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THE PSYCHOSOCIAL ASPECTS OF DRUG ADDICTS IN ASSIUT GOVERNORATE

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ABSTRACT :

This study was carried out to assess the psychosocial backgrounds of drug addiction problem in Assiut Governorate The study included 50 drug addicts from the Social Defence Club in Assiut and from psychiatric and addiction unit of Assiut University Hospital in addition to 50-control group from their relatives. Data collected from drug addicts were about (1) socio-demographic and family backgrounds; (2) the pattern of substance abuse (3) symptoms check list-90 (SCL-90); (4) Drug taking situations and types used.

This study revealed that drug addicts were characterized by a relatively young age (Mean = 25.41±7.24 years), low educational level and low social level. Their family relationships were quarrel-some with overcritisim and overprotection. They started drug abuse at young age. The main motives for abuse were peer influence, trial, and depression and the main desired effects were tranquility and happiness. They began and continued to abuse drugs to enjoy pleasant times with peers, under the effects of social pressure, unpleasant emotional situations and conflicts with others. The study recommends the presence of community health nurses to assist in health education for prevention of addiction in the social defence clubs and their integration into a development health program within the school & participation in researches and studies particularly in the community.

The drug addicts were more extroverted than controls and had a high scores for anxiety and depression and low scores of psychoticisim and paranoid ideation.

INTRODUCTION :

Drug use and abuse remain a critical problems in most countries and are associated with several social and economic consequences (Kleber, 1999). The societal consequences of substance use and abuse have led to a dramatic loss of resources, both human and material, increased morbidity and mortality; and reduced or lost productivity. Some of these societal effects include increased rate of accidents, crime, domestic violence, child abuse, suicide, prostitution, diseases, work place consequences and community deterioration (Sodestorm, et al, 1992).

The recent trend of drug abuse in Egypt, based on natinal and international documents

shows a sharp rise in heroin use in the last decade. The users annually finance their heroin consumption by about 400 million Egyption pounds. There was also an outbreak of cocaine abuse. Abuse of benzodiazepines and amphetamines also continues to spread, often with considerable rapidity. Cannabis is still the most common drug of abuse; while opium addiction, which is well established in the region, showed a tendency to stabilize, or even to decrease (Nafea, 1990).

The use of illicit drugs frequently starts among school children during adolescence. Surveys in the United Kingdom indicate that 5-20% of school children abuse drugs, with 2-5% using them weekly and with a peak prevalence at 14-16 years of age (Swadi, 1999).

Adolescents and young adults are at increased risk for developing drug dependence and the highest risk is in early adolescence, reaching the peak values between the ages of 15 and 25 years (Anthony & Helzer, 1995). The incidence rates were highest for men at 18 years old (almost 8% per year) and for women at 18 years old (2.8% per year). Other recent epidemiological surveys show increased prevalence of drug taking among adults aged 35 years and older (National Institute on Drug Abuse, 1999).

Considerable research links personality disorders such as antisocial personality disorder and major depressive disorder with the development of substance dependence. Youth substance abusers have been found to be extraverted and involved with their peers whereas older substances abusers are often depressed and withdrawn (Stein, et al, 1996) This supports the hypothesis that substance abuse takes on different psychosocial meanings with continued use.

The remarkable change in Egyptian population directs the attention of the health professionals to study the psychological aspects of the problem. Moreover, rapid superficial economic growth in Egypt is possibly a major precursor of expanding substance abuse through disruption of the established social system. Also the economic value of increased consumption, the creation of social uncertainty as well as the availability of the substance are involved. Therefore, the problem is a reflection of social disruptive image and it should be dealt with from psycho-socio-biological view (Abed El Mawgoud, 1998).

Nursing Role for Drug Dependent Clients :

Nurses can play an important role in the problem of drug addiction through primary prevention to prevent non users from initiating use and to prevent individuals who are experimenting with substance from progressing to chronic and abusive use of substances (Sullivan, 1995).

A focus group was conducted between community nurses and nurses from university on drug addiction yielded a culturely senstive information which is useful in preventing drug abuse. (Reiskin H., et al., 1999)

Nurses can work through information and education programs (lectures, pamphlets & videos), awareness events and seminars (life style, early warning signs), general health risk appraisals, screenings and follow-up for persons as potentially having an Alcohol, Tobacco and other drug (ATOD) problems (Teutsch, 1992).

Primary prevention programs should provide factual information about alcohol and drug, teach life skills, and address myths about ATOD. In addition, they should provide healthy, planned alternative activities with supervision, These programs should build individuals,

resiliency focusing on protective factors e.g. shared values and a sense of belonging structure and consistent rules, availability of family and neighbours for emotional support (Allen, 1996).

Suggestions for addressing prevention of ATOD with parents include; providing opportunities and literature for parents to learn about the problem, emphasizing to them the significance of listening to children and helping them, the importance of knowing theirchildren's friends and supervising their activities (Winslow, 1992).

Preventing drug abuse particularly among the under-25 years, is a high profile national target. It can involve many approaches including peer education. Nurses can become involved in such work. They should be integrated into a developmental health education program within the school. (Teutsch, 1992).

Nurses in a variety of settings are in a position to identify emerging risk factors, refer problems for assessment and management, and foster those parenting skills and interpersonal skills that may be protective against substance abuse (Allen, 1996).

Aim of the work :

To study psychosocial backgrounds of the problem of drug addict in Assiut Governorate.

SUBJECTS AND METHODS :

I-Setting of the study: This study was carried out in the Social Defense Club for addict and the psychiatric department of Assiut University which recive the critical cases of drug addicts serving clients from Assiut governorate. The percentage of response was 80% accounting for 50 cases and the other 20% didn't complete the study.

II- The Subjects: Respondents were 50 male addicts compared to 50 healthy subjects as a control group. Data collection was six months starting from July 99, and preceded by 2 months for the pilot study. Every person was interviewed individually.

III- Study Tools:

1- Socoi-demographic data :

a-Personal data sheet: (Name, Age, Occupation, Education and Marital status)

b-Socio economic Scale: (Fahmy and El-Sherbini, 1983).

c-Family Background: Caregivers to the addicts and Relationship between family members

2-Pattern of substance abuse including: Route & administration, age of starting abuse, duration, motives for abuse and the expected desired effects.

3-Symptoms check list-90 (scl-90) : (Ibraheem et al, 1985)

4-Drug abuse questionnaire: It is a twenty items questionnaire that measure the abuse of drugs during the past 12 months. (Skinner, 1982).

5-Inventory of drug-taking situations (IDTS-50): (Annis and Martin, 1985).

IV- Methods:

1-Approval to carry out the study was obtained from the director of Assiut University Hospital and Social Defense Club. 10 experts in the field of psychiatry, psychology and nursing did validity of the Arabic questionnaire.

2-A pilot study and the necessary modifications were done .

V-Statistical Analysis: Descriptive statistical methods included the X2 test, were used. P–

values were considered as statistically significant of P<0.05.

RESULTS :

Table (1): Shows the socio-demographic data of the addict clients and the control group. Mean ages were similar in the addict and control groups (30.3±9.9 compared to 26. 8±8. 6years). With insignificant difference (P=0. 068)

Concerning marital status, more divorced were found among the addicts than in control group (34 % compared to 8 %, P<0.001).

As regards occupation the percentage of the manual workers among the addicts was higher than among the control group (38% compared to 12%, P=0.00). The percentage of unemployed was significantly higher among addicts compared to controls (30% compared to 8%, P= .000).

Addicts between ages (15-24 years) were more frequent than in the control group (44%compared to 36%) The age group (25-34) years was more frequently among the addicts than the control group (38% compared to 26). Those in age group (35-45) years are more frequently in the control group than the addicts and also the age group (≥45) were the lowest percentage among the addicts group.

Table (2): Shows the Socio-demographic characteristics of the families of addicts and control group. Fathers in preparatory, and university education in control group were more than in the addicts group. (20% compared to 14% Vs 36% compared to 32%) while illiterate/Read & write primary, and secondary were more in addicts than the control group (24% compared to 20 %, Vs 12% compared to 8%, Vs 18% compared to 16%). There was no significant difference between the levels of education between both groups.

Unemployed father was slightly more among the addicts than in the control group. Illiterate/ Read & write, primary and preparatory education of mother were more among the addicts than the control group, (20% compared to 12%, Vs 18% compared to 10%, Vs 20% compared to 18%). Housewife mothers were more among control group than the addict clients (48% Vs 52%). There was a significant difference (x^2 = 7.52, P=0.04)

Table (3): Shows some housing characteristics of families of addicts and control group. A statistically significant difference was observed between both groups in relation to availability of household water & electricity supply (X^2 = 9.89, P=0.007) and house hold information sets (Radio, TV and Videos) (X^2 =8.57, P= 0.003)

The table also shows that the number of persons living at home among addicts which was less than in the control group (P=0.006) but there was no significant difference between crowding index among addict and control group.

Concerning social class, there was a significant relationship between social class and addiction where high social class was observed more among addicts (36% compared to 30%) while low social class was observed more among the control group (26% compared to 22%)

Table (4): Shows the family members relationship among addicts and control groups. The separated parents were more frequently among addicts than in control group, (26% compared to 24%) with significant difference (X^2=14.27, P=0.006). Dead father and mother were more among addict clients than control group (22% compared to 14%, Vs 20% compared to 8%).

The relationship between parents was more harmonies in control group rather than among addicts (56% compared to 20%). The quarrelsome is observed more among the addict's

parents than control group (44% compared to 32%). The differences were highly significant, (X^2=31.37, P= 0.000).

A statistically significant difference is observed between the addicts and control group as regards relationship with their mothers (X^2= 9.89, P=.042). (X^2=9.89, P=0.042). The addicts reported quarrelsome relation with the mother more than the control group (32% compared to 12%)

The addicts also demonstrated a quarrel-some relation with father more than the control group (24% compared to 12%). The fathers of addicts appeared to be over criticism to their children than the control group, (20% compared to 6%) with significant difference between both groups (x^2 =11.87, P= 0.022).

Drug abuse administration and duration. Oral administration was more frequent (74%) followed by inhalation (22%) and other routes (4%). The majority of the addict (82%) mentioned that they abused the drug for years. The motivating factors for drug abuse among addicts were their peer (40%), an equal percentages were for trial (20%) and depression (20%), anxiety and unknown factors (8%) .The desired effect from drug abuse was tranquility (48%), followed by happiness (20%), sexual potency (16%), excitement (12%) and self-medication in only 4%. The age of initiation of substance abused was between 13-33 with a mean of 22.7$\pm$7.1 years.

Cannabis (Hashish) was abused by 24% of addicts, followed by tussivan (16%), opium (16%), pango (14%), and other medical drugs (30%) such as commital, codavin and Broncholase .

Table (5): Shows drug abuse questionnaire (problem index of drug dependence) Eighty percent of addicts abused the drug for non-medical reason, 52% used only one drug at a time and they cannot get through the week with out using drug and 58% are not able to stop using drug when they want. About 60% of the addicts have had black outs or (flash back) as a result of drug abuse.

Table (1): Socio-demographic data of the addicts and the control groups.

Socio demographic data`	Addict clients N = 50		Control group N = 50		Significant-test
Age : Range	16 – 52		16 – 43		
Mean ± SD	30. 3 ± 9 . 9		26.8 + 8. 6		
	No (50)	%	No (50)	%	
Marital status :					
1-Single	5	10	18	36	X^2 = 41. 61. P= .000***
2-Married	27	54	15	30	
3-Divorced	17	34	4	8	
4-Widow	1	2	3	6	
Occupation :					
1-Unemployed	15	30	4	8	X^2 = 26. 29 . P=.000***
2-Student	10	20	14	28	
3-Manual work	19	38	6	12	
4-Employed	6	12	26	52	
Level of Education :					
1-Illiterate/R&W	6	12	3	6	X^2 = 9. 12 P=.045*
2-Primary	12	2	12	24	
3-Preparatory	8	16	8	16	
4-Secondary	14	28	15	30	
5-University	10	20	6	12	

Total	50	100	50	100	

*P < 0.05 significant **P < 0.01 highly significant
***P < 0.000 very highly significant P > 0.05 no significant (N.S)

Table (2): Socio-demographic characteristics of the families of addicts and control groups.

Biosocial Characteristic (Items)	Addict clients N = 50		Control group N = 50		P – value
	No N=50	%	No N = 50	%	
Father's education :					
1-Illiterate / Read & Write	12	24	10	20	X^2 = 7. 41 P = 0. 357 NS
2-Primary	6	12	4	8	
3-Preparatory	7	14	10	20	
4-Secondary	9	18	8	16	
5-University	16	32	18	36	
Father's occupation:					
1-Unemployed	13	26	12	24	X^2 = 9. 31 P =0. 51 NS
2-Farmer	10	20	9	18	
3-Manual worker	11	22	12	24	
4-Employed	16	32	17	34	
Mother's education:					
1-Illiterate / Read & Write	10	20	6	12	X^2 = 7. 52 P =0. 04 P<0.05*
2-Primary	9	18	5	10	
3-Preparatory	10	20	9	18	
4-Secondary	12	24	16	32	
5-University	9	18	14	28	
Mother's working condition :					
1-House wife	24	48	26	52	X^2 = 6. 31 P = 0. 51 NS
2-Working for cash	26	52	24	48	

*P < 0.05 significant P > 0.05 no significant (N.S)

Table (3): Some home characteristics of addicts and control groups.

Characteristics (Items)	Addict clients N = 50		Control group N = 50		Significant-test
	No	%	No	%	
Availability of household (Water supply, Toilet, Electricity) :					
1-All are available	40	80	38	76	X^2 = 9. 89 P= 0. 007*
2-Two only is available	5	10	5	10	
3- One only is available	5	10	7	14	
House hold information sets (Radio, Television, Video) :					
1-only two are available	45	90	40	80	X^2 = 8. 57 P= 0. 003*
2-only one is available	3	6	7	14	
3-There is no any one	2	4	3	6	
Persons living at house (mean ± SE)	6. 4 ± 0. 4		7. 3 ± 0. 2		P= 0. 006**
Crowding index (mean ± SE)	2. 6 ± 0. 02		2. 6 ± 0. 02		P=0. 117n.s
Per capita monthly income (mean±SE)	3. 2 ± 0. 2		3. 1 ± 0. 02		P=0. 002**

*P < 0.05 significant **P < 0.01 highly significant
***P < 0.000 very highly significant P > 0.05 no significant (N.S)

Table (4): Relationship between family members of addicts' and control group.

Item	Addicts N = 50		Control group N = 50		P – value
	No	%	No	%	
Parents :					
1-Living together	15	30	26	52	
2-Separated	13	26	12	24	$X^2 = 14.27$
3-Father died	11	22	7	14	P=0. 006**
4-Mother died	10	20	4	8	
5-Both of them traveled	1	2	1	2	
Relationship between parents :					
1-Harmonies	10	20	28	56	
2-Quarrelsome	22	44	16	32	
3-Cold	7	14	8	4	X^2 =31.37
4-Competitive	7	14	2	4	P=0. 000***
5-Overprotection	2	4	1	2	
6-Over criticism	2	4	1	2	
Relationship with mother :					
1-Harmonies	30	60	35	70	
2-Quarrelsome	16	32	6	12	$X^2 = 9.89$
3-Cold	2	4	5	10	P=0.042*
4-Competitive	1	2	2	4	
5-Overprotection	1	2	2	4	
Relationship with father :					
1-Harmonies	18	36	34	68	
2-Quarrelsome	12	24	6	12	
3-Cold	3	6	3	6	$X^2 = 11.87$
4-Competitive	2	4	1	2	P=0.022*
5-Over criticism	10	20	3	6	
6-Over protection	5	10	3	6	

*P < 0.05 significant **P < 0.01 highly significant
***P < 0.000 very highly significant P > 0.05 no significant (N.S)

Table (5): Drug abuse questionnaire (problem index of drug dependence) among addicts (n=50).

Item	yes	%
1- Drugs used other than those required for medical reasons	40	80
2- Prescription drugs abused	4	8
3- Drug abuse more than one at a time	24	48
4- Using drug get through the week	26	48
5- Stopping using drugs when want to	21	42
6- "Blackouts" or flashbacks" as a result of drug abuse	30	60
7- Feeling bad or guilt about your drug abuse	37	74
8- Spouse (or parents) complain about your involvement with drug	43	86
9- Drug abuse created problems between you and your spouse or your parents	38	76
10- Lost friends because of your use of drug	39	78
11- Neglected your family because of your use of drug	39	78
12- Trouble at work because of your abuse of drug	33	66
13- Lost job because of drug abuse	26	52
14- Gotten into fights when under the influence of drug	31	62
15- Engaged in illegal activities in order to obtain drug	12	24
16- Arrested for possession of illegal drug	19	38
17-Experienced withdrawl symptoms (felt sick) when you stopped taking drug	34	68
18- Medical problems as a result of your drug abuse (e. g., memory loss, hepatitis, convulsions, bleeding, etc)	12	24
19- Going to any one for help for a drug problem	37	74
20- Involving in a treatment program related to drug abuse	31	62

Seventy five percent of the addicts felt bad and guilty about drug abuse, Their spouses and parents complained about their involvement with drug abuse (86%). Drug abuse created problems between them and their spouses (76%). About (78%) of the addicts lost their friend, neglected their family and (66%) have trouble at work because of drug abuse . At last 52% of addicts lost their job.

About (68%) have experienced withdrawal symptoms (felt sick) when they stopped taking drugs. And 74% asked-help for a drug problem and 62% have been involved in a treatment program specifically related to drug abuse.

DISCUSSION:

Drug use and abuse remain a critical problem in most countries and are associated with several social and economic consequences (WHO, 1999).

The early age of starting drug abuse agrees with Brewin, 1999; Gamal El -Dein, 1994; and Abed El-Mawgoud, 1998. It agreed also with Swadi's study in 1999 which reported the use of drug in the United Kingodum commonly begins in adolescents where the majority of adult addicts start using drugs in their teens age. About 36% of the study addicts were in the age group 15-24 years which agrees with the reports of WHO (1999), and Cooper (1999). This is often associated with rebelliousness and rejection of authority.

In this study the drug dependents are characterized by a relatively young age (mean = 25.41±7.24 ys.) mostly with preparatory education level and unemployed or holding non–professional jobs (manual workers). These findings are in accordance with those of Cooper (1999), Healey (1998), Mekhail and Abed El-Aziz (1986). Manual workers were the most frequent categories in the studies of El-Fawal (1985). It is probably due to their misbelieve that such drugs could increase their work abilities and productivity.

About half of the addict clients were married with a high divorce rate. Similar observations were recorded by Mekhail and Abed El-Aziz (1986). However, Ghobashi (1996) reported that the rate of marriage and single status were similar.

The study findings agree with Abed El-Mawgoud (1998) concerning social class, but contradictory with the study of Mohamed (1994) who found that there was a strong relationship between drug addiction and low standard of living of the student's families.

The socio-demographic characteristics of families of drug addicts in this study revealed that most of the addicts' fathers were manual workers and had low educational levels (preparatory stage), and few of their mothers had reached secondary education and many of them were employed. These findings agreed with those of Abed El Mowgoud (1998). Some mother's of addicts were busy by their work and couldn't give enough care and interest to their children.

The importance of the family factors in drug dependency is derived from the family being the most fundamental universal institution. In about one third the relationship between addicts and other family members was described as quarrelsome. This study results agree with Fahmy (1989) findings on a sample of Egyptian male herion abusers, where he found a highly significant differences between the abusers and control's home atmospheres; the controls' parental relationships were significantly better than abusers' parental relationships. Similar findings were reported by Gamal El Dein (1994).

Several studies proved that familial factors play an important role in the development of drug dependence through presence of psychopathology within the family Nafea, (1990). This suggests that living away from parents in situations where close relationships are missing, makes adolescents more susceptible to peer group influence and so become substance abusers.

This study revealed that addicts are less frequently cared by the mother than the control group which is similar to the reports of Ghobash study (1996).

The relationship between the dependent clients and their parents were characterized by overctitisim and was less harmonious than the control group which agree with the U.N. Secretariat (1983) findings.

The present study revealed that large proportions of drug dependent clients had negative fathers' image and perceived gaps in their relationships with their fathers. These gaps were the result of family violence and disrupted relationships between parents, in addition to lack of understanding and disrespect between them. Such family dynamics were similarly reported by Gamal El Dein (1994), and WHO (1990).

The most important reasons given by the drug dependent persons especially adolescent were their trials to search for euphoria, to satisfy their curiosity, and to imitate peer group. (Abed- El Mowgoud, 1998 and El-Fawal, 1985)

The main motivating factors for abuse was peer influence and the main desired effect was tranquility which agreed with those of Mohamed study (1994). This study findings agreed also with Okasha (1990), who found the most important reasons for taking drug were as follow, escape from reality, trial (peer pre-sure), to resolve personal problems, and to be free from worries as a defense against anxiety.

Hashish (canabis) was the classic initiating substance in the present study and was reported also by Mekhail and Abed El-Azize (1986). Marijauna also was the classical initiating substance in USA, and herion in UK (Wilson, 1998). Opium is well-known among students, but they often abuse narcotic pills because they are cheaper and easy to get than the other drugs (Mohamed, 1994).

Most of subjects (86%) confessed that abusing drugs caused to them a lot of problems e. g. neglect of family, troubles with parents or spouse, and loss of friends. These results agree with the study of Mekhail and Abed El-Aziz (1986) in which they found that 93. 6% appreciated that abusing drugs caused them all types of problem, and 87% of subjects were feeling shame, and they look for treatment because these problems and deterioration.

Most of addict clients implicitly expressed hopes for their future to be cured, to return to work, to face people, and to make a family after being discharged from the hospital. Although the hopes are there, but these hopes are associated with sensations of fear particularly from the stigma of drug dependency.

The absence of community nurses was noticed in the Social Defense center and the lack of preventive measure this makes the necessity for the presence of a qualified community nurse to participate in preventive activities.

Conclusion and recommendations, it is evident that substance abuse can no longer be regarded as an individual problem, but rather as one of the family and society at large. It is hoped that future research will add significantly to these preliminary findings, in prevention and help to better understanding and to assist the troubled families who come for guidance and support.

1-Nurses can play a vital role in prevention by avoiding the risk factors for initiating and progressing to chronic drug abuse (Sullivan, 1995). and helping in cure and family counseling etc.

2-Community nurses can provide healthy, planned alternative activities with supervision, focusing on protective factors e.g. shared values and a sense of belonging structure and consistent rules and emotional support (Allen, 1996).

3-Preventing drug abuse particularly among those under-25 years, is a high profile national target. It can involve many approaches including peer education. Nurses can become involved in such work. They should be integrated into a developmental health education program within the school. (Teutsch, 1992).

4-Prevention with parents include; providing opportunities and literature and emphasizing the significance of listening to children and helping them, the importance of knowing their children's friends and supervising their activities (Winslow, 1992).

5-Nurses can identify emerging risk factors, refer problems for assessment and management, and foster those parenting skills and interpersonal skills that may be protective against substance abuse .

6-Preventive programs should be started and directed to people at the risky age less educated, and with extremely high or low social class.

7-Prophylactic youth programs should involve the whole family and the nurse can play an important role in the link between the treatment center and family and community.

8-Community nurses can help by participation in researches and studies particularly in the community.

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الجوانب النفسية والاجتماعية للمدمنين فى محافظة أسيوط

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تعد مشكلة الإدمان مشكلة حيوية فى معظم البلاد حيث يترتب عليها عواقب اجتماعية واقتصادية جسيمة ، ولقد أجريت هذه الدراسة لدراسة الصورة النفسية والاجتماعية لمدمنى المخدرات فى محافظة أسيوط. واشتملت هذه الدراسة على خمسين مريضاً ممن يتعاطون المخدرات اختيروا من نادى الدفاع الاجتماعى وقسم الأمراض النفسية بمستشفى أسيوط الجامعى بالإضافة إلى خمسين شخصاً من أقاربهم كعينة ضابطة . وقد استخدمت خلال هذه الدراسة عدة أدوات لجمع البيانات ، وهى كالتالى :-

١- بيانات شخصية عن الحالة الاجتماعية والاقتصادية للمريض وأسرته .

٢- معلومات عن أسلوب التعاطى .

٣- قائمة مراجعه شدة الاعراض .

٤- قائمة مواقف تعاطى المخدرات .

وأظهرت الدراسة أن مدمنى المخدرات قد تميزوا بصغر السن (٢٥,٤١ ± ٧,٢٤ سنة) ، وانخفاض مستوى التعليم والمستوى الاجتماعى ، كما تميزت طبيعة العلاقات العائلية بالنزاعات والخلافات بينهم وتميز المرضى بكثرة الانتقادات والحماية الزائدة من الوالدين ، كما أظهرت النتائج أن مدمنى المخدرات قد بدأوا التعاطى فى سن صغيرة ، وكانت من أكثر العوامل المحفزة على التعاطى هى تأثير الأصدقاء وحب التجربة ثم الاكتئاب .

وكان الهدف من ذلك هو الهروب والترويح عن النفس تميز متعاطى المخدرات بشخصيات انبساطية ، وكانت تعانى من القلق والاكتئاب والضلالات واستمروا فى التعاطى لقضاء أوقات سعيدة مع الأصدقاء ، وتحت تأثير الضغوط الاجتماعية والمواقف المؤلمة والصراعات مع الآخرين.

وقد أوصت الدراسة بضرورة تواجد ممرضات صحة المجتمع فى مراكز خدمة مكافحة وعلاج الإدمان للمشاركة فى الوقاية من الإدمان فى المجتمع ، وفى نوادى الدفاع الاجتماعى ، وللتنسيق والاشتراك فى برامج تثقيفية فى المدارس ، وأيضاً تستطيع المشاركة فى أبحاث ودراسات المجتمع .