

Risk of addiction in male students' dormitories at university

Mostafa Orifi¹, Maria Cheraghi^{2,3}, Sasan Mogahi⁴, Seyedsaeid Seyedian⁵, Ahmad Gorbani⁴, Alireza Nabipour⁶, Amirreza Dadgarinejad², Farkhondeh Jamshidi^{2,4}

¹Student Research Committee, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, ²Social Determinant of Health Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, ³Department of Public Health, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, ⁴Department of Infection Disease, School of Medicine, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, ⁵Alimentary Tract Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, ⁶Department of Pharmacy, Poona College of Pharmacy, University of Bharati Vidyapeeth, Pune, India

Abstract

Introduction: Drug addiction is one of the major problems that the young people are the most likely age group to face. The study tried to examine a wide range of young people of whom the students living in the dormitory were examined. **Method:** In the descriptive cross-sectional study that was done in 2017, 120 students, residing in the student dormitory, were randomly selected from among the students' volunteer to participate in the study. A questionnaire containing demographic information and addiction readiness questions was completed. **Results:** There was no significant relationship between age and addiction ($P = 0.894$). With elongation of the stay in the dormitory, the rate of addiction tendency had increased significantly ($P = 0.032$), which was until 5 terms, after which the rate of addiction did not increase in students with an increase in the dormitory stay. The students traveling less often to their place of residence (once a semester) were significantly more likely to be addicted compared to others ($P = 0.033$). There was a significant relationship between the reduction of household economic power and the rate of addiction ($P = 0.021$). **Conclusion:** According to the results, students economically in the lower percentiles of the society need more attention for prevention from becoming addicted. In addition, as an increase in the duration of stay in the dormitory increased the tendency of students to addiction, studying the causes of this factor in future studies is suggested.

Key words: Addiction, dormitory, students

INTRODUCTION

Drug addiction influences everyone's individual and social behaviors.^[1] Due to having borders with one of the largest drug production centers in the world, Iran is not only one of the main routes for drug trafficking^[2,3] but also a market for drug use.^[4] This complication is more common among young people today, the age of the suffering from it has significantly reduced, and Iran has major problems with addiction due to its young population.^[5-7] A significant part of these young people is the students and most of them are non-indigenous people residing in student dormitories or student homes. The age and problems such as distance from the family, lack of enough personal space in the dormitory, the presence of people from different cities, and cultures and ethnicities together, as well as the

rules governing dormitories, have created many problems for these students, of which mental and psychological problems are a part.^[8,9] The relationship between drug abuse and students' problems such as academic insecurity, academic failure, physical and mental illness, suicide, uncontrolled driving, vandalizing and aggressive behaviors, and the feeling of helplessness and high-risk sexual behaviors all signals a major risk.^[10,11] As medical students will form the

Address for correspondence:

Farkhondeh Jamshidi, Social Determinant of Health Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran.
Phone: +98(9166078503).
E-mail: dr.jamshidi2009@yahoo.com

Received: 11-09-2018

Revised: 22-09-2018

Accepted: 28-09-2018

main elements of the care teams in the future, the occurrence of any long-term harm, including addiction, can endanger the health of a wide range of populations besides themselves.^[12] Studies show that 89% of drug addicts have at least one type of mental disorder.^[13] The results of previous studies have introduced various causes of drug abuse, such as the insistence of friends and peers, rebellion against parents, escape from life's distress, emotional disturbance, exclusion from others, life histories, and personality traits.^[14-16] It should be noted that the costs of introducing primary prevention are hundreds of thousands less than the cost spent in some communities to control the spread of drugs, treatment of the addicted, and abusive users.^[10,11,17] This has increased the effort to identify the underlying factors that increase the tendency of adolescents and young people to addict in recent years. Although the mental health of students is one of the biggest concerns of planners and decision-makers, few studies conducted have been conducted in this regard. Given the importance of this issue and the limited studies on the incidence and prevalence of addiction in medical students, this study was done to determine the rate of addiction tendency among the medical students living in the dormitory.

METHOD

After obtaining the permission from the Ethics Committee of the Jundishapur University of Ahvaz (ethics code: IR.AJUMS.REC.1396.420), this study was conducted as a descriptive cross-sectional study on male medical students living in dormitories of Jundishapur University of Medical Sciences in 2017 in Ahvaz. From among the volunteering students, living in the dormitory, 120 students were randomly selected and entered the study. Informed consent was received from all students, and for the confidentiality of the information, students were asked to refrain from mentioning their first and last names. The questionnaires were coded and their information was collected. The proposed questionnaire was a combination of two active readiness and passive readiness. Active readiness was related to antisocial behaviors, desire to use drugs, positive attitude toward drugs, depression, and excitement, and passive readiness related to lack of self-expression and depression.^[18] The first part of the questionnaire was related to demographic and general information of the student (age, completed courses, educational level, number of trips to the city of residence during the semester, and family income level), and the second part examined the rate of addiction to students, for designing which Weed and Boucher's addiction preparedness scale (1992) was used and validated for Iran. The questionnaire used in this study was an Iranian scale for evaluation of the level of readiness for addiction, which was designed by Zargar (2006) according to the psychosocial status of Iranian society. The scale reliability was calculated 0.90 using Cronbach's alpha, which was reported as optimal.^[19] The questionnaire had two factors including 36 items plus 5 verification test cases. Scoring each question was from zero (completely disagree)

to 3 (completely agree), which was reverse in questions 6, 12, 15, and 21. To obtain the general score of the questionnaire, the points of the questions (other than the right-of-measure scale) were combined and the total scores could range from 0 to 108. The higher scores showed greater readiness of the respondent for addiction and vice versa.

RESULTS

Table 1 shows the results of the first part of the questionnaire, which included questions about the demographic and general information of students.

The youngest student was 19 years old and the oldest 28 years. The minimum duration of dormitory stay was one semester for freshmen students, and the highest attendance was 12 years for a dormitory student living in the dormitory from high school. The average residence time of the students in the dormitory was 3.1 ± 2.4 years.

The rate of addiction tendency among students was evaluated based on the scores obtained from the designed questionnaire whose results are shown in Table 2.

According to the studies, based on students' responses, with an increase in age up to 23, the incidence of addiction

Table 1: Demographic and general information of students

Variables	Mean \pm SD/n(%)
Age	22.3 \pm 1.6
Number of passed terms	
≤ 5	52 (43.33)
6–12	43 (35.83)
>12	25 (20.83)
Visit times of your hometown during the semester	
12	17 (14.17)
6	22 (18.33)
3	37 (30.83)
2	29 (24.17)
1	15 (12.5)
Family income level	
Good	10 (8.33)
Medium	92 (76.67)
Poor	18 (15)

Table 2: The rate of addiction tendency based on the score of the questionnaire

Questionnaire score	Mean \pm SD	Minimum	Maximum
	40.3 \pm 12.1	11	83

increased and then decreased, but this increase and decrease were not statistically significant and the age variable had no effects on the inclination to addiction ($P = 0.894$).

The lowest rate of addiction was related to students who were less than two semesters in the dormitory, and with an increase in attendance up to five semesters, addiction tendency increased significantly ($P = 0.032$), which suggests an increase in the tendency toward addiction with an increase in duration of dormitory stay.

Among the students who had the least frequent trips to the place of residence, there was a significant increase in addiction tendency ($P = 0.033$). In contrast, students who traveled to their place of residence every week reported the lowest rates of addiction, but this was not statistically significant.

With the decrease in the income level of the family, the rate of addiction in the students significantly increased ($P = 0.021$).

DISCUSSION

In the present study, which was conducted as questionnaire-oriented, the researchers examined the students at risk of addiction who were living in the dormitories, where the rate of addiction to students was evaluated with criteria such as age, duration of stay in a dormitory, frequency of visits to the city of residence, and economic status of the family. The results showed that, although the rate of addiction increased with age, this difference was not statistically significant. Peer pressure, which has a positive effect on the tendency to abuse drugs, and life in environments where access to drugs is easier have a role in addiction. The results showed that students with the lowest presence in their place of residence (once in a semester) tended to be more addicted. The results of the study by Siam *et al.* (2006) showed that the prevalence of smoking and other addictive substances in students residing in residential houses and dormitories was higher than that of native students living in private homes,^[20] which was consistent with the results of the present study. In contrast, the study by Tareman *et al.* (2014) reported the frequency of drug use and the duration of drug addiction in non-dormitory students higher than that of dormitory students,^[21] which was inconsistent with the results of the present study.

The studies showed that the economic status of the addicted people affects their tendency to addiction and substance abuse with people in poor families more vulnerable to problems caused by poverty and drawn toward deviations and drug abuse.^[22-24] Due to their age and their natural and social needs, young people expect their needs to be met. For any reason that a young person is deprived of the right to work, shelter, and income necessary to meet his/her needs, he/she tends toward deviated paths.^[25] In the present study, there was a significant relationship between the decrease in family income and addiction tendency. The results of the

study by Aghda *et al.* (2016) showed a significant relationship between poor economic status and addiction, which was consistent with the results of the present study.^[26]

It is suggested that, with the expansion and development of recreational and sports units at universities and hospitals by offering services to students living in dormitories, especially students who cannot travel to their cities during their studies, drug abuse be prevented due to studying and staying away from the family. Moreover, to identify students' psychological problems, prevent the progress of these problems in students, and increase the tendency toward drug abuse, free counseling services should be provided at different stages of education and be considered as a fixed unit in dormitories.

CONCLUSION

The results showed that students who were economically in lower percentiles of society were more tended toward the abuse of narcotics and these people need more attention to protect themselves from addiction. In addition, as there was a direct and significant relationship between the increase in the duration of stay in the dormitory and the tendency toward addiction, designing a study to evaluate this factor as one of the factors increasing the tendency toward addiction is suggested.

ACKNOWLEDGMENT

The study was financially supported by Deputy of Research in Ahvaz Jundishapur University of Medical Sciences with Grant No. GP96051.

REFERENCES

1. Mehryar MJ. Addiction, Prevention and Treatment (Book). Rockville, MD: Ravanpour Publication; 1998.
2. San Luis G, Hortensia A, Avendaño A, Manuel A. Barriers to addiction prevention and treatment in communities with organized crime: the perspective of health providers. *Salud Mental* 2018;41(2):73-80.
3. Abdi A. Impact of Prison on Prisoner: Social Pathology. Limbe, Cameroon: Noor Publishing House; 1992.
4. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) national practice guideline for the use of medications in the treatment of addiction involving opioid use. *Journal of addiction medicine*. 2015;9(5):358.
5. Gravett S. Coping with Prison: A Guide to Practitioner on the Realities of Imprisonment. London: Cassell; 1999.
6. Azizi A. Prevention and Treatment of Addiction (Book). New York: Fourth Publication; 2002.
7. Ekhtiari H. The Ways to Recognize and Treat Addiction (Book). Iran: Arjmand Publication; 2002.

8. Mobasheri M, Solati K, Bakhshi S. Comparison of homesickness among freshmen students, half and one year after their entrance to Shahrekord university of medical sciences. *Pajoohandeh J* 2012;17:241-5.
9. Schlegel R, d'Avernas J, Zanna M, DiTecco D, Manske S. Predicting alcohol use in young adult males: A comparison of the Fishbein-Ajzen model and jessors' problem behavior theory. *Drugs Soc* 1987;1:7-24.
10. Cooper ML. Alcohol use and risky sexual behavior among college students and youth: Evaluating the evidence. *J Stud Alcohol Suppl* 2002;14:101-17.
11. Perkins HW. Surveying the damage: A review of research on consequences of alcohol misuse in college populations. *J Stud Alcohol Suppl* 2002;14:91-100.
12. AghdAr A. A study on the relationship between metacognitive beliefs and tendency to drugs among students of Medical Sciences University of Behbahan city. *International Journal of Humanities and Cultural Studies (IJHCS)* 2016;3(1):106-14.
13. Bigdeli AM, Booger ER. Common psychiatric disorders in drug abusers. *Clin Psychol Couns Res* 2012;2012:93-107.
14. Sekhavat J. *Sociology of Social Deviations*. Tehran: Payam Noor University Publication; 1998.
15. Delavar AM, Alizade e. Relationship between family components and drug abuse among high school students in Tehran. *Clin Psychol Pers Sci Res J Shahed Univ* 2009;16:21-34.
16. McLoughlin KA. Substance abuse: From principles to practice. *Psychiatric Serv* 2000;51:1579-80.
17. Mussen PH, Conger JJ, Kagan J. *Child Development and Personality*. New York: Holt, Rinehart and Winston, Inc.; 1963.
18. Weed NC, Butcher JN, McKenna T, Ben-Porath YS. New measures for assessing alcohol and drug abuse with the MMPI-2: The APS and AAS. *J Pers Assess* 1992;58:389-404.
19. Zargar BN, Naay A. Investigating the relationship between personality vertigo (excitement, assertiveness, and psychological hardness), religious attitude and marital satisfaction with drug addiction. *Educ Sci Psychol J* 2008;15:99-120.
20. Siam S. Prevalence of addictive substance abuse among male students of different universities of Rasht, Iran. *Zahedan J Res Med Sci* 2006;8:9-15.
21. Tareman F, Bolhari J, Peyravi H, Asgari A. Drug use prevalence among students of universities of medical sciences in Tehran. *Res Addict* 2014;7:9-21.
22. Mirshtiani MR. *Sociology of Addiction in Iran Today*. Tehran: Mohajer Publication; 2005.
23. Cheraghi M. Risky behaviors of injecting drug users (IDUs) referred to addiction rehabilitation centers in Khuzestan Province in 2014. *Online J Health Allied Sci* 2017;16:5.
24. Jamshidi F, Nazari I, Malayeri HT, Rahimi Z, Cheraghi M. Pattern of drug abuse in addicts self-referred drug rehabilitation centers in Khuzestan Province-Iran, 2014-2015. *Arch Forensic Med Criminol* 2016;66:1-12.
25. Shambayati H. *Delinquency of Children and Adolescents*. Tehran: Majd Poblaction; 2006.
26. Aghda M, Maleksabet H, Mehrparvar H, Falahati M, Laeh M. Investigating the relationship between social damages and the quality of life in Yazd city. *SSU J* 2016;24:241-50.

Source of Support: Nil. **Conflict of Interest:** None declared.