

## Comparison Between Participants and Non-Participants in Terms of Knowledge and Attitude Towards Drug Abuse

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**Abstract:** This study examines a community-based organization- Iranian Quality of Life Improvement Association (IQLIA) which located in *Hasan Abaad* (a community in Tehran, Iran) - in Iran to prevent initiation of drug abuse in adult people. A data collection techniques was applied, namely survey in case study which used to get representative quantitative data obtain from local people who was two groups, the people who participated in the community-based organization (C.B.O) and selected by systematic sampling method, who did not participate in it and selected by cluster sampling method. There was a significance difference of attitude and knowledge about drug abuse between two groups of respondents; the ones who participated in the preventive activities and the ones who did not participate in it. It means that the people who participated in the preventive activities of the C.B.O had more negative attitude towards drug abuse and high level of knowledge about it than who did not participate in it. In conclusions, community-based intervention programs to prevent drug abuse can be successful in local communities in Iran.

**Key words:** Drug abuse prevention % Community-based % Knowledge % Attitude

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### INTRODUCTION

Human health and community development have inseparable relationship. Whatever is a threat against health is a danger for community development and welfare too. Whatever is incentive for health promotion practically is a cause for development and social welfare. Since drug abuse, addiction and its side-effects are serious threaten for health and affect on quality of life, drug abuse prevention programs are one of the basic factors for health promotion. Healthy community is one which includes those elements that enable people to maintain a high quality of life and productivity. A healthy community provides access to health care services that focus on both treatment and prevention for all members of the community. A healthy community has a healthy and safe environment. One of the examples of complex health problem that requires comprehensive health promotion strategies is Alcohol, tobacco and other drug (ATOD) abuse [1]. Using opium, both as a medicine and a recreational drug has a very long history in Iran. First reports refereed to the 17th century. The first official statistics on this issue dates back to 1943, where the Opium and Alcohol Enforcement Society estimated the number of opium addicts in Iran as to be one and half a million, from the total population of 14 million at that time [2]. In 1949 it was estimated that 11% of Iranian adults were drug users corresponding to 1.3 million opium addicts [3]. In 2004

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it was estimated that the total number of drug addicts to be between 1,200,000- 1,800,000. In 2006 about 44.6 percent of addicts were under 29 years of age .The highest rate of addiction was reported in the age group of 25-29 (25.7%).The mean age of addicts in the country was 32.59.in this year, About 85.2 percent of addicts were cigarette smokers and 8.3 percent had never smoked.

The most prevalent substance used in the country was respectively Opium (34%), Afghan Crack (26.6%), Heroin (19.2%), Opium Residue (4.4%), Buprenorphin (4.1%), Crystal (3.6%) and Hashish (2%).The abuse prevalence of Other substances such as LSD, Cocaine, Ecstasy, etc. was less than 0.5 percent. The prevalent substance abuse method was Smoking (58%), Eating (20%), Injection (18.9%) and Sniffing (3.1%) respectively [4]. Considering that many surveys carried out by Islamic Culture Ministry shown that the addiction was the first social harm in Iran [5,6] drug abuse prevention programs are the first priorities of Iran social harm reduction policies. In Iran the article 9th of the general policies of drug abuse reduction and 97th provision of fourth economical, social and cultural development program have emphasized on the local people participation in drug abuse reduction and prevention programs.

Nowadays community-based approach is being used as a solution for social problems like addiction and others social harms. In this approach through people participation in planning from design to implementation with using various strategies like empowerment, life skills, training and supportive activities, prevent from social problem happening and its process causes life quality promotion for every walk of life. It is obvious when the problem was viewed (at least partly) as a community problem, then it would require (at least partly) a community solution. The active participation of local residents in the development of programs intended to address their needs provides an additional justification for the community-based approach to drug abuse prevention.

Many substance abuse prevention initiatives at the local level area built on the principles of community development, the process of enabling community residents to identify shared problems or goals, mobilize resources and plan and implement strategies to reach their goals [7]. Moreover the active involvement of local people makes a sense of collective ownership, which in turn strengthens the impact of community-based programs [8]. The evidence of different organization's drug abuse prevention programs in Iran show that community-based approach is the dominant approach in drug abuse prevention [9].

One of the characteristics for well-planned community-based drug abuse prevention programs is that such a program can influence a wide variety of health related attitudes, norm and beliefs. For example community programs that teach social competencies and establish norms against tobacco and other drug abuse have reduce positive attitudes towards drug abuse and prevalence of alcohol, tobacco and other drug abuse among the participants in the program [10]. One of the theories that support this assumption is Theory of Reasoned Action. The Theory of Reasoned Action focuses on the connections between the beliefs, attitudes and behaviors. This theory in terms of the use of reasoned action for drug abuse prevention, various variables within the theory could be used to examine behaviors associated drug abuse prevention.

McFedyean [11] in his research found that drug use and abuse had been influenced by the attitude and knowledge towards drugs greatly. With regard to knowledge McFedyean [11] found that young people were lacking knowledge in terms of the dangers and hurts that could be caused by drug abuse. Loken *et al.* [12] in his research found that the cognitions that influence a person's attitudes towards health behavior are those that are remarkable to the individuals. In order for changes to happen at a behavioral level, change generally needs to occur for multiple attitudes and beliefs. There are many community-based intervention programs conducted around the world that the primary aim of them are increasing the level of knowledge about drug abuse and changing the attitude towards drug abuse form positive to negative, but mind you that prevention strategies and interventions resulted in mixed effects depending on how effectiveness was measured [13].

In addition, specific interventions had more of an impact on attitudes than they had on knowledge levels; other types of interventions affected knowledge levels more so than attitudes [14]. For example a comparison study was done between Mexican-American early adolescents who participated in an intervention drug abuse prevention program and who did not participate in. The aim of the intervention program was to help individual acquire prevention knowledge, attitude and

behavior with community-based strategies. The result of the study did not find any significant change in the knowledge, attitude and behavior in the community-based survey. One reason explained by the researchers to fail to find statistically meaningful differences between youth who took part in the prevention program and those who did not is that intervention efforts may have improved not only overall community in which the project was based but also the adjacent community that served as a control [15]. Another study carried out in a community in U.S [16]. Data were collected in 1998 as part of a larger community survey designed to evaluate the effects of a Center for Substance Abuse Prevention (CSAP) Community Partnership located in a northeastern U.S. urban setting. A key finding of the study was that citizen participation in substance abuse preventive programs had a positive effect on citizens' knowledge, attitude and behavior toward drug abuse.

The rationale for conducting a survey in community-based drug intervention program was based on several observations. First, drug abuse is prevalent in all the communities of the suburban area of Tehran. Second, drug abuse is internalized in adolescence or early adulthood and it is costly and difficult to change once behavior. Third, drug abuse is a social behavior, lies in the larger framework of community norms and social support systems that regulate the occurrence of these behaviors. Fourth, community intervention has proven effective for health problems such as smoking, alcohol and drug abuse.

Finally, a strong social network and health infrastructure existed in these communities that could facilitate the development of a community-based intervention program. Involving the social network would mobilize community resources for the reduction of drug initiation. For these reasons, a comprehensive community-based program to reduce the incidence of drug initiation among adolescent young adult was started in Iran in 2000. This study focuses on a community-based drug abuse prevention program organized by the Iranian Quality of Life Improvement Association (IQLIA) located in *Hasan Abaad* (name of the community) Tehran, Iran. Data is obtained from people who participated in IQLIA's preventive activities and the people who did not participate, in order to compare the knowledge and attitude towards drug abuse. The results of that study are reported here.

## **MATERIALS AND METHODS**

**Sample and Procedure:** The total number of participants in Iranian Quality of Life Improvement's drug abuse prevention project was 550 people. These respondents are residents of the community who are participating in prevention programs developed in *Hasan Abaad* community. Systematic sampling was utilized in selecting the respondents who participated in the IQLIA. It was convenient in the sense that it allowed the researcher to draw a manageable sample to participate in the research. According to the Israel [17] formula, the total sample size in *Hasan Abaad* community was 150 participants. Since we had two groups of respondents- people who participate and people who did not participate in the preventive activities of the C.B.O- and the sample size of these two groups should be the same, so 150 respondents are selected from the local people of *Hasan Abaad* community who are not accounted as participants in preventive activities and 150 respondents was selected from the people who participated in IQLIA preventive activities. Cluster sampling is used in order to select the sample size of non-participants group of respondents. Then the researcher creates a list of all households in the selected community blocks (150 households) for this reason first, the researcher requests the map and list of community blocks of *Hasan Abaad* community from the municipal council that identify and label each community block. The number of whole blocks was 65. This list will serve as the sampling frame. Every household in that community belongs to a community block and each block represents a cluster of households. Selection of households in each block was based on the block's population because the numbers of the households in each block were not equal. The researcher randomly picks a number of the blocks. Then the researcher creates a list of all households in the selected community blocks (150 households); these households make up the survey sample. Therefore, the sample size of this study is totally 300,

aged 20-40 years. Out of 300 questionnaires distributed, a total of 298 questionnaires were practical for analyzing and the rest were omitted. Data collection was conducted for about months from 21 of February to 1 of March 2009.

The questionnaires in this study were guided by the research objectives of the study. It was utilized as an instrument for gathering data in this study. The questionnaire which related to measuring knowledge and attitude was norm questionnaire in Iran and usually is used by social scientists and psychologists. This questionnaire was filled in by 150 people of community who participate in prevention activities and 150 people who did not participate. The purpose of this questionnaire was to obtain information based on these variables; thirteen demographic information questions, fifteen knowledge statements and fourteen attitude questions.

**Measures:** The final goal of IQLIA is changing community attitude into negative one and increases the community's knowledge about drug abuse through some prevention program including decreasing risk factors, Increasing protective factors and social skills training. As it can be clearly seen, through people participation in prevention programs the knowledge and attitude towards drug abuse change. The results have been compared with the knowledge and attitude of local people who did not participated in preventive program. The questionnaires in this study were guided by the research objectives of the study. It was utilized as an instrument for gathering data in this study. The questionnaire of measuring knowledge and attitude was norm questionnaire in Iran and usually is used by social scientists and psychologists.

**Attitude:** The normalization of drug use by parents and other close friends has been shown to increase changes that adolescents will abuse drugs [18]. It was referred to the respondents' reaction towards the drug abuse. In the analysis procedure for this variable, four-point scales measurement was used that range from "strongly agree" to "strongly disagree". The total numbers of items were asked about respondents' attitude towards drug use were 14. The possible total score ranged from a minimum of 14 to a maximum of 56.

**Knowledge:** Knowledge is referred to the remembering of previously learned material. It is information evaluated, organized and stored, in the human mind so that it can be used purposefully. The analysis procedure for this variable, four-point scales measurement was used that range from "strongly agree" to "strongly disagree". The items were asked about respondents' knowledge about drug abuse were 15. The possible total score ranged from a minimum of 15 to a maximum of 60.

## **RESULTS**

The questionnaire was filled in by 150 people of community who participate in prevention activities and 150 people who did not participate. The purpose of this questionnaire was to obtain information based on these variables; thirteen demographic information questions, fifteen knowledge statements and fourteen attitude questions. Respondents reported their gender, age, educational level, marital status, religion and ethnicity. The results indicated in Table 1. Based on comparison between frequencies of these characteristics (gender, age, educational level, marital status, religion and ethnicity) there was no significant difference between these two groups. Table 2 presents the comparison attitude and knowledge of drug abuse between two groups of respondents, participants and non-participants in Iranian Quality of Life Improvement Association drug abuse prevention programs. Based on the results, these two groups of respondents have a significant difference in at least one of the dependent variables; knowledge and/or attitude. For this reason the ANOVA test was used which is shown at the below part of the Table 2. As it is presented in this Table, there is a significant difference ( $P < 0.001$ ) of two variables, knowledge and attitude towards drug abuse between two groups. IQLAI's preventive program had positive effect on the participants' residents of Hasan Abaad community about drug abuse. It means that IQLIA can improve the amount of knowledge about the consequences of drug abuse among participants and make the change in the attitude towards drug abuse to more negative.

Table 1: Demographic Characteristics of Participants and Non-participants Respondents in IQLIA Drug Abuse Prevention Program: Iran, Tehran, Hasan Abaad

Variables	Groups		Chi-square	P
	No. of Participants	No. of Non Participants		
Gender			.13	.71
Male	55.3	57.4		
Female	44.7	42.6		
Age, y			6.20	.10
20-24	20.8	32.4		
25-29	28.9	29.1		
30-34	18.7	14.9		
35-40	32.2	23.6		
Educational Level			10.89	.01
Uneducated and Elementary	17.1	13.5		
Secondary	14.4	17.6		
High school and Diploma	52.1	51.4		
High Educated	16.4	17.6		
Marital Status			11.16	.07
Single	41.6	49.3		
Married	52.3	48.6		
Others	12.4	8.4		
Religion			1.01	.60
Muslim	98.7	98		
Others	1.3	2.1		
Ethnicity			3.58	.31
Fars	34.9	31.8		
Turk	34.9	41.2		
Kord	18.8	20.9		
Lor	11.4	6.1		

Table 2: Multivariate Analysis of Knowledge and Attitude between two Groups of Respondents

Effect	Value	F	Hypothesis df	Erro df	Sig.
Phillai's Trace	0.190	34.52	2	295	<0.001
Wilks' Lambda	0.810	34.52	2	295	<0.001
Hotelling's Trace	0.234	34.52	2	295	<0.001
Roy's Largest Root	0.234	34.52	2	295	<0.001
Source Dependent V.	Type  SS	df	MS	F	P
Group Knowledge	1129.380	1	1129.380	33.660	<0.001
Attitude	4716.595	1	4716.595	67.111	<0.001

Significant at the 0.05 level SS=Sum of Square MS=Means Squares

## DISCUSSION

This study focus on a community- based drug abuse prevention program organized by the Iranian Quality of Life Improvement Association (IQLIA) located in *Hasan Abaad* (name of the community) Tehran, Iran. Data is obtained from people who participated in IQLIA's preventive activities and the people who did not participate, in order to compare the knowledge and attitude towards drug abuse. As it discussed earlier the attitude of the participants' respondents in the preventive activities was more negative toward drug abuse and had the fewer tendencies to it, also the level of knowledge about drug abuse among participants in preventive programs was higher than non- participants.

It can be concluded that the Successful preventive program provide integrative health strategies of reducing risk factors, increasing protective factors, improving knowledge about drugs in corporate with development of problem solving, decision-making, emotional management skills and as a result, changing the participants' attitude and behaviors towards drug abuse into negative one [19]. Regarding to these characteristics recommended by NIDA, it would be fair to say that IQLIA is one of those successful organizations in drug abuse prevention. The result of some evaluation studies is completely different with the findings of the current study. Community programs that teach social competencies and establish norms against tobacco and other drug abuse have reduce favorable attitudes towards drug abuse and prevalence of alcohol, tobacco and other drug abuse among the participants in the program [10]. For example a comparison study was done between Mexican-American early adolescents who participated in an intervention drug abuse prevention program and who did not participate in. The result of the study did not find any significant change in the knowledge, attitude and behavior in the community-based survey. One reason explained by the researchers to fail to discern statistically meaningful differences between youth who took part in the prevention program and those who did not is that intervention efforts may have improved not only overall community in which the project was based but also the adjacent community that several as a control [15].

The relative success of the program in the *Hasan Abaad* community may have been due in part to the small size of the community, which facilitated implementation of community mobilization. Another reason may have contributed to the success of the program: the awareness of community members of the drug problems of many youths in their local community. In summary, this community intervention, which was based primarily on mobilization of existing community resources, was successful in increasing the level of knowledge about the consequences of drug abuse and changing the attitude towards drugs, at least in the short term and among a few people of local participants in preventive programs. Such an approach may be useful in other countries in which drug users remain a part of both their family and their community.

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