

The Influence of Life Skills with respect to Self-Help Approach on Relapse Prevention in Iranian Adolescents Opiate Addicts

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Abstract: This study explores the importance of three elements of life skills, i.e. problem solving, critical thinking and ability to abstinence, on drug use and its effects on the prevention of relapse among male adolescent opiate users in Kerman, Iran. Life skills are one of the important factors that affect the recovery of addicts and presuppose relapse among adolescents. The lack of life skills is an operative factor to relapse among adolescents. The development of life skill was recognized as a factor that could help the adolescents in their efforts to avoid relapse. Iran is in the process of developing options concerning drug abuse treatment for opiate and other drug dependent patients while nearly 60% of its population is under the age of 25 (Farjad, 2000). Scholars emphasize the critical role of life skills to prevent relapse in adolescents and highlight the lack of life skill as a factor leading to relapse among adolescents (Barr & Parrett, 2001; Gorski, 2001; Gouws, Kruger, & Burger, 2000; Mc Whirter, 2004; Van Niekerk & Prins, 2001). Focusing on this issue, this research explores a new examination area and finally reinforces the result of the previous relevant studies in its own contribution. In this research 226 adolescents between the ages of 13 to 20 in ten rehabilitation centers were selected to answer the self-administered questionnaire. Benefiting from Pearson Correlation analyses, the findings represent a significant moderate negative relationship between life skills and relapse ($r = -0.453$, $p < 0.01$), i.e. the lack of life skills significantly raises the risk of relapse among adolescents. The study proposes some suggestions in order to prevent relapse after treatment in adolescents.

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1. Introduction

Nowadays, addiction as the most vicious phenomenon of the present century threatens life, economy and families and societies (Youth at the United Nations, 2006). In fact, drug addiction is a big social and personal problem which influences not only the mind and body of the addict but also the health of a society concerning social, economical, political and cultural issues (Farjad, 2000).

These days adolescent drug use is a problem all over the world (Mental Health Touches, 2006). The percentage of addiction among adolescents is increasing recently, that is drug using mostly starts during the second decade of one's life.

Iran is also no exception. Substances used among adolescents is widespread in Iranian communities, schools and families (Azizi, 2004). According to Azizi (2004), drug use among Iranian adolescents is increasing, and is related to a multitude of problems. In Iran, male adolescents are more at risk of drug use than female adolescents because females are more powerfully monitored by their parents (Ghahramanloo, 2000; Mohamadi, 2006). However, when this monitoring is weak, the probability that they will

become involved with deviant peers, and also their involvement with drugs rises (Ziaaddini, 2005).

Previous studies have shown that among male adolescent pupils aged 12 to 20, 51.5% had tried alcohol and 33.7% had tried opiate drug (Chen, Dormitzer, & Gutierrez, 2004; Wendy & Lenn, 2007). Male adolescents may be disturbed to a greater degree than female adolescents from their surrounding environment, resulting in adjustment problems such as use of drugs (Nagpal, 2009).

As drug abuse in adolescent is increasing, the demand for treatment of drug addicted adolescents is also increasing. In spite of the attempts during the recovery processes, almost 2/3 of opiate addicts return to drug in just less than one year (Kaplan, 1997). According to statistics 78 percent of adolescents relapsed after they stopped using drugs after six months (Gorski, 2001).

Drug addiction is a persistent relapsing disorder (O'Brien & McLellan, 1996; Yahyavi & Ronald, 2009). Due to the variety of consumed including alcohol, nicotine (tobacco), heroin and opium, relapse -as a complicated phenomenon- has become a common widespread issue (Hunt, Bamett, & Branch, 1971; Marlatt & Gordon, 1985). Such high relapse percentages among opiate addicts have also been

reported in Iran (Mohamadi, 2006; Momtazi, 2010; Saeed, 2000). Research has proved successful results of many different treatments; however, high relapse rates are still typical across all classes of drug abuse (Hunt et al., 1971; Marlatt & Gordon, 1985). Usually the recovery processes are not inclusive enough and confine themselves to mere physical attendance for the purpose of detoxification, neglecting the important factors such as life skills, social, cultural, economic, environmental and family factors. Since after detoxification the addicts return to their family and society, we cannot expect a perfect quit without considering these factors carefully (Ghorbanhosseini, 1990).

Life skill is one of the important factors that effects on addicts in recovery and presupposes relapse among adolescents. The lack of life skills is an effective factor to relapse among adolescents. Life skills have been defined by World Health Organization (1994) as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”.

The literature emphasized on the importance of life skills as an important source in supporting addicted adolescents during recovery. Dodgen & Shea (2000) by regarding social learning theory suggested that life skills will maintain relapse prevention and a sober life. According to Westhuizen (2007) those addicts who do not have life skills to start a new life during their recovery, will return to drug again after treatment.

In a study on adolescents relapse prevention, Gorski (2001) argued that the focus only on the addiction without any attend to development of life skills can lead to relapse, and life skills cause the strength of addicted adolescents in recovery. Van Niekerk & Prins (2001) are holding the opinion that the development of life skills leads to empowerment on individuals and community levels. Furthermore, the literature recognized the following life skills as important factors to prevention relapse: stress management, problem-solving skills, decision-making skills, critical thinking, assertiveness training, communications skills, self-care, abilities to abstinence (Barr & Parrett, 2001; Fisher & Harrison, 2005; Gouws *et al.*, 2000; Velasquez *et al.*, 2001).

In Westhuizen's study (2007) time management and critical thinking are recognized as a life skill that has a very important role in relapse prevention of adolescents during recovery. According to him, an addict who is not equipped with life skills to start a new life when they are in recovery will return to using drugs after treatment. Based on social learning theory, Dodgen & Shea (2000) stated that life skills, inclusively: anger management, refusal skills, problem-solving and

relaxation will assist an addicted person to prevent a relapse and to conform to a sober life. Mc Whirter *et al.* (2004) warned that adolescents in recovery are located at risk before acquiring the necessary life skills.

The need for further research in this field and a more profound understanding of the drug abuse adolescents who have relapsed after treatment still exists. Thus, this study highlights the significance of the three elements of life skills, namely problem solving, critical thinking and ability to abstinence in preventing relapse among male adolescents in Kerman.

1. Methodology

This study is quantitative correlational and intends to investigate and find out the pattern of relationships between variables. For this, the data was collected from 226 opiate addicted male adolescents in Kerman, aged 13 to 20, who had referred to rehabilitation centers, and had at least once relapse. In order to select the respondents the random number generator software available at <http://www.random.org> was employed.

The method of data collection was self-administered questionnaires. It took about 20 minutes to complete each questionnaire. Demographic information was collected using a questionnaire of demographic data. Table 1 had showed the frequencies and percentages on respondents' background characteristics such as age, education level, and occupation status.

The second part included questions about key study variables (life skills).

The Myers and Brown scale contains 28 items: the first 12-items rated on seven point scale ranging from (1= Definitely would not do and think to 7= Definitely would do and think) and measured the ability of problem solving. After that there were 7-items to measure critical thinking and rated on seven point scales ranging from (1= Definitely would not do and think to 7= Definitely would do and think). Next, abstinence was focused on with 9 items rated on seven point Likert scale ranging from (1= Definitely would not do and think to 7= Definitely would do and think). The reliability of the scale in the previous research by Myers & Brown (1996) shows a correlation of 0.78. Reliability assessment of the life skill scale in the present study yielded an alpha coefficient of 0.81.

For data analysis, the two statistical procedures of descriptive and inferential statistics were used. The inferential statistics utilized in this study were Pearson Correlation Analyses. The Pearson Product-moment Correlation Coefficient was used to determine the magnitude or strength and direction of relationships between the independent variables (life skills: problem solving, critical thinking and ability to abstinence) and the dependent variable (relapse).

Table 1. Frequencies and Percentages of Respondents' Demographic Background

Characteristics	Number (n=226)	Percentage (%)
Age (n=226)		
13-14 years	20	8.8
15-16	39	17.3
17-18	83	36.8
19- 20 (Mean=17.5)	84	37.2
Level of Education		
Elementary	28	12.4
Secondary school	79	35
Associated degree	82	36.3
Bachelor	37	16.4
Occupation Status		
Unemployed	138	61.1
Employed	88	38.9
Parental Marital Status		
Live together	133	58.8
Divorced	51	22.6
Widow	18	8
Widower	24	10.6
Relapse		
Once	77	34.1
Twice	68	30.1
Third	29	12.8
More than three times	52	23
Income (Dollars)		
< 75000	164	72.7
> 75000	62	27.3

2. Results and Discussion

As table 1 indicates, the age of the adolescents ranged from 13 to 20 years old. Their mean age was 17.5. The Majority of the respondents (37.2%) belonged to the age group of 19 to 20. In term of education, the largest part of the samples in this study had an associated degree that comprised 36.3% of the whole subjects. Also regarding occupation, 61.1% of the adolescents were unemployed and 38.9% employed. Table 1 also illustrates that the largest part of the samples in this study (58.8%) were adolescents whose parents live together. 72.7% of the respondents' monthly income or spending money was between (0-75,000 Dollars). Based on the classification of income in Iran, this means that most of the respondents were in the low-income group.

Pearson correlations between life skills and relapse shows that relapse is correlated with life skills (problem solving, critical thinking and ability to abstinence). Taking the data analysis into account, it is specified that Pearson Correlations between life skills and relapse of respondents is -0.453 in rank order and with p-value is 0.000 in rank order which is less than = 0.01 significance value. Table 2 confirms a significant negative correlation between life skills (problem solving, critical thinking and ability to

abstinence) and relapse ($r = -0.453$, $p < 0.01$). A negative relationship in the correlation indicates a decrease in the independent variables in spite of an increase in the independent variables. In other words, whenever a person is not well-trained with life skills, he would most probably find himself in relapse situation again.

Table 2. Pearson Correlation Tests between Life Skills and Relapse

		Relapse	Life skills
Relapse	Pearson Correlation	1	-0.453*
	Sig. (2-tailed)		0.000
	N	226	226
Life Skills	Pearson Correlation	-0.453*	1
	Sig. (2-tailed)	0.000	
	N	226	226

*Correlation is significant at the 0.01 level.

In this study life skills were identified as efficient factors of relapse in addicted adolescents. Based on the results of the present research in Kerman, the adolescents are not equipped with life skills and need

to be trained while being treatment. In addition, life skills training in schools and the status of family education have not been mentioned as part of the relapse prevention in Kerman which in turn caused 90% of addicts to have relapse after detoxification. In Iran the recovery processes are not usually completed and are basically restricted to the physical dimensions of detoxification; i.e. life skill training is ignored. The development of life skills was recognized as a factor that could help the adolescents in their efforts to avoid relapse.

Iran is in the process of developing and growing drug abuse treatment options for opiate and other drug dependent patients. Self-help approach is one of the essential approaches in community development. This approach is based on the belief that people can, will and should work together to solve community problems (Littrell & Hobbs, 1989). Self-help approach is becoming more significant as a planning style to solve the community problems and self-help is a community building approach and also it is a style of planning, decision making, and problem solving (Christenson & Robinson, 1980; Littrell & Hobbs, 1989).

Self-help approach a serious emphasize on education about the problem and its sources (vague! No verb). Self-help can exist as an institute, place or an interest group (Littrell & Hobbs, 1989). The person is vulnerable but can improve huge strength in self-help groups (Kindernothilfe, 2002). Berger & Neuhaus (1977) proposed empowerment as a way of improving individuals by means of mediating social institutions.

Self-help has become an integral part of treatment for emotional issues, behavior problems, drug use, relapse and also dealing with stressful situations. Many people find that self-help and support groups are an invaluable resource for empowerment and recovery (Focus adolescent service, 2008). Self-help support groups bring together people with common experiences. Participants share experiences, provide understanding and support and help each other find new ways to cope with problems (Younus, 2005). Most drug addiction treatment programs encourage patients to participate in a self-help group during and after formal treatment and also encourage parents who have adolescents with behavior problems like relapse to attend a parenting group for support and guidance (Kindernothilfe, 2002). Self-help groups play a necessary role for the family members to know the addiction. Self-help groups are effective in supporting the family, and addressing the feelings related to the addiction and the involvement of families in aftercare efforts as necessary to prevent relapses (Goodwin, 2000; Van Der Westhuizen, 2007). A support group can also supply emotional support, practical coping skills and strategies, and empower

individual towards personal growth, positive changes, and healing (Focus adolescent service, 2008). Brandt and Delpont (2005) indicated that the self-help groups provide addicted adolescents with role models to help them in forming new beliefs regarding drug abuse and also Focus Adolescent Services (2006) declare that self-help groups learn them to function in the community and to assist them to form healthy relationships. The strength of using the self-help approach in this study lies in its potential to focus on the influence and interaction of self-help group on relapse prevention in male adolescent. Self-help groups can be engaged powerfully in the context of aftercare services supplied in the route of relapse prevention. Self-help approach was included here to explain relapse prevention through self-help group after treatment.

3. Conclusion and Implication

This study explored the influence of life skills on relapse prevention in male adolescents opiate users who relapsed after treatment. The findings were supported by relevant literature and were also consistent with the literature of previous research. The general conclusion was that there are several factors that may lead to relapse. Lack of life skills, i.e. problem solving, critical thinking and ability to abstinence, is significantly related to relapse in addicted adolescents. Based on the results, the researcher suggests, the following methods to decrease relapse in Kerman.

The adolescents need self-help group in order to support them to avoid relapse. The opiate addicted adolescents should be assisted in dealing with high-risk situations. Also they should develop assertiveness to deal with peer pressure and learn how to get in to the right friendship. In addition, self-help groups play an essential role for the family members to understand the addiction. They should be empowered in the recovery process and get more involved in the treatment. Parents should be capable to support their adolescents and receive information on high-risk situations.

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