a useful strategy to continue the addiction withdrawal after the detoxification period.

Keywords: Continued Withdrawal, Drug Addiction, Meetings of Anonymous Addicts, Addiction Dropout Camps



Introduction

Drug abuse can have negative side effects, including damages to the brain and other body organs. A large number of addicted individuals suffer from life-threatening disorders, such as lung, liver, and kidney damages. In other words, narcotic drugs can heighten the risks of mortality and early aging.^{1,2}

As the findings of recent studies indicated vulnerability to addiction is closely related to cultural and social factors as well as family issues. According to the conducted studies, the risk of addiction is higher among juvenile delinquents, street urchins, divorcees, poor people, and populous families.³ The lack of cultural facilities and recreational sports centers can also increase the risk of drug abuse, especially in deprived areas.⁴

Marital status can also affect addiction, meaning that the prevalence of addiction is greater among married people than single individuals. Surveys conducted at addiction treatment centers have reported that the prevalence of drug addiction is about 10 times higher among men than women. Likewise, the investigation of addiction in Iran was indicative of a higher prevalence of addiction among male than female drug addicts.⁵

Although addiction is a debilitating disease, determined individuals can successfully struggle with it and undergo the treatment.⁶ As a result, numerous methods have been employed in the treatment of drug abuse. Participation of addicted individuals in a 12-step anonymous addiction recovery program is considered as a non-pharmacologically method in drug withdrawal. In 1977, an association was formed for obsessive-compromised drug addicts with over 200 members and was later expanded to 50,000 groups in more than 130 countries.⁷ These free 12-step programs have proven to be the most effective way for drug withdrawal involving a simple day-to-day schedule to address all aspects of addiction.⁸

According to the statistics of the association of anonymous addicts in Iran, the success of drug withdrawal was about 90% in people affiliated with this association during a 5-year period. Moreover,

there was a decrease in the rates of drug-dependent people in the community and the duration of drug-dependency.⁷ Another way to quit drugs is to admit people to the addiction rehabilitation center. The referral to the addiction rehabilitation center and anti-drug abuse rules provide a moratorium, which usually lasts for about 1-2 months. This deadline is considered for the addicted person in case the addiction rehabilitation center has statutory rules and regulations, and the family of the addicted person accepts him/her as an addict.⁹

There is no legal time for drug withdrawal, in fact, the duration of the addict admission at the rehabilitation center is as long as the patients' health condition is not endangered. In case the addicted individual attends the center willingly, s/he can leave the rehabilitation center whenever s/he wants. As reported in other studies, 80% of relapses occur in the first 6 months after treatment. As a result, it is essential to conduct a proper preventive plan to help drug-dependent individuals to pass this critical period. Although many addicts decide to quit their addiction, relapses occur when they have abstained from using drugs for any period of time. Therefore, it seems that addicts need more information about their addiction reasons, and they need to get acquainted with the scientific and methodological methods of recovery.¹⁰

With this background in mind, it is of utmost importance to pay attention to the addicted drug users, as well as the abandonment and continuation of the addiction withdrawal. This study aimed to compare the sustained remission from drug addiction among attendees the meetings of anonymous addicts and rehabilitation centers in Mashhad, Iran.

Methods

This comparative descriptive study was conducted on 300 people randomly selected from the attendees of a rehabilitation center and a narcotics anonymous community in Mashhad.

Inclusion and exclusion criteria

The participants in this study included male individuals who were living in Mashhad and had a 3-

month history of drug withdrawal. Moreover, the investigated sample population had no experience of participation in the sessions of anonymous addicts and adolescent rehabilitation center. In addition, there was no report of narcotics in the cases after attending the sessions of anonymous addicts or the rehabilitation center.

Study design

A total number of 300 subjects were enrolled in the current study. The investigated participants were divided into two groups of rehabilitation center (group A) and narcotics anonymous community (group B) including 150 individuals in each group. Individuals were regularly present at the meetings of anonymous addicts and a rehabilitation center. The data collection tool was a researcher-made questionnaire consisting of two parts of the demographic information section and a sustained remission from drug addiction section. The reliability of the method was measured using Cronbach's alpha coefficient, which indicated a high value of 0.97.

Subsequently, the researcher presented a letter of introduction to the supervisors of the sessions of the anonymous addicts, as well as the head of the drug addicts rehabilitation center to obtain consent from the investigated samples. The questionnaires were then distributed among the participants. After collecting the questionnaires, data were entered into the related software for statistical analysis.

The descriptive data in the current study addressed the information related to the population, percentage, mean, and standard deviation. Normal distribution was measured to use the parametric or non-parametric statistical indicators. Data were analyzed using SPSS software (version 24). P-value less than 0.05 was considered statistically significant.

Ethical Considerations

The study protocol was approved by the Ethics Committee of Mashhad University of Medical Sciences, Mashhad, Iran. In line with the research ethics principles, informed consent was obtained from all the patients and all of them were assured that their information will remain confidential. The

participants were ensured that they could withdraw the study at any time.

Results

Based on the obtained results of our study, the majority of addicts were in the age range of 36-45 years. Table 1 presents other demographic data in rehabilitation center and narcotics anonymous community. In group A, 74% of people had a history of addiction. Among them, the highest frequency was related to fathers (20.7%) and friends (26.3%). In group B, the duration of the drug withdrawal was 3, 4, 5, and 6 months in 30.5, 37.1, 17.1, and 14.3% of participants, respectively. The duration of the drug withdrawal was above 6 months in only 1% of subjects. In group B, the duration of the drug withdrawal was 3, 4, 5, and 6 months among 18, 17.3, 18, and 28.7% of participants, respectively. Moreover, the duration of the drug withdrawal was above 6 months in 18% of subjects. The distribution of absolute frequency and associated frequency of dependent subjects according to methods of detoxification is shown in Table 2. About 58% of cases used non-pharmacological methods. In this regards, group therapy, family therapy, behavioral therapy, individual counseling, and hypnosis were performed for 36.4, 18.2, 12.5, 27.3, and 5.7% of patients, respectively. The majority of subjects (80%) attend the sessions regularly. About 81.3% of cases had a history of addiction. Among them, the highest frequency was related to father (31.1%) and friends (39.8%). Increased self-esteem and reducing the desire to consume drugs were observed in 98% and 94.7% of cases, respectively. Comparison of two groups in term of slips in addiction recovery is illustrated in diagram 1. As shown in Table 3, the frequency of slips in addiction recovery was 33.3%. As a result, there was a significant difference between the two groups in terms of slips in addiction ($\chi^2 = 0.08$; $P < 0.001$).

During the first, second, and third months, addiction relapses were observed in 40.7, 48.4, and 10.9% of patients, respectively. The frequency of



the addiction relapses in groups A and B were 70% and 42%, respectively. The sustained remission from drug addiction among the two groups is shown in Table 4. The comparison of the two

groups revealed a significant difference in term of sustained remission from drug addiction ($\chi^2 = 0.08$; $P < 0.001$).

Table 1. Frequency of demographic data in rehabilitation center (A) and narcotics anonymous community (B)

Variables	Group A		Group B		
	Number	%	Number	%	
age	15-25	20	13.3	18	12
	26-35	45	30	44	29.3
	36-45	34	28.7	47	31.4
	46-55	27	18	27	18
	+55	51	10	14	9.3
Marrital status	Married	77	51.3	85	56.7
	Single	28	18.7	26	17.3
	Divorced	36	24	31	20.7
	Widow	9	6	8	5.3
Occupational status	Unemployed	20	13.3	27	17
	Labor	34	22.7	30	20
	Employee	45	30	40	26.7
	Self-employed	51	34	53	35/3
Educational level	Illiterate	4	2.7	2	1.3
	Under high school	47	31.3	66	44
	High school	58	38.7	47	31.3
	Academic	41	17.3	31	14
Type of drug	Opium	37	24.7	37	24.7
	Sap	36	24	34	22.7
	Heroin	35	23.3	11	7.3
	Cannabis	2	1.3	8	5.3
	Grass	18	12	6	4
	Crystal	14	9.3	31	20.7
	Crack	8	5.3	13	8.7
	Other	0	0	10	6.7
	Income	Low	103	68.7	101
Moderate	40	27.6	35	23.3	
High	7	4.7	14	9.3	

Table 2. Distribution of absolute frequency and associated frequency of dependent subjects according to methods of detoxification

Detoxification Methods	narcotics anonymous community participants		Rehabilitation center participants	
	Number	%	Number	%
Methadone Therapy	61	40.7	44	29.5
Naltrexone Therapy	4	2.7	2	1.3
Admitted drug addiction treatment center	51	34	84	55.7
Quick detoxification	17	11.3	11	4.7
Super fast detoxification	13	8.7	9	6
Other methods	4	2.7	0	0
Total	150	100	150	100

Table 3. Number of Slips in addiction in rehabilitation center (A) and narcotics anonymous community (B)

Groups	Group B		Group A	
	Number	%	Number	%
Once	23	46	15	12.1
Twice	25	50	45	36.3
Three times	2	4	50	40.3
More than 3 times	0	0	14	11.3

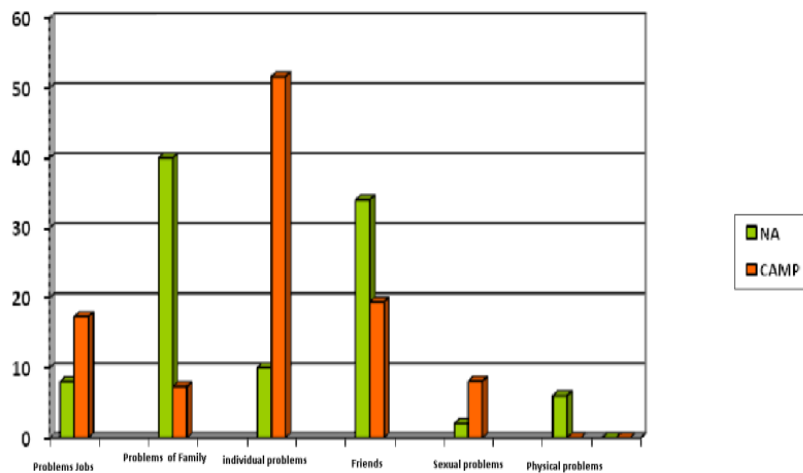


Diagram 1. Comparison of rehabilitation center and narcotics anonymous community in term of the causes of slips

Table 4. Sustained remission from drug addiction among rehabilitation center (A) and narcotics anonymous community (B)

Duration	Group B		Group A	
	Number	%	Number	%
Three month	4	8	64	51.6
Four months	1	2	24	19.4
Five months	5	10	10	8.1
Six months	17	34	17	17.3
More than six months	20	40	0	0

Discussion

Based on the obtained results of this study, slips in addiction were higher among individuals in the rehabilitation center, compared to those in narcotics anonymous community groups. Moreover, long-term sustained remission from drug addiction was observed in attendees to narcotics anonymous community group in comparison with those in the rehabilitation group.

Based on the obtained results of a similar study by Ghodrati et al. conducted in Iran, the mean age of

addicts was 36.8 years, and similar to the current study, the majority of subjects were married and self-employed.⁵ The majority of patients in the present study were within the age range of 36-45 years.

The majority of subjects in the present study used opium while other similar studies conducted in Iran revealed crystal abuse. According to another study performed by Alaghemandan et al. in Iran (Isfahan), addiction was highly prevalent among men, married people, and subjects with the educational level of high school or lower,¹¹ which



were in line with the obtained results of the present study. Similar to the obtained results of the present study, opium abuse had the first rank in the mentioned study while heroin abuse had the first rank in a study conducted by Motozaker.¹²

As reported by Nastizayi et al., the main motive for addiction is having addicted friends, which raises the severity of addiction.¹³ Likewise, the obtained results of the present study revealed that having an addicted friend is the major motive for addiction. Referral to drug rehabilitation centers can be considered as a motivational factor and provide appropriate social support for addicted individuals.¹¹ Based on the findings of the current study, 20% of subjects were unemployed. Tarrahi et al. reported that unemployment was an important factor in drug abuse¹⁴ while the majority of addicts were self-employed in the current study. An appealing resource for addiction recovery is having mutual help groups. These sources are available and free, which can be used at any time of treatment. Moreover, these sources provide the conditions for recovery support among people, who cannot attend formal treatment.¹⁵

We showed that the slips in addiction were lower in attendees of narcotics anonymous community group, compared to those in the rehabilitation center. Furthermore, long-term sustained remission from drug addiction was observed in narcotics anonymous community group. Based on the obtained results of a study conducted by Ghodrati et al., addiction withdrawal was during 6-12 months in 38% of subjects.⁵ Likewise, remission from drug addiction was observed in 40% of subjects in the present study. Due to statistical differences between two groups, referral to narcotics anonymous community can play a more effective role in sustained remission from drug addiction. Therefore, attendance to the sessions of anonymous addicts can be a useful way to continue the withdrawal of addiction after detoxification period.

In the present study, attendance to anonymous addicts programs can be applied as readily available, easily accessible, and no-cost resources for addicts. Some evidence showed an association between early

involvement and occupation in recovery activities and better psychosocial outcomes, reduced health care costs, and persistence in drug withdrawal.¹⁶ However, participants do not always fully attend the sessions and some cases may drop out. As a result, health care providers should present a proper program for social workers to reduce the likelihood of substance abusers.

Conclusion

As the findings of the current study suggested, the rates of recurrence and slips were higher among addicts referring to a rehabilitation center, compared to those in narcotics anonymous community groups.

Conflicts of Interest

The authors declare that there is no conflict of interest in this work.

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Authors' Contribution

Conceptualization, Z.A. and F.S.; Methodology, Formal Analysis, Writing - Review and Editing, Z.A.; Supervision, F.S.

All authors read and approved the final manuscript and are responsible about any question related to article.

References

- Roy DN, Goswami R. Drugs of abuse and addiction: A slippery slope toward liver injury. *Chemico-biological interactions*. 2016; 255: 92-105.
- DiGangi JA, Majer JM, Mendoza L, Droege JR, Jason LA, et al. What Promotes Wisdom in 12-Step Recovery?. *Journal of groups in addiction & recovery*. 2014; 9(1): 31-39.
- Melchiorre MG, Chiatti C, Lamura G, Torres-Gonzales F, Stankunas M, et al. Social support, socio-economic status, health and abuse among

- older people in seven European countries. *PloS one*. 2013; 8(1): e54856.
4. Room R. *The cultural framing of addiction. Expanding Addiction: Critical Essays*: Routledge; 2014. p: 55-62.
 5. Ghodrati Torbati A, Sahbaei F, Nabavi SJ, Zare M. Comparing continuity quit addiction time in participant persons and non participant persons in Narcotics Anonymous in City of Mashhad in 2012. *Medical Sciences Journal*. 2013; 23(3): 201-205. [Persian]
 6. Tao R, Huang X, Wang J, Zhang H, Zhang Y, et al. Proposed diagnostic criteria for internet addiction. *Addiction*. 2010; 105(3): 556-564.
 7. World Health Organization. *A strategy to halt and reverse the HIV epidemic among people who inject drugs in Asia and the Pacific 2010-2015*. Manila: WHO Regional Office for the Western Pacific; 2010. Available at: URL: <https://apps.who.int/iris/handle/10665/207058>
 8. Ranes B, Johnson R, Nelson L, Slaymaker V. The role of spirituality in treatment outcomes following a residential 12-Step program. *Alcoholism Treatment Quarterly*. 2017; 35(1): 16-33.
 9. Huynh C, Nguin AN, Kairouz S, Lesage A, Fleury MJ. Factors associated with high use of general practitioner and psychiatrist services among patients attending an addiction rehabilitation center. *BMC psychiatry*. 2016; 16(1): 258.
 10. White W. Spirituality and addiction recovery: an interview with Ernie Kurtz. *Advances in Addiction & Recovery*. 2014; 2: 22-29.
 11. Alaghemandan H, Darab MG, Khorasani E, Namazi E, Maniyan MH, et al. Personality Traits and Their Relationship to Demographic Features in Addicts Referring to a Drug Rehabilitation Center in the City of Isfahan, Iran. *Iranian journal of public health*. 2015; 44(4): 551-560.
 12. Mokhber N, Asgharipour N, Bananaj A. Frequency of harmful behaviors in patients who are suffering from substances abuse. *International journal of high risk behaviors & addiction*. 2012; 1(3): 132-136.
 13. Nastizayi N, Hezareh Moghadam M, Mollazehi A. The study of factors for recurred addiction from the view of self-introduced addicts to the addiction abandonment centers of zahedan. *Journal of Urmia Nursing And Midwifery Faculty*. 2010; 8(3): 169-174. [Persian]
 14. Tarrahi MJ, Ansari H, Heydari K, Sharhani A, Akrami R, et al. Viewpoint of Care Providers and Self-Reported Substance Drug Addicts Referring to Withdrawal Centers About Etiology of Re-Addiction in Khoramabad, 2010. *Journal of Rafsanjan University of Medical Sciences*. 2013; 12(4): 299-308.
 15. McLellan AT, Lewis DC, O'brien CP, Kleber HD. Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *Jama*. 2000; 284(13): 1689-1695.
 16. Donovan DM, Ingalsbe MH, Benbow J, Daley DC. 12-step interventions and mutual support programs for substance use disorders: an overview. *Social work in public health*. 2013; 28(3-4): 313-332.