

Community Intervention and Effective Substance Abuse Prevention

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Abstract: This study examines Iranian Quality of Life Improvement Association (IQLIA) a community-based organization (CBO), which located in *Hasan Abaad*, in preventing drug abuse among adults. In this case study, survey design was employed using questionnaire. The respondents consists of two groups i.e. the people who participated in the CBO and another group who did not participate in it. Respondents were selected using a systematic sampling. The study discovered that there was a significant difference of attitude and knowledge about drug abuse between two groups of respondents. In conclusions, community-based intervention programs initiated by CBOs are functional in that it helps to educate and raise participant awareness about drug in its operation area.

Keywords: Drug Abuse Prevention, Community-based, Knowledge, Attitude, Level of Participation

1. Introduction

Human health and community development have an inseparable relationship. Whatever is a threat to health is also a danger for community development and welfare. 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 threats for health and affect on quality of life, drug abuse prevention programs are one of the basic factors in 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 offers 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]. In the past drugs are used to cure some diseases and recreational activity in Iran. Drug abuse prevention programs are the first priorities of Iran social harm reduction policies. Iran's drug preventive programs can be divided into three stages [2], the first stage started in 1992 which involved big size and intensive plans implementation. In this stage the first pattern of harm reduction which name was "prevention of social harm" was implemented. The goal of this stage was to educate people how they can protect themselves and their family from social harm dangerous. The weakness points of that stage were not-efficiency, and most of the time these kinds of programs pay attention to governmental benefits rather than the community needs. The second stage introduced during 1994-2000 period involved territorial plans implementation with intersectional partnership. The process of this program was inclusive of gathering information about the local substances addiction condition like: at risk group, risk factors, exist facilities and carry on workshops to codify drug abuse prevention's operational programs. One of the most important weakness points of this stage was no community empowerment and participation, so because of lack of community empowerment and preservation, the sustainability of the programs was depended on the remaining the experts at the states. The third stage beginning in 2000 until present involved community-based drug abuse prevention programs. The general goal of this stage is social and psychical health promotion and its activities aimed to achieve high level of community participation.

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 been emphasized on the local people participation in drug abuse reduction and prevention programs. The reason for conducting a survey in community-based drug abuse intervention program was based on several observations. First, drug abuse is prevalent in most of the communities in the suburban area of Tehran. Second, drug abuse is internalized in adolescence or early adulthood, and it takes time and cost to change one's attitude and finally behavior.

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Third, drug abuse is an anti social behavior which is obviously very contradictory to the community norms. Drug abusers need good social support systems, minimized their risk behaviors, Fourth, the effectiveness of community-based intervention programs which is part of the social support activity to overcome anti social behavior such as smoking, alcohol and drug abuse is worth to examined. Finally, one of the remarkable characteristics of old communities in Iran is the existence of a strong social network and health infrastructure that could help to the development of a community- based intervention program. For the above reasons, a comprehensive community-based program to reduce the drug abuse addiction among adolescent was started in Iran in 2000. This study focuses on one of the community- based drug abuse prevention programs organized by the Iranian Quality of Life Improvement Association (IQLIA) located in *Hasan Abaad* (name of the community) Tehran, Iran.

Nowadays community-based approach is being used as a strategy to curb for social problems like addiction and others social harms, this process lead to life quality promotion for every walk of life. Basically many substance abuse prevention initiatives at the local area are built based on the community development's rules, whereby it includes the process of enabling community residents to identify shared problems or goals, call up resources, plan and implement strategies to reach their goals[3]. Community-based drug abuse prevention programs would increase individuals' awareness of the seriousness of drug abuse problems and change unhealthy attitude through prevention programming effort. Community wide health promotion programs are based on the assumption that changes in health-related behaviors will occur if members of community a) are made aware of health problem and b) are informed about preventive measures [4].

The affect of community-based programs will strengthen when the active participation of local people creates a sense of collective ownership [5]. The evidences of different organization's drug abuse prevention programs in Iran show that community-based approach is the dominant approach in drug abuse prevention [6]. One of the characteristics of 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 reducing positive attitudes towards drug abuse and prevalence of alcohol, tobacco and other drug abuse among the participants in the program is increased when the community programs teach social competencies and set up norms against tobacco and other drug abuse to them [7]. 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 behaviours. Loken et al. [8] in his research found those cognitions that are significant to the individuals are those that influence a person's attitudes towards health behaviour. If behaviour is the target of modification, so change should be occur for the beliefs and attitudes. There are many community-based intervention programs conducted around the world whose primary aims of them are increasing the level of knowledge about drug abuse and changing the attitude towards drug abuse form positive to negative. However, prevention strategies and interventions resulted in mixed effects depending on how effectiveness was defined [9].

2. Methodology

2.1. Sample and procedure

The total number of participants in Iranian Quality of Life Improvement's drug abuse prevention project was 550 people. They were residents who participated in the 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. In order to select the responds of the second group, 150 respondents were picked out from the local people of Hasan Abaad community who were not accounted as participants in preventive activities. Multi-stage cluster sampling is used to select the sample of non-participants group of respondents. Then the researcher created a list of all households in the selected community blocks (150 households); for this, first, the researcher requested the map and list of community blocks of Hasan Abaad from the municipal council that identifies and labels each community block. The number of whole blocks was 65. This list served as the sampling frame. 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 picked a number of the blocks. Then the list of all households was created in the selected community's blocks (150 households); these households made up the survey sample. Therefore, the

sample size of this study is totally 300, aged 20-40. Data collection was conducted during 21st of February to 1st of March 2009.

3. Findings

3.1. Demographic Characteristics of the Respondents

Respondents reported their gender, age, educational level, marital status, religion, and ethnicity. The results are indicated in Table 1. Out of 100% participant respondents, around 55% were male and 44.7% were female whereas in non-participant group 57.4% were male and 42.6% were female. Amount half (50.9%) of participants range in age from 30 to 40 years old while more than half (61.5%) of non-participant respondents was between 20-24 years of age. Almost half of the respondents of two groups, 52.1% of participants and 51.4% of non-participants had attained high school diploma. Slightly more than half (52.3%) of respondents in participants group were married while the 49.3% of non-participant respondents in preventive activities was single. The majority of both groups of respondents were Muslims. The larger proportion of non-participating respondents (41.2%) were Turks while in the case of respondents who participated in the CBO's preventive activities, the number of Persians and Turks were equal (34.9%). 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.

3.2. Comparison of attitude and knowledge about drug abuse between two groups of respondents

Table 1 presents the comparison of attitude and knowledge about drug abuse between two groups of respondents, participants and non-participants in drug abuse prevention program. The MANOVA (multi analysis of variance) is a type of multivariate analysis used to analyze data that involves more than one dependent variable at a time. Because of multiple analyses the researcher might encounter to type 1 error, so one of the most important advantages of MANOVA is that due to testing only one depended variable, the researcher is defended against it. So it is quite evident that this kind of analysis is more precise than individual ANOVA. If there was a significant multivariate effect then the univariate effect is tested (i.e. ANOVA for each DV separately). 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 below Table 2. As presented in the table, there is a significant difference ($P < 0.001$) of two variables, knowledge and attitude towards drug abuse between two groups. This indicated that the IQLAI's preventive program had positive effect on the knowledge and attitude of the participant residents of Hasan Abaad community about drug abuse. It means that IQLIA can improve the knowledge about the consequences of drug abuse among participants and can change their attitude towards drug abuse to more negative.

Table1. Multivariate Analysis of Knowledge and Attitude between Participants and Non-Participants in IQLIA

Effect	Value	F	Hypothesis df	Error 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

3.3. Level of Community Participation in IQLIA Drug Abuse Prevention Activities

Based on the Uphoff's model, there are three main levels of participation, namely decision-making, implementation and benefit sharing. To measure the level of participation in the three stages, the respondents were asked to express the kinds of activities which they participate in this C.B.O. Table 2 shows that at the decision making level 56.7% was involved at the medium level, 40.7% was in the high level and only 2.6% was related to the low level of decision making. At the implementation stage 41.3% of the involvement was

at the medium level and the majority (58.7%) of the respondents' participation was at the high level. At the benefit sharing stage 4.7% of respondents involved of the low level, 50% at the medium level and 45.3% at the high level. So as it can be clearly seen, the level of participation in the IQLIA was in the high level of implementation stage.

Table2. Level of Community Participation in IQLIA Drug Abuse Prevention Activities (N=150)

Activities	Levels of Participation			Total
	Low	Medium	High	
Decision-making	2.6%	56.7%	40.7%	100%
Implementation	0%	41.3%	58.7%	100%
Benefit Sharing	4.7%	50%	45.3%	100%

4. Discussion

As it discussed earlier the attitude of the participant respondents in the preventive activities was more negative toward drug abuse and had the fewer tendencies towards 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 behaviours towards drug abuse into negative one [10]. As it was stated earlier, the result of the study showed that the level of local people participation in CBO's drug abuse prevention program was in the high level of implementation. Since the philosophy of health improvement programs (such as prevention of HIV/AIDS, alcohol and drug abuse) is built on the principle of increasing self-determination and individual's control over his or her own behavior , community participation from benefit sharing level to decision making is one of the fundamental principles of these programs. The goal of participation is to provide those who have to live with decisions made with an opportunity to participate in the decision-making process [11]. However, in this study some of the members did not feel that they were part of the decision making in the project. One of the main reasons of this feeling was that local participation in drug abuse prevention programs is a new phenomenon in Iran.

The relative success of the program in the Hasan Abaad community may have in part been due to the small size of the community, which facilitated implementation of community mobilization. Another reason may have contributed to the success of the program is the awareness of community members of the drug related problems of many youths in their local community. In essence, health promotion action involves helping people to develop personal skills, creating supportive environments, empowering communities, influencing governments to represent healthy public policies, and making the better health services. Mentioning the drug abuse prevention programs as one of the strategies to promote health of community, preventive measures and actions should be taken from different aspects. The role of people in prevention of social harms particularly in drug abuse, always have been vital. The governments need to be more organized and supportive to direct nations into prevention of drug abuse and expand the healthy life. One of the measures to achieve this goal is practical by C.B.Os. Community-Based Organizations as an organization that provides social services at the local level are the most efficient non-profit institutions which their activities are completely based on the local people participation. To summarize, this community intervention, which was based initially on local people participation, 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 regions in Iran in which drug users remain a part of both their family and their community. It is hope that if this program is being implemented throughout the country, the problem of drug abuse can be overcome progressively.

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