

## A Comparative Study on the Continuity of Quit Addiction in Participant Attending in Meetings of Anonymous Addicts and Addiction Participant in Camps in the Mashhad City 1396

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### ABSTRACT

**Introduction & Objective:** Addiction is one of the most complex diseases of the century and various methods have been used to quit and treat addiction. Affiliated drug companies in the 12th session of anonymous addicts are considered as non-pharmacological methods that have deep-seated effects on drug withdrawal. The purpose of this study was to compare the continuity of quit addiction among people taking part in anonymous addicts and those participating in camps for leaving addiction.

**Materials and Methods:** The study was a descriptive comparative study. The research population consisted of 150 participants in anonymous addicts and 150 patients participating in the addiction dropout camps in Mashhad. Data collection tool was a researcher-made questionnaire consisting of two parts: demographic information and information related to the persistence of addiction abstinence in the two groups. The data collection method was also a simple random method.

**Results:** The highest percentage (40) of the studied subjects in the anonymous addict's group had left more than 6 months, and the highest percentage (51.6%) were in the camp group for 3 months of continuation. The results of this study showed a significant ( $P < 0/001$ ).

**Conclusion:** The results of Chi-square showed that there was a significant difference between the continuation of addiction abstinence among the participants in the sessions of the anonymous addicts and those who participated in the abandonment camps so that the continuation of the abandonment in the participants in the anonymous addicts Participants in addiction cracking camps ( $P < 0/001$ ) and participation in sessions of anonymous addicts are more effective than absenteeism camps.

**Keywords:** Continued quit, Persons attending anonymous addicts' sessions, people in addiction dropout camps, anonymous addicts.

## Introduction

Drugs have a lot of negative effects on the body, and some of them can eliminate brain function while others eliminate other members. Addicted victims suffer from lung, liver and kidney insufficiency, and et cetera. Narcotic drugs can threaten a strong body to death and early aging. Statistics show that there is no way to categorize countries accurately (Daiganti, 2014, p.38).

The results of many studies have shown that culture and social issues and family issues are closely related to addiction. Recent research has shown that juvenile delinquents, escaped people, divorcees, poor people, and more populous families are trapped in addiction. Kazdine, 2007, p. 28). Other issues, such as the lack of cultural facilities, recreational sports, increase the risk of drug use, which makes these conditions more acute in less-favored areas (Gustavuson, 2011, p. 99).

The prevalence of addiction in married people is more than single people. Surveys conducted at addiction treatment centers have reported that the prevalence of drug addiction in men is about 10 times higher than in women. Studies on addiction in Iran have shown a higher prevalence of addiction in men than men (Ghodrati, 2013, p. 204).

Despite the fact that addiction is one of the most complex diseases, if a person has a real desire for treatment and this is worthwhile and goes well, the addiction will definitely be treated (Tawu, 2010, p. 557). So far, variety of methods for drug treating and treating addiction have employed. Affiliated drug companies are considered as non-pharmacologically active in 12-stage sessions of anonymous addicts. The association of obsessive-compromised drug addicts has a long history, with over 200 members in 1977, but also It now has 50,000 groups in more than 130 countries (Report of the Strategy of Substance Abuse, 2011).

12-step programs have proven to be the most effective way to leave addiction. These programs, without any cost, offer a simple day-to-day program to addicts who take into account all aspects and faces of the addiction disease (Nelson, 2014, p. 473). According to the statistics of the Association of Anonymous Addicts in Iran, the incidence of Turkish abusers in people affiliated with the association will reach 90% after 5 years, as well as the presence of drug-dependent people in the community, the duration of the Turkish abduction will be less (Report of the Strategy of Substance Abuse, 2010).

Another way to quit drugs is to admit people to the camp. The referral to the camp, the Counter Narcotics Law, provides a moratorium, which usually lasts for about 1 to 2 months, if the camp has statutory rules and regulations, and the family of addicted person also identifies the addict, this deadline is considered for the addicted person (World Health Organization, 2010).

In addition, the duration of keeping the addict at the camp is as long as the dangerous condition is not resolved, and there is no legal time for the addiction to leave and improve. But from a medical point of view, the person's condition improves in a 21 (Parchar, 2010, p. 210). In the case of a camp, if the addict comes to the center with his foot and is not under the jurisdiction of the judicial authority, he can leave the camp whenever he wants. The results of the studies show that 80% of people have been addicted to drug addiction in the first 6 months, so preventive activities need to be strengthened to pass this critical period (SadeghiAhari, 2000, p. 107). Many addicts often decide to set aside their addiction but they fail. Therefore, it seems that many addicts need more information about their addiction reasons, and they need to get acquainted with the scientific and methodological methods of quitting addiction. (Cortez, 2014, p. 28).

A person who uses adequate alternative therapies cannot re-use the substance because the use of the substance does not make him euphoric and even has the possibility of poisoning and sometimes death. Alternative drugs fill most of the body's receptors and the opiate does not have any effect (Alexander, 2005, p. 32).

Attitude is the prerequisite for any health behavior. Therefore, by creating a positive attitude in people, one can expect appropriate health behaviors from them. Expecting the health behaviors of young people without compulsion is a prerequisite for developing attitudes and the need for appropriate behaviors (Anderson, 2013, p. 766).

With regard to the above, the need to pay attention to addicted or affiliated drug users, as well as the abandonment and continuation of the addiction withdrawal, are discussed. In addition, due to the lack of research in this regard in my city, my researcher should be aware of this study.

## Method

This research is descriptive, comparative. In this research, the participants were selected at the NIC centers as well as those in the camp. The research sample size was based on similar studies and the use of the standard formulation, taking into account the  $P < 0.05$ , 95% confidence interval and  $1.96\% = 150$  people in each group and a total of 300. The subjects were randomly selected in a random sampling method. A total of 150 people were selected by simple random sampling method and draw lots. In the case of people present in the camps, this category was also performed in camps to determine the number of samples Reached 150 people.

The criteria for accepting the sample were:

- 1-The samples were male.
- 2-The samples were resident in Mashhad.
- 3) The research samples did not have a history of participation in the sessions of anonymous addicts and adolescent camps.
- 4) At least 3 months have passed since the abandonment of addiction in both groups.
- 5) Examples of research after attending sessions of anonymous addicts or attending the camps, according to a specialist physician, as well as insert in the case, have not used any kind of narcotics.
- 6) Individuals were regularly present at meetings of unknown addicts as well as camps.

The data collection tool was a researcher-made questionnaire. This questionnaire consisted of two parts of demographic information as well as a section on the continuation of addiction trapping.

The reliability of the method was valid and for reliability, the Cronbach's alpha coefficient was used for reliability. The correlation coefficient was 97.7%.

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' camps, and to obtain permission from the research samples in the research environments. By submitting a questionnaire to both groups, he began his research, after collecting A questionnaire from both groups was entered into the SPSS-24 software and the data were analyzed.

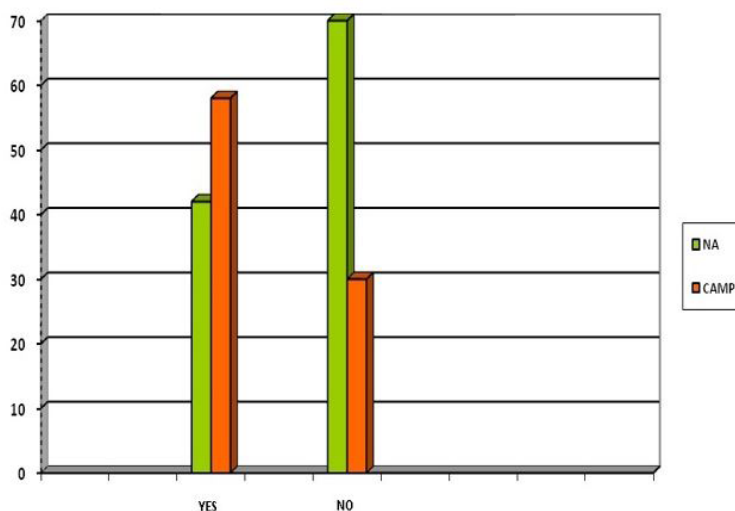
## Research findings

In this research, the data was used to describe the data of the population, percentage, mean, and standard deviation, given that the purpose of the study was to determine and compare the continuity of addiction treatment in the participants in the sessions of the anonymous drug addicts and addiction patients in the city of Mashhad. To use parametric statistical indicators Such as the T-paired test, the data must have a normal distribution.

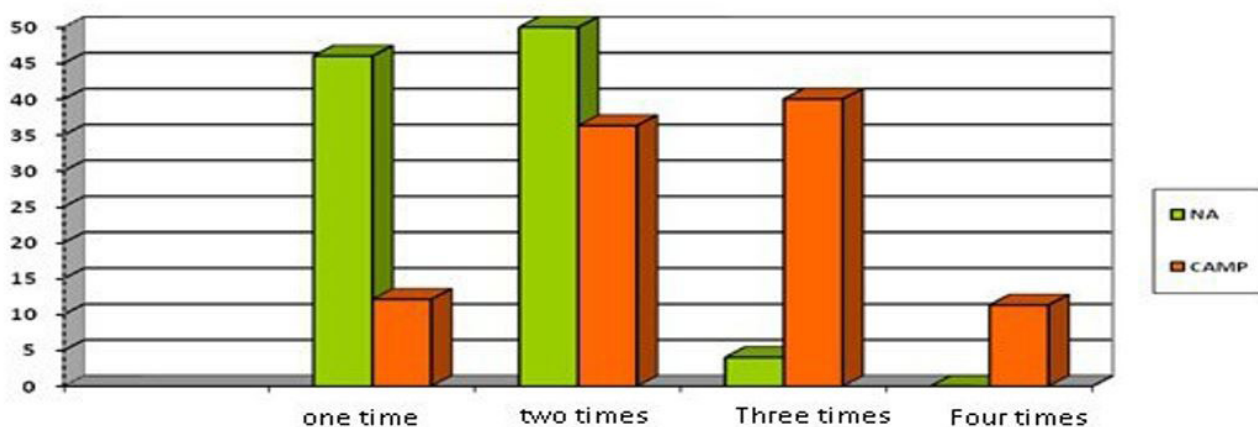
In the absence of this distribution data, the parametric bread equivalence, i.e., Mann-Whitney and Wilcoxon test, is used. In addition, the Smirn'scolmograph test was used to determine the distribution of society. In the tests, the level of  $P < 0.05$  was considered significant. Analysis Data were analyzed using SPSS-24 software. The results are summarized in the following table and diagrams.

Frequency Methods of detoxification	NA Participants		Camp Participants	
	Absolute	Relative	Absolute	Relative
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 1:** Distribution of Absolute Frequency and Associated Frequency of Dependent Subjects according to Methods of Detoxification



**Figure 1:** Comparison of having a return in two groups NA and Camp 1396



**Figure 2:** Comparison of the frequency of recurrence in two groups of NA and Camp 1396.

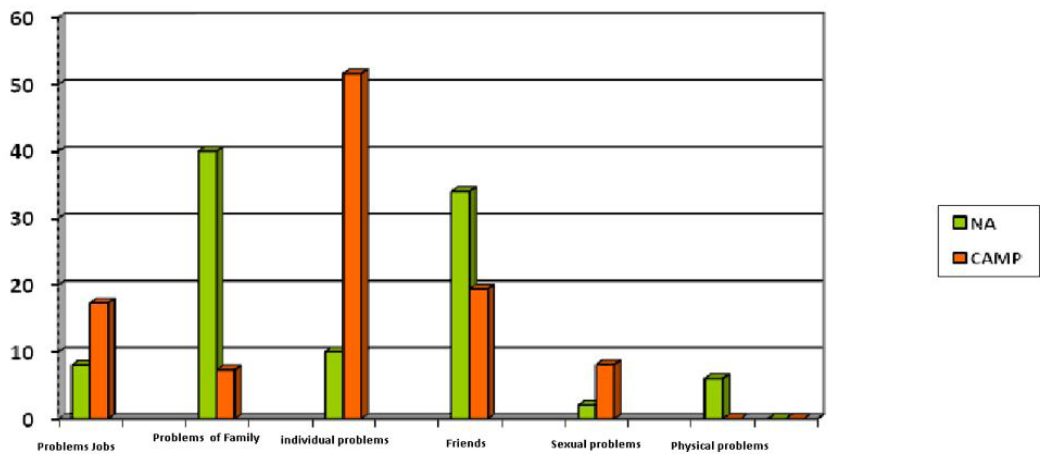


Figure 3: Comparison of the cause of the slip in both NA and camp groups in 1396

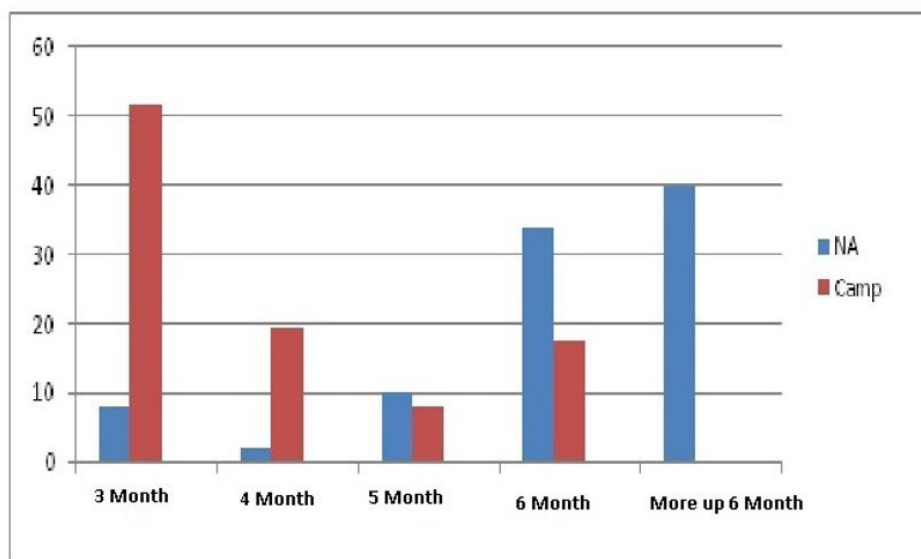


Figure 4: Comparison of the duration of cracking in two groups of NA and Camp 1396

### Discussion of the findings

The analysis of this research data is based on each of the specific objectives.

The highest percentages (30) of the studied subjects were aged 35-26 years old with an average age of 30.5 years and the lowest percentage (10%) over 55 years of age with an average of 57 years and in the anonymous addicts group the highest percentage (31.4%) was 36-45 years with an average of 40.5 years The oldest and the highest percent (9.3%) were above 55 with an average of 59 years. The highest percentage (56.7%) of the studied units were married and the lowest percentage (5.3%) were married and (24.7%) of the samples (51.3%) were married and the lowest (6%) were matched. The highest percentage (35.3%) of the studied units were in the anonymous job addicts' group and the lowest percent (18%) were unemployed and the highest percentage (34) were unemployed in the free employment group and the least percentage (13.3%). The highest percentage (31.3) of the studied units was in the unnumbered group of addicts, and the lowest percentage (3.3%) was higher than the baccalaureate and the highest percentage (38.7%) of the units under study were in high school and the lowest percentage (3.1%) was higher than the baccalaureate. The highest percentage (28.7%) of the subjects under study continued to leave more than 6 months after the observation with the NA group, and the lowest percentage (37%) (17%) had 4 months of withdrawal. The highest percentage (48.4%) of the studied subjects in the NA group had recurrence twice, and the lowest percentage (10.9%) was 3 times persistent; moreover, no participant had recurrence more than 3 times. The highest percentage (54) units the case group in the NA group had more than 3 sessions and the lowest percent (6.7%) participated only once in monthly periods, and 80% of the anonymous items were in the regular monthly meetings. Unidentified addicts belong to the group of the anonymous and the least (3.5%) of them were cannabis and the highest percentage (24.7%) of the studied units were in the campus group and the smallest percentage (1.3%) of them used cannabis.

The highest percentage (30.7%) of the studied units were in the anonymous drug addicts' group in the south and the lowest percent (9.3%) live in the central area of Mashhad. Also, the highest percentage (30.7%) of the units were in the central area and the lowest percentage (16.7%) They live in the eastern part of Mashhad. 94% of the anonymous content after the company had decreased desire to consume. 66.7 percent of the anonymous items did not slip after attending the meetings.

Concerning the determination of the extent of the continuation of addiction withdrawal in the population referred to adolescent drug addiction camps, the results show that in the camp group, the highest percentage (58) uses non-pharmacological methods to help treat and the lowest percentage (42%) do not use this method. (Table 1). The highest percentage (37.1%) of the units studied had 4 months of withdrawal, and the lowest percentage (1%) had more than 6 months of continuous leave.

Concerning the purpose of comparing the continuation of addiction withdrawal in the attending group in the sessions of the anonymous addicts and drug addiction camps in the city, the results show that in the group of anonymous addicts, the highest percentage (40.7%) of the methadone treatment method and the lowest percentage (2.7%) of naltrexone therapy, as well as other methods. In the campus, the highest percentage (55.7%) of the units were admitted to the addiction treatment centers and the lowest percentage (3.1%) of the naltrexone treatment method was used. The results of the research, Drvros and colleagues (2013), show that more Drug addicts use methadone for drug addiction (p. 28). The results of the research by Sadarapa (2012) and colleagues indicate that campers leave the drug after admission (p. 540).

In the group of anonymous addicts, the highest percentage (58) did not return and the lowest percent (42%) had recurrences. Also, in the camp group, the highest percentage (70) of the study units returned to them and the lowest percent (30%) had not returned (Figure 1). The results of Strong Research (2012) and Handa (2011) also found that people who participated in the Association of Anonymous Addicts returned to drug treatment after frequent participation in meetings (p. 196, p. 14).

In the group of anonymous addicts, the highest percentages (50) were twice and the smallest percentage (42%) had 3 times, as well as 0%, more than 3 times. In the camp group, the highest percentage (40.3%) of the studied subjects was 3 times and the lowest (11.3%) Have slipped three times (Figure 2). The results of Chi-square show two significant differences ( $P < 0.001$ ). Results of Re-iss's research (2017) also showed that addicts are less likely to slip after having joined the classes of the Association of Anonymous Addicts and as a result of the recurrence of addiction (P. 21). In the group of anonymous addicts, the highest percentage (34) of friends and the least (2%) of sexual problems have caused slipping of individuals. In the camp group, the highest percentage (51.6%) of the studied subjects was due to friends and the smallest percentage (7.3%) had slipped physical illnesses (Figure 3). The results of Strong Research (1391) and Label (2017) also showed that the main reason for the return of individuals to the addiction of their friends is (p. 128). The highest percentage (40) of the studied units in the anonymous addict's group have left for more than 6 months. Most of them (51.6%) in the camp group also had 3 months of continuous leave (Figure 4). The results of Chi-square test show two significant ( $P < 0/001$ ).

## Conclusion

Regarding the research hypothesis that there was a difference between the two groups in the sessions of the anonymous addicts and the camp, the results showed that in the group of anonymous addicts, the highest percentage (58) did not return, but in the camp group, the highest percentage (70) of the units under study had a return They are Also, in the group of anonymous addicts, the highest percentage (50) was twice and in the camp group, the highest percentage (40.3) of the subjects under study had 3 times more than three times slipping. The results of Chi-square test showed a significant difference ( $P < 0.001$ ). In addition, in the group of anonymous addicts, the highest percentage (34) friends and in the camp, group also had the highest percentage (51.6%) of the units under study because of their friends slipping.

Finally, the highest percentage (40) of the units studied in the anonymous addict's group had left more than 6 months, and the highest percentage (51.6%) was in the camp group for 3 months of continuation. The results of Chi-square showed a significant difference ( $P < 0/001$ ).

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