Assessing Perceptions and Attitudes of Male Drug Users Towards Drug Re-Abuse Prevention based on the Health Beliefs Model

تقييم تصورات ومواقف متعاطي المخدرات الذكور تجاه الوقاية من إعادة تعاطي المخدرات بناء على نموذج المعتقدات الصحية

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المستخلص

الاهداف : تهدف الدراسة الى تقييم تصورات ومواقف المدمنين الذكور فيما يتعلق بمنع إعادة تعاطي المخدرات بناء على نموذج المعتقدات الصحية.

المنهجية: تم إستخدام تصميم دراسة وصفية لإجراء مسح إستبيان في مركزين لإعادة تأهيل مدمني المخدرات في العراق , من ٢ يناير ٢٠٢٤ الى ١ فبراير. بلغ حجم العينة (١٠٠) مدمن ذكر. تتكون الاداة من جزئين : الجزء الاول , يتعلق بوصف الخصائص الاجتماعية و الديموغرافية للمدمنين الذكور مثل (العمر, الحالة الاجتماعية , المنطقة السكنية, مستوى التعليم,المهنة,و الحالة الاجتماعية و الاقتصادية) و الجزء الثاني يتضمن إستخدام مقياس لقياس معتقدات المدمنين الذكور إتجاه إعادة تعاطي المخدرات.

النتائج: اظهرت نتائج الدراسة الحالية ان الوصف الاحصائي الموجز للمعتقدات الصحية لمتعاطي المخدرات من الذكور فيما يتعلق بالوقاية من إعادة تعاطي المخدرات بإستخدام نموذج المعتقدات الصحية مستوى معتدلا من التتقيم ومتوسط الدرجة (٣,١٦ ± ٠,٤٢٨) .

الاستنتاجات: استنتج الباحث, بإن الخطوة الأولى في علاج الإدمان بغض النظر عن العقار المخدر هي وعي المريض وعائلته بحالته , او احيانا يشعر المريض نفسه بأنه بحاجة الى العلاج على الرغم من ان بعض هذه الحالات نادرة إلا إنها موجودة.

التوصيات: نوصي بنشر ثقافة علاج حالات الادمان من خلال فتح مستشفيات إستثنائية , ووضع سياسة لمعالجة هذه الظاهرة و الحد منها , وتفعيل دور الاعلام في مكافحة

المخـدرات. وستشـمل هـذه التـدابير المؤسسـات ذات الصـلة و اللجـان المشـتركة لتيسـير التعاون.

الكلمـات المفتاحيـة: المدمنون الذكور, التصورات, المواقف,إعادة تعاطي المخدرات, نموذج المعتقدات الصحية.

Abstract

Objectives: The study aims to assess the perceptions and attitudes of male addicts regarding to prevent drug re-abuse based on health belief model.

Methods: A descriptive study design was used to conduct a questionnaire survey at two drug rehabilitation centers in Iraq, from 2nd January 2024 to 1st February 2024. The sample size was (100) male addicts. The instrument consists of two parts: part I, involved, to describes the male addicts' socio-demographic characteristics such as (age, marital status, residential area, level of education, profession, and socioeconomic status) and part II involves the using a scale to measure male addicts' beliefs towards drug re-abuse.

Results: The summary statistical descriptive of scale health beliefs of male drug users regarding drug re-abuse prevention using the health belief model exhibit a moderate level of assessment and mean score (±SD) = (3.16±0.428).

Conclusions: According to the researcher, the first step in treating addiction, regardless of the narcotic drug, is the awareness of the patient and his family about his condition, or sometimes the patient himself feels that he needs treatment. Although some of these cases are rare, they do exist.

Recommendations: We recommend spreading the culture of treating addiction cases by opening exceptional hospitals, developing a policy to address and reduce this phenomenon, and activating the role of the media in combating drugs. These measures will involve relevant institutions and joint committees to facilitate cooperation.

Keywords: Male addicts, Perceptions, Attitudes, Drug Re-Abuse, Health Belief Model.

Introduction

Drug abuse is a globally important, challenging, and costly health problem that leads to physical, mental, and psychiatric outcomes in persons, families, and communities ([1]). Many clinical studies signalize that there is an association between drug use and personality troubles with a guide that personality pathology may affect both an etiology and course of drug use troubles ([2]). Drug use disorder happens when the use of alcohol or another drug by a person leads to health problems or issues at work, school, or home. Also called drug abuse ([3]). The wellness creed emphasizes health motivation through the Health Belief Model (HBM) and is effective for predicting health behaviors, addressing risky behaviors, and creating short- and long-term improvement strategies. There

are influencing people's prevention decisions, six key constructs were identified, screening and disease control: people are likely to act if (a) they think they are susceptible (perceived susceptibility) to a disease, (b) assume severe consequences follow the condition (perceived severity), (c) assume it will take action decreasing the vulnerability or seriousness of the disease (perceived benefits), (d) assuming that the costs of taking action are greater than the benefits (perceived barriers),(e) are revealed signals that suggest action (cues to action), and (f) feel capable of being effective action-taking (self-efficacy) ([4]).

The Health Belief Model (HBM) is a theory of intrapersonal behavior that emphasizes an individual's knowledge, attitude, and actions. For almost eight decades, HBM has been successfully utilized to promote safe behaviors ([5]). HBM was primarily utilized to elucidate the reasons behind individuals' endorsement or rejection of condition-prevention measures ([6]). The Health Belief Model (HBM) is a psychological health behavior change model developed in 1950 by some United States (US) public health researchers with the purpose of improving human lifestyle toward healthy behaviors ([7]).

Drug abuse also known as substance abuse where the user absorbs the drugs in quantities or with strategies that are detrimental to him or her or to others, the term has a broad variety of meanings, but in short substance abuse, it means dependency on taking a psychoactive drug or enhancing drug output, e.g., Aphrodisiac, but some of the most often associated with this term include

alcohol, barbiturates, benzodiazepines, cocaine, and opioids. It may lead to criminal penalties, and physical, social, and psychological harm, strongly depending on local jurisdiction ([8]).

Drug abuse is one of the most important health-related problems that can affect the individuals' quality of life in mental, psychological, physical, and social dimensions. Studies have shown a close relationship between drug abuse in adolescence and adulthood. Drug abuse in adolescents has different reasons including reduced self-esteem, pleasure-seeking, lack of communication skills, and lack of safe recreational spaces. According to the United Nations Office on Drugs and Crime, the drug abuse death rate increased by 60% from 2000 to 2015. Peterson et al. indicated that one of the most important ways to reduce drug abuse in adolescents is education based on new preventive models. Drug prevention programs are cost-effective in comparison to other treatments. In addition, the effectiveness of addiction therapies is not very promising and is often accompanied by recurrent relapses. Considering the current conditions, adolescents should be educated based on the new preventive strategies, which are the most effective methods for preventing the occurrence and prevalence of drug abuse among adolescents ([9]). Adolescence is a vital period because of the establishment of most of the behaviors that will affect health through adulthood ([10]). People suffering from mental illnesses such as alcoholism and drug addiction are the most common perpetrators of suicide and suicide attempts, according to statistics ([11]).

Treatment-seeking behavior can be defined by the individual's behavior toward getting appropriate treatment when they perceive themselves as having health problems ([12]).

Prevention of substance abuse among adolescents requires awareness of characteristics that place youth at risk and targeting modifiable risk factors. Many studies have attempted to identify risk factors associated with adolescent drug and alcohol usage, in its 2010 report titled "Preventing Drug Use Among Children and Adolescents", NIDA lists several factors that can enhance or mitigate adolescent risk for initiating or continuing to abuse drugs. These factors include exposure to drugs, socioeconomic status, quality of parenting, peer group influence, and biological/inherent predisposition towards drug addiction ([13]). Motivation to stop substance abuse and insight into addiction problems are good prognostic factors to avoid relapse ([14]). According to recent

substantial epidemiological studies, substance use following successful treatment and recovery is the primary concern that needs solid preventative measures ([15]).

Methodology

Study Design and Setting

A descriptive Analytic design was used to conduct a questionnaire survey in two drug rehabilitation centers: the Al-Hayat Recovery Center at Al-Hussein Teaching Hospital, which is in the city of Nasiriyah, and the Al-Ataa Hospital for Addiction and Psychological Rehabilitation in Baghdad.

Sample of the Study

A convenience non-probability sampling approach was used to recruit addicted patients who had previously been subjected to treatment for addiction. After treatment, the patients showed a desire to return to drug abuse. The total sample size was 100, divided into 20 from Nasiriyah and 80 from Baghdad. Therefore, inclusion criteria required that the participant be: self-identified as having an alcohol and drug abuse; had been abstinent from alcohol and drug abuse for more than 2 weeks; male only with age between 15 and 45; had the ability to consent, and Exclusion criterion was addict have psychosis history and physical illness.

Study Instrument

The instrument consists of two parts: part I involved, to describes the male addicts' socio-demographic characteristics such as (age, marital status, residential area, level of education, profession, and socioeconomic status) and part II involves the using a scale to measure male addicts' beliefs towards addiction. Cronbach's alpha internal reliability is 0.873 for all variables. The overall scale consists of (37) items measured on a 5-point Type Likert Scale distributed among the five subscales to gauge the changes in HBM among male addicts. The responses for these items (1) strongly disagree, (2) disagree, (3) I don’t know, (4) agree, and (5) strongly agree, with a higher score indicating higher agreement of the beliefs.

Data analysis

Statistical analysis was conducted in IBM SPSS 27.0 using whole numbers and percentages, while mean and standard deviation were used to define continuous variables.

Methods of Data Collection

The research was based on information gathered from January 2, 2024, to February 1, 2024. The researcher personally gave the questionnaires to the participants. The researcher received permission to administer it from the Nasiriyah Health Directorate and the Rusafa Health Department.

Ethical Consideration

This is a valuable section of the study concerned with the ethical considerations of scientific research in initiating the sample collection process. A special meeting was held with the director of each addiction treatment center to explain the study and obtain permission. Patients' names were not obtained. Another meeting was held with the addicted patients to inform them of the study and its purposes, and all patients were provided with complete information about this study.

Results

Table 3-1: Distribution of Male Addicts by Socio-Demographic Variables

SDVs	***Groups***	***Freq.***	***%***
Age/years ***M.s ±SD = 28.4±7.7***	15-25 years	38	38.0
	25-35 years	41	41.0
	35- 45 years	18	18.0
	45-55 years	3	3.0
	Total	**100**	**100.0**
Marital Status	Married	29	29.0
	Single	49	49.0
	Widowed	6	6.0

	Divorced	16	16.0
	Total	**100**	**100.0**
Residential area	Upper-class neighborhood	29	29.0
	Lower class neighborhood	71	71.0
	Total	**100**	**100.0**
Educational Level	Not read & not write	1	1.0
	Read & write	24	24.0
	Elementary School	24	24.0
	Intermediate school	24	24.0
	Prep graduate	17	17.0
	Bachelor \ Diploma	8	8.0
	Postgraduate Degrees (Master, Ph.D.)	2	2.0
	Total	**100**	**100.0**
Monthly household income	It is Enough	47	47.0
	Enough to some extent	35	35.0
	Not enough	18	18.0
	Total	**100**	**100.0**
Profession	Employee	26	26.0
	Free Business	43	43.0
	Students	3	3.0
	Not Have Work	28	28.0
	Total	**100**	**100.0**
Admission of the	Voluntary	72	72.0

patient to the hospital	Involuntary	28	28.0
	Total	**100**	**100.0**

The table 3-1 shows that all patients (100%) with an average age of 28.4±7.7 years old adolescents who participated in this study their aged 25-35 years old and constituted 41 (41.0%), Nearly half of the participants were single 49 (49.0%), Residential area findings revealed that 71(71.0%) were lives at lower class neighborhood, Level educational of participants were respectively 24 (24.0%) as Read & Write, Elementary School, Intermediate school for each of them respectively. Regarding the Monthly household income most of the study, sample answered It is enough 47 (47.0 %), Regarding the Profession most of the study sample answered that free business accounted for 43 (43.0%) among all study samples, Finally Admission of the patient to the hospital were voluntary 72 (72.0%) among all study sample.

Table 3-2: Distribution of Behavioral Habits their Participants SDVs

SDVs	***Classification***	***Freq.***	***%***
Smoking and Hookah	Smoking cigarettes	72	72.0
	Non-Smoking cigarettes	28	28.0
	Total	**100**	**100.0**
Taking Medications	1-2 times a day	31	31.0
	3-4 times a day	21	21.0
	5 or more times a day	26	26.0
	1-2 times a week	14	14.0
	1-2 times a month	8	8.0
	Total	**100**	**100.0**
How old were you when you first started using	10-20 years	25	25.0
	21-30 years	48	48.0

drugs, regularly?	31-40 years	24	24.0
	41-50 years	3	3.0
	Total	**100**	**100.0**
How do you evaluate your health condition at present?	Excellent	26	26.0
	Good	37	37.0
	Medium	27	27.0
	Bad	10	10.0
	Very Bad	0	0.0
	Total	**100**	**100.0**

Findings represented descriptive statistics of socio-demographic information of the cooperative in terms of frequencies and percentages. Out of (100) participants relatively to questioned about Smoking and hookah were (72.0%) for each of them respectively. Taking medications: How often do you take Sedatives and analgesics-related findings, The majority of (31.0%) study participants exhibited 1-2 times a day.

Table 3-3: Summary Statistical Descriptive of Scale Health Beliefs of Male Drug Users Regarding Drugs Re-Abuse Prevention Using the Health Belief Model

Health Belief Model Components	*MS ± SD*	*Assessment*
Perceived Susceptibility	2.89±0.952	**Moderate**
Perceived Severity	3.38±0.862	**High**
Perceived Benefits	3.57±0.795	**High**
Perceived Barriers	3.01±0.657	**Moderate**
Perceived Self-efficacy	2.95±0.909	**Moderate**
Overall Assessment	**3.16±0.428**	**Moderate**

"(MS) Mean of Scores, (SD) Standard deviation, Level of Assessment (low =1- 1.66, Moderate= 1.67-3.32, High=3.33-5.00)"

According to the summary statistical descriptive of scale health beliefs of male drug users regarding drug re-abuse prevention using the health belief model were exhibits that persevered (severity and benefits) were high level of assessment and the remaining component demonstrated a moderate level of assessment, So the overall level of assessment was presented as level as described by moderate mean score (±SD) = (3.16±0.428).

Discussion

According to the findings (**Table 1and 2**), shows that all patients are males (100%) with an average age of 28.4±7.7 years old. Adolescents who participated in this study were aged 25-35 years old and constituted (41.0%). The findings in this study are consistent with numerous other studies showing that men are more likely than women to abuse substances ([16, 17]). Concerning the study subjects' marital status, the majority of the sample was single (49.0%); regarding the residential area, its findings revealed that

(71.0%) found that the largest percentage are those who live in lower-class neighborhoods, and this is due to the lack of culture and societal and family control in these areas. Concerning the study sample's level of education and profession, the highest percentage refers to (24.0%) Read & write, Elementary School, and Intermediate school, respectively, and 43% of the study sample are free works.

In addition, the study results indicate that more study subjects have a Monthly household income. Most of the study sample answered that it was enough (47.0 %). Finally, Admission of the patient to the hospital was voluntary (72.0%) among all study samples. the study's results showed that most of the study sample patients were smokers, accounting for (72%). Regarding the number

of times a person uses narcotic substances, we found that (31%) of users use narcotic substances once or twice a day, which is the highest percentage. Concerning how old you were when you first started using drugs, the highest percentage regularly in the group between the ages of 21-30 years was (48.0%).

According to **(Table 3**) of the summary statistical descriptive of scale health beliefs of male drug users regarding drug re-abuse prevention using the health belief model exhibit a moderate level of assessment and mean score (±SD) = (3.16±0.428). This means that male addicts need health and medical education about abuse and not return to drug abuse through promoting health beliefs. The Health Belief Model (HBM) is often used to understand and predict behaviors related to health, such as drug re-abuse prevention among male drug users. Studies have applied HBM to assess how beliefs about health risks and benefits can influence individuals' readiness to take action against drug use. For example, interventions based on HBM may focus on increasing perceived severity and susceptibility to drug-related harm, enhancing perceived benefits of abstaining from drugs, and reducing perceived barriers to change.

Conclusion

The study concludes that the majority of addicts are adolescents due to factors such as inadequate security control, exploitation of merchants, influence of negative peers, and easy access to real estate, which have contributed to the rise of crystal abuse among young individuals. The study assessed the perceived susceptibility, perceived barriers, and self-efficacy of male drug users' health beliefs related to drug re-abuse prevention using the health belief model. The assessment revealed a moderate level of perceived susceptibility, perceived barriers, and self-efficacy, while perceived severity and perceived benefits showed a high level.

Recommendations

This study recommends the open specialized addiction treatment facilities in many governorates and implement laws banning the sale of narcotics to promote a culture of treatment for those suffering from addiction.

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