Investigating the relationship between happiness and self-confidence with addiction recurrence in addicted people undergoing methadone treatment referred to addiction treatment centers of Zahedan city with an emphasis on the confounders of demographic variables and variables related to drug taking recurrence

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Abstract

Introduction: One of the major problems in the addicted population is the recurrence of addiction. On the other hand, psychological factors have more effect on the recurrence of addiction than physical factors. Therefore, this research was conducted with the aim of investigating the relationship between happiness and self- confidence with the recurrence of addiction among different variables in methadone treated addicts referring to addiction treatment centers in Zahedan.

Methods: In this study, 250 addicts referring to addiction treatment centers of Zahedan were studied prospectively. The data were collected through an interview using a questionnaireincluding demographic characteristics, addiction related characteristics, and standard self-confidence and happiness questionnaire by the researcher. Data analysis was implemented by Stata.12 software using chi-square test and multiple logistic regression.

Results: Sexual distribution was 206 males (82.4%) and 44 females (17.6%), and age distribution was 37 addicts less than 25 years old (14.8%), and 213 more than 25 years old (21.25%). 162 addicts had recurrence (64.8%) while 88 did not have (35.2%). Variables such as marital status (OR = 4.96, CI=95%: 1.67-14.74) , monthly income (OR=5.28, CI=95%: 2.16-12.90), drug use (OR = 2.25, CI=95%:1.004-5.05), history of previous drug withdrawal (OR=3.40, CI=95%:1.78-6.48), history of alcohol consumption (OR=2.29, CI=95%: 1.09-4.90), and hopes of drug withdrawal from the perspective of addicts (OR=6.65, CI=95%:3.23-13.74), were good predictors of addiction recurrence.

Conclusion: This study showed that self- confidence and happiness are poorly correlated with addiction recurrence, and the main effective variables in the recurrence of addiction are marital status, monthly income, drug use, previous abortion history, history of alcohol consumption before the onset of drug use, and the hope of quitting from the perspective of the addicted person. However, more psychological studies relevant to the recurrence of addiction in other societies and the monitoring of addicts by families with respect to the variables that are influential in this study, are of great importance.

Key words: Addiction, Recurrence, Happiness, Self-confidence

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Introduction

Addiction is one of the great problems of human societies which, unfortunately, has plagued all industrial and non-industrial societies, and our society also faces it so much that it threatens the health of society on one hand, and is related to guilt, crimes, and diseases such as AIDS on the other hand(Mirzaei et al., 2010b, Najarzadegan and Tavalaee, 2012). Addiction is a biological, psychological, and a social disease, and several factors are involved in the etiology of substance abuse and addiction which together lead to the onset of drug use and then addiction (JANDAGHI and Alii, 2002). The problem of drug withdrawal is one of the issues that has always been the concern of the authorities and addicts and their families(Laleh, 2003). Unfortunately, the main problem in the treatment of addicts, even with a long period of quitting, is the high rate of recurrence (Yan and Nabeshima, 2009). As according to studies conducted to evaluate the incidence of recurrence of substance abuse in the first and third months in the world, it was shown that, at the end of the third month, 57.3% had recurrent drug abuse (Green Stein, 1996). In Iran, according to Shafie et al's study, 73.1% of drug addicts consumed narcotics over the last 12 months and 72% experienced complete recurrence (Shafiei et al., 2014). Also, Kasani has reported the return rate to drug re-abuse in his study as 30.4% in Ilam (Kassani et al., 2015). Also, according to studies conducted in Zahadan city, it was found that the average age of starting drug use has been 20 years old at Zahedan and there is a significant relationship between marital status, education, and type of substance in the onset of addiction with personal decisions to quitting drug use (Ansari-Moghaddam et al., 2012). In another study, factors such as contaminated living environment, addicted friends, the ineffectiveness of psychotherapy sessions, and the associative factors have contributed to the recurrence of the addiction. The association of these factors with the recurrence of addiction has been similar in the same age group and sex (Nastizayi et al., 2010). According to one study, psychological factors have had a greater impact on the recurrence of addiction than physical factors (Mahdi Karimyar Jahromi 2015), in such a way that happiness and vitality are of great importance in the health, dynamism and mobility of society. Because on one hand, they have role in reducing depression and anxiety and on the other hand, while strengthening self-esteem, feeling safe, reducing the weakness of the body immunity, and improving physical and mental health, speeds up the decision-making process and creates a cooperative spirit and increases the sense of life satisfaction of individuals.

Negative affections are commonly seen among drug addicts during drug use, especially at the time of drug discontinuation, and they are one of the main causes of failure to maintain long-term avoidance from drugs (Tajeri Buick 2011). On the other hand, one of the most important negative emotions is depression associated with thoughts or suicidal behaviors and with a sense of low happiness (Saduk, 2013). Happiness, as one of the variables in positive psychology, is the positive value that a person allocates to himself (Veenhoven, 1997). This structure has two aspects: one is the emotional factor that reflects the exciting experience of happiness, pleasure, euphoria and other positive emotions, and the other one is the cognitive assessment of satisfaction from different realms of life that express happiness and psychological well-being (McKennell and Andrews, 1980). Also, Diner considers happiness as assessment of a person from themself and their life, and introduces some factors such as life satisfaction, excitement and positive mood, lack of depression and anxiety (Diener and Fujita, 1997). According to the study of Ghobad Pour et al, low levels of happiness are closely associated with psychological disorders and social harm incidence in drug addicts (Saeedeh Ghobadpour, 2016). Also, having the ability to successfully solve the problem of drug withdrawal providess more self-confidence to addicts and makes them more valuable. But, if they lack the necessary skills to solve the problem or use inappropriate and defective methods to solve the issues related to drug withdrawal, they will face difficulty with their environment and their mental health will be threatened (Saeedeh Ghobadpour, 2016). The results of Karim Yar Jahromi et al. study have shown that low self-confidence has had the minimum role in addiction recurrence (Mahdi Karimyar Jahromi 2015). Given that so far, the relationship between happiness and self-confidence with recurrence of addiction has been never studied in Zahedan, and on the other hand, considering happiness and self-confidence as the psychological factors which can be important in substance abuse withdrawal, can addiction recurrence be reduced by creating happiness and self confidence among addicts? So, this study has been implemented with the aim of investigating the relationship between happiness and self-confidence with addiction recurrence along with other independent variables including demographic variables and addiction related characteristics in methadone treated addicts referring to addiction treatment centers of Zahedan.

Materials and Methods

In this cohort study, 250 addicts referring to addiction treatment centers of Zahedan were studied. The sampling method was by preparing the list of the addiction centers of Zahedan city and dividing the city into 6 regions and selecting one center in each region randomly with their cooperation assumption, and in each center, easy or accessible method was used to enter all eligible people in the study. The sampling was continued until completing all samples. Following the selection of patients and passing therapies of addiction treatment and after the physician or a related addiction authority confirmed the withdrawal of the addict during the first days of referral to the center due to clinical tests (morphine and methamphetamine), the patients were followed up for 6 months in order to determine the successful drug withdrawal or addiction recurrence. During these 6 months at different times of the test (morphine and methamphetamine) and telephone call (each week), the subjects were followed up to record the exact time in case of recurrence before 6 months. This was done by retrieving addicts and conducting experiments or companions reporting with the oversight of the centers authorities. To collect data, an questionnaire including demographic characteristics, questions about individual,

social, family and cultural characteristics, standard 10 questions of self-confidence and 29 questions of happiness were completed by a researcher with a personal interview with patients at the beginning of the project. The self-confidence questionnaire was answered by the 4-degree Likert scale, where zero is "completely disagreeing" for the first eight questions, and 4 as "I totally agree", and in the last 2 questions 4 is considered as "I totally disagree", and zero as "I totally agree." For reliability of this questionnaire, Cronbach's alpha was used which was equal to 71%. Also, content validity of this questionnaire was confirmed by the opinion of 10 relevant experts with Content Validity Index (CVI) over 87%. The Oxford Happiness Questionnaire (OHI) was developed by ARGYLO M Argylo MLL in 1989 and is graded into four options from zero to three (Argylo M, 1989). Alipour and Noorbala have reported the reliability of this questionnaire by Cronbach's alpha as 0.93 and 0.92 with two-half way method and 0.79 with retest. Also, in assessing the validity of the questionnaire, 10 experts were polled; all confirmed the ability to measure happiness by this test with CVI over 83% for all questions. Moreover, the reliability of this questionnaire was obtained by Cronbach's alpha in the target population as 76% (Alipoor and Noorbala, 1999). After collecting data and interviewing the person who had discontinued drug use, a specific code was allocated to him and data were entered into the software Stata.12 and were analyzed. Descriptive statistics (relative frequency, tables, and charts) were used to determine the rate of unsuccessful withdrawal, and addiction recurrence. To analyze the data in a single-variable analysis, the relationship between addiction recurrence and independent variables including happiness and self-confidence among controlling other demographic variables and addiction-related characteristics the chi-square test was used with presenting the relevant odds ratio. To control the confounders, data were analyzed using multiple logistic regression.

Results

In this study, 250 addicts referring to the addiction treatment centers of Zahedan who were undergoing methadone treatment were evaluated for their addiction recurrence. The sexual distribution was 206 men (82.4%) and 44 women (17.6%), and age distribution 37 (14.8%) people less than 25 years old, and 213 (85.2%) more than 25 years old. Overall, the results of this study showed that 162 (64.8%) addicts had recurrence and 88 (35.2%) had no recurrence. Table 1 (next page) shows the distribution of the frequency of addict's drug recurrence in terms of demographic variables. According to this table, the variables of housing status (p = 0.034), monthly income (p = 0.004), and marital status (p = 0.61) are correlated with addiction recurrence. As the probability of addiction recurrence was 2.12 times more in residents of a rental house compared to personal housing (OR=2.12, CI=95% : 1.13-3.96) and monthly income less than 500,000 Tomans was 2.93 times more compared to income more than 1,000,000 (OR=2.93, CI=95% : 1.48-5.80). According to the table, although the odds of being addicted in uneducated people was 2.05 times more than the high school diploma and more education (OR=2.05, CI=95%: 0.64-6.60), it was not statistically significant (P>0.05).

Table 2 shows the frequency distribution of addiction recurrence based on variables related to the history and properties associated with individual addiction. As the table shows, the variables of type of substance used, drug using method, the age of commencement of drug use, the history of previous drug withdrawal, the history of alcohol consumption before the onset of drug use and the hopes of drug withdrawal from the perspective of addicts are associated with recurrence of addiction (p>0.05), in such a way that the chance of recurrence in heroin users was 6.53 times more compared to opium (OR=6.53, CI=95%, 0.82-52/00), 1.99 times more in smoking method compared to eating (OR=1.99, CI=95%: 1.02-3.87), 2.43 times more in having the history of previous drug withdrawal compared with no previous history of drug withdrawal (OR=2.43, CI=95%: 1.42-4.14), 2.71 times more in alcohol consumption before starting substance than non-alcohol use before onset of drug use (OR-2.71, CI=95%: 1.45-5.09), and 4.38 times more in having low hopes for drug withdrawal from the point of view of the addicted person than high hopes for drug withdrawal from the point of view of the addicted person (OR=4.38, CI=95%: 2.37-8.09). Although, the chance of recurrence of addiction in low self-confidence individuals was 1.60 times more compared to high level self-confidence people (OR = 1.60, CI=95%: 0.89-2.89), and was 1.74 time more in those who were not happy compared to happy people (OR = 1.57, CI=95%: 0.92-2.70), but, it was not statistically significant (p >0.05). Also, the highest distribution of the frequency of addiction recurrence in terms of the cause of drug use variables was as 79 (66.4%) for entertainment and pleasures, 116 (60.7) for opium as the most consumed drug so far, 9 (100%) as the history of injection, and 46 (80.7%) as temptations of the drug recurrence in previous withdrawal.

Table 3 shows the coefficients of independent variables related to addiction recurrence in Zahedan addicts in multiple logistic regression model. According to this table, related to addiction recurrence in addicts referring to drug addiction centers in Zahedan, only variables such as marital status, monthly income, drug using way, previous history of quitting, history of alcohol consumption before commencement of drug use, and hopes of quitting from the point of view of addicts have remained in the model (p <0.05). This model shows that in terms of the addiction recurrence, the chance of addiction recurrence in the married couple whose spouse is addicted is 4.96 times more (OR = 4.96, CI=95%: 1.67-14.74) than the married ones whose spouse is not addicted, 5.28 times more when the monthly income is less than 500,000 Tomans than when it is 1,000,000 Tomans (OR=5.28, CI=95%: 2.16-12.90), 2.25 times more when the method was smoking compared to the method of eating (OR = 2.25, CI=95%:1.004-5.05), 3.40 times more in having previous quitting history compared to no history of previous withdrawal (OR=3.40, CI=95%:1.78-6.48), 2.29 times more in having history of alcohol consumption before starting the substance use and no history of alcohol consumption before starting the

Table 1: Frequency distribution of addiction recurrence in terms of demographic variables in addicts referring to addiction treatment centers of Zahedan

Demographic variables \ Addiction recurrence		YES n (%)	No n (%)	*p-value	OR(95% CI) Univariate
Sex	Men	137(66.5)	69(33.5)	0.222	1.50(0.77-2.92)
	Women	25(56.8)	19(43.2)		**1
Age	Less than 25 years old	26(70.3)	11(29.7)	0.450	1.33(0.62- 2.85)
	More than 25 years old	136(63.8)	77(36.2)		1
Level of Education	Uneducated	16(76.2)	5(22.8)	0.431	2.05(0.64-6.60)
	Elementary School	22(73.3)	12(26.7)		1.76(0.72-4.29)
	Middle School	38(59.4)	25(40.6)		0.94(0.43-2.03)
	High School	47(63.5)	27(36.5)		1.11(0.52-2.38)
	High school diploma and more	28(60.8)	18(39.3)		1
Occupation	Employed	110(65.1)	59(34.9)	0.890	1.04(0.59-1.80)
	Unemployed	52(64.2)	29(35.8)		1
Marital status	Single	38(70.4)	16(29.6)	0.061	***3.02(1.13-8.07)
	Married (his wife is not addicted)	113(66.1)	58(33.9)		***2.48(1.05-5.80)
	Married (his wife is addicted)	11(44)	14(56)		1
Nationality	Sistani	124(65.6)	65(34.4)	0.638	1.15(0.63-2.10)
	Baloch	38(62.3)	23(27.7)		1
Housing status	Residents of rental house	60(73.3)	23(27.7)	0.034	***2.12(1.13-3.96)
	Father's home	48(69.6)	21(30.4)		1.86(0.97-3.56)
	Personal housing	54(55.1)	44(44.9)		1
Monthly income	Monthly income less than 500,000 Tomans	82(70.7)	34(29.3)	0.004	***2.93(1.48-5.80)
	Monthly income 500,000-1,000,000 Tomans	57(68.7)	26(31.3)		***2.66(1.29-5.48)
	Monthly income more than 1,000,000 Tomans	23(45.1)	28(54.9)		1
Number of household members	Less than 5 people	131(67.2)	64(32.8)	0.138	1.58(0.86-2.91)
	More than 5 people	31(56.4)	24(43.6)		1
Divorce history in the family	Yes	19(73.1)	7(26.9)	0.351	1.53(0.62-3.81)
	No	143(63.8)	81(36.2)		1

*p value the result of chi-square test, **basal group, ***significant level of confidence interval (0.05)

substance use and no history of alcohol consumption before starting the drug, (OR=2.29, CI=95%: 1.09-4.90), and 6.65 times more in having low hopes for quitting from the viewpoint of the addicted person to having high hopes for quitting from the viewpoint of the addicted person (OR=6.65, CI=95%:3.23-13.74).

Discussion

Overall, this study showed that 64.8% of addicts recurred over the past 6 months and re-consumed previous addictive substances. According to previous studies in Bangladesh-Dhaka, the rate of substance abuse recurrence was 71.9% in women and 54.5% in men (Maehira et al., 2013). On the other hand, in Iran, the study of Shafi'i et al. reported the rate of addiction recurrence as 73.1% and 30.4% (Shafiei et al., 2014, Kassani et al., 2015). The rate of relapse in this study is almost similar to the reported recurrence rates in some studies and with some others studies is different, which indicates increased incidence of addiction recurrence in people referring to addiction treatment centers. Due to similar studies, we can mention easy access to addictive drugs, age, number of households, insomnia, temptation, unemployment, family conflicts and lack of adherence to treatment, addiction quitting history, socializing with addicted friends, education, the history of addiction in the family, the employment status, the use of cigarettes, and the type of addictive drug usage as the factors of returning to addiction (Mirzaei et al., 2010a, Rimaz et al., 2013b, Kikhavandi et al., 2015, Tarrahi et al., 2013). Therefore, the difference of the distribution of these variables in different places is due to the different reasons for the relapse of addiction. However, in order to monitor treatment process of addicts to reduce the rate of recurrence more effectively, cooperation of family members and psychologists and experts in addiction treatment centers is necessary, and also reducing the recurrence of addiction should be one of the important priorities of the health system and treatments centers.

Table 2: Frequency distribution of addiction recurrence in terms of variables related to history and properties associated with addiction, happiness and self-esteem in addicts referring to addiction treatment centers in Zahedan city

Variables related to drug recurrence \ Addiction recurrence		YES n(%)	No n(%)	*p-value	OR(95% CI) Univariate
Type of substance used	Heroin Hashish Opium	10(90.9) 28(82.4) 124(60.5)	1(9.1) 6(17.6) 81(39.5)	0.008	6.53(0.82-52.00) ***3.04(1.20-7.68) **1
Drug using way	Smoking Eating	140(67.6) 22(51.2)	66(32.4) 21(48.8)	0.040	***1.99(1.02-3.87) 1
Age of commencement of drug use	Less than 20 years old More than 20 years old	75(75) 87(58)	25(25) 63(43)	0.006	***2.17(1.24-3.79) 1
History of drug use in the family	Yes No	97(66) 65(63.1)	50(34) 38(36.9)	0.639	1.13(0.67-1.91) 1
History of previous drug withdrawal	Yes No	98(74.2) 64(54.2)	34(25.8) 54(45.8)	0.001	***2.43(1.42-4.14) 1
History of drug use	More than once a day Less than once a day	131(65.8) 31(60.8)	68(34.2) 20(39.2)	0.501	1.24(0.65-2.34) 1
History of alcohol consumption before the onset of drug use	Yes No	61(79.2) 101(58.4)	16 (20.8) 72(41.6)	0.001	***2.71(1.45-5.09) 1
Premarital addiction starting	Single Married (starting before marriage) Married (starting married)	38(70.4) 56(68.3) 68(59.6)	16(29.6) 26(31.7) 46(40.4)	0.287	1.60(0.80-3.21) 1.45(0.80-2.64) 1
The presence of a addicted person in the family	Yes No	121(66.5) 41(60.3)	61(33.5) 27(39.7)	0.369	1.30(0.73-2.32) 1
Self-confidence	Low high	127(67.6) 35(56.5)	61(32.4) 27(43.5)	0.112	1.60(0.89-2.89) 1
Happiness	Yes No	111(68.5) 51(58)	51(31.5) 37(42)	0.095	1.57(0.92- 2.70) 1
hopes of drug withdrawal from the perspective of addicts	Low high	83(83) 79(52.9)	17(17) 71(47.3)	0.001	***4.38(2.37-8.09) 1

*p value the result of chi-square test; **basal group; ***significant level of confidence interval(0.05)

We can mention the relationship between addiction relapse and housing variables and salary as other results of this study. So that residents who rented houses and monthly income level was less than 500,000 Toman, have the highest risk of exposure to addiction recurrence. In the study of Rimaz et al, there was no significant relationship between addiction relapse and housing status (p = 0.681) and monthly income (Rimaz et al., 2013a). These factors indicate that the socioeconomic status is closely related to addiction and its recurrence. Unemployment and lack of permanent job lead to inadequate income, so that the person is subjected to low socioeconomic status and his/her desire for addiction and its recurrence becomes greater.

Also, there was a significant relationship between the type of addictive substance and the recurrence of it in this study. In another study, a statistically significant difference was found between the type of addictive drug and the incidence of substance abuse (Rimaz et al., 2013a). In other words, in people who consume opium or opium syrup, the possibility of drug abuse was less than those who used other drugs like crack, glass, etc. and took action for quitting addiction. The Farzam study also showed that the percentage of drug abuse in opium users (39.5%) was lower than that in heroin users (62.5%), especially Norfen (42.4%) (Farzam, 2010). Addiction to these substances is considered as final stages and such people are often out of social activity cycle

Table 3: Coefficients of independent variables related to addiction recurrence in Zahedan addicts in multiple logistic regression model

Independent variables		β	S.E	*p-value	OR(95% CI) Univariate	OR(95% CI) Multivariate
Marital status	Single	1.14	0.612	0.61	***3.02(1.13-8.07)	3.14(0.94-10.43)
	Married (his wife is not addicted)	1.60	0.555	0.004	***2.48(1.05-5.80)	***4.96(1.67-14.74)
	Married (his wife is addicted)	-	-		1	**1
Monthly income	Monthly income less than 500,000 Tomans	1.66	0.455	0.001	***2.93(1.48-5.80)	***5.28(2.16-12.90)
	Monthly income 500,000-1,000,000 Tomans	1.56	0.442	0.001	***2.66(1.29-5.48)	***4.77(2.00-11.35)
	Monthly income more than 1,000,000 Tomans	-	-		1	1
Drug using way	Smoking	0.812	0.412	0.049	***1.99(1.02-3.87)	***2.25(1.004-5.05)
	Eating	-	-		1	1
History of previous drug withdrawal	Yes	1.22	0.329	0.001	***2.43(1.42-4.14)	***3.40(1.78-6.48)
	No	-	-		1	1
History of alcohol consumption before the onset of drug use	Yes	0.830	0.378	0/028	***2.71(1.45-5.09)	***2.29(1.09-4.90)
	No	-	-		1	1
hopes of drug withdrawal from the prospective of addicts	Low	1.89	0.370	0.001	***4.38(2.37-8.09)	***6.65(3.22-13.74)
	high	-	-		1	1

*p value the result of multiple logistic regression model, **basal group, ***significant level of confidence interval(0.05)

and, as a result, will have weaker support in the future to avoid drug abuse. In this study, variables such as the age of commencement of drug use, the history of previous abandonment, and the history of alcohol use before drug use were associated with the recurrence of drug addiction. Sayyadi, et al's study also showed that the variables of type of substance, method of use, age of onset of addiction and history of addiction quitting were effective in addiction relapse (Sayyadi Anari et al., 2002). Although the incidence of addiction was higher in people with low self-confidence and those who were not happy, it was not statistically significant, and this may be due to low self-confidence and false happiness in the subjects of this study. But, due to the high chance in people with low self-confidence and those who were not happy, attention to these two psychological factors is important. Also in other studies, there is a link between happiness and self-confidence with addiction recurrence (Saeedeh Ghobadpour, 2016, Mahdi Karimyar Jahromi 2015). So that happiness and low self-confidence lead to psychological disorders and social harm in addicts, and they will not have the skills to solve the problems of quitting. According to the study of Babamiri et al, stress coping styles are among the factors that are related to addict behavior and happiness (BaBamiri et al., 2013). On the other hand, it is thought that adapting and controlling the painful excitement caused by psychological pressures in people susceptible to addiction, is difficult because of maladaptive coping methods and the inability to correctly and adequately confront addiction leads to showing and exacerbating lack of control over life, lower self-confidence and tendency towards non-adaptive behaviors such as substance abuse. Also, the results of this study showed that the hope to quit from the perspective of the addicted person is related to the recurrence of addiction. So that having low hope for quitting the addiction from the perspective of the addicted person, is more than having high hope for quitting from the same perspective. However, in a case-control study, there was no statistically significant difference between the case and control group in terms of the patient's hope in the treatment process (Rimaz et al., 2013b). There was a significant difference in the Åhary study (Sadegiye Ahari et al., 2004). This finding is in line

with studies that show that the more a person hopes is associated with the completion of treatment and recovery of the patient (Carvajal et al., 1998). It is possible that drug users who have more hope, use more effective remedies for their own treatment instead of common therapeutic courses and are less prone to recurrence. On the one hand, strengthening the problem-oriented coping strategy and hoping with happiness will increase the likelihood of cessation and recovery in addicts.

Conclusion

This study showed that self-confidence and happiness have a weak correlation with addiction recurrence, and the main effective variables that affect the recurrence of addiction are marital status, monthly income, drug using way, history of previous drug withdrawal, history of alcohol consumption before the onset of drug use, and hopes to quit from the perspective of the addicted person. Considering the importance and attention that happiness and self-confidence have found in psychology, further investigation in the addict population and trying to examine the predictions of happiness and self-esteem in these individuals can be significant. Only one factor is not enough for the recurrence of drug abuse, but a set of factors especially individual ones with different proportions can lead to addiction recurrence. However, more psychological studies related to the recurrence of addiction in other societies and monitoring the addicts by families with respect to the effective variables in this study is essential.

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