Research Article

Causes of addiction, motives for quitting and reasons behind failure to quit from the point of view of addicts in Minia Hospital for Mental Health and Addiction Treatment.

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Abstract
Background: Addiction is a major problem in Egypt, due to the rapidly growing and changing patterns of substance use. There is a lack of comprehensive study on substance use especially in Upper Egypt and more attention must be paid, which help in addressing the problem more effectively and planning services accordingly. **Aim of the study:** The present study aimed to determine addict's perception regarding causes of addiction, motives that push addicts for quitting and reasons behind failure to quit. **Research methodology:** This is a cross-sectional hospital-based survey study that was conducted among 150 addicts and their family caregivers in Minia Hospital for Mental Health and Addiction Treatment. **Results:** The findings revealed that the majority of the studied addicts reported performance-related causes of addiction, most of addicts were concerned about the health and legal consequences of addiction which pushed them to quit and seek treatment. Withdrawal symptoms was the most obstacle to quit addiction as reported by addicts. **Conclusion:** Reasons for addiction indicted the fact that addicted patients were experiencing a greater range of stressful life events, health and legal concern was very influential in helping individuals make the decision to seek treatment services and reasons behind failure of quitting addiction indicate the importance of providing medical, social and financial support for the addicts during and after treatment from addiction. **Recommendation:** There is a need of increase attention regarding addiction causes and how to avoid it among the general population and increase addict awareness about impact of addiction on their life style and their families.
Keywords: Addiction; Causes; Motives; Quit; Addict.

Introduction

Addiction is becoming a hazardous continuous community health concern, affecting nearly every community and family in some manner. In Egypt, Addiction is a major problem, due to rapidly growing and changing patterns of substance use. The Egyptian census in 2015 was 87,963,276 people, a study revealed that about one-fifth (19.1%) of the studied sample are regularly using substance (tobacco smoking was excluded) (Hamdi et al., 2016).

Addiction creates a lot of issues for individuals, families, and even governments. Individuals experience physical, emotional, and psychological health issues as a result of drug usage. Drug addiction issues contribute to inefficiency and ineffectiveness at the household, neighbor-

hood, and nation (Elkazh and El Mahdy, 2017).

Addiction has an influence on people' social functioning and generates a burden for society. These problems contribute to medical or mental issues, disability, accidental death, diseases caused or exacerbated by drug use, and increased rates of suicidality—all of which have an impact on society (Daley, 2013).

Understanding the processes of illegal drug use may provide valuable insights that may be used to improve the accuracy of psychosocial therapies for substance use disorders. One such method entails investigating the motivations for drug use and how these motivations might be related to the degree of usage (Gold et al., 2019).

The specific motivations for use varied by certain sociodemographic characteristics (e.g., gender, age, employment/insurance status), and revolves around external circumstances such as price, legal status, availability, or non-detectability in screening tests (Han et al., 2018).

Within the first year of therapy, the incidence of chemical dependency relapse among drug abusers was reported to be 75–90% (Iqbal, 2008). Furthermore, need, craving, and drug temptation, negative or positive emotional state, negative physical state, testing of personal control, family or others relationship problems, social and peer pressure are all associated with relapse (Mohammed, 2009).

Research methodology:
Study design: This study is a cross-sectional hospital-based survey study that was conducted among addicts and their family caregivers in Minia Hospital for Mental Health and Addiction Treatment during the period from January 2020 to January 2021.

Study population and Sampling technique: Participants were recruited from hot line clinic in Minia hospital for mental health and addiction treatment, visits were conducted twice weekly Sunday and Tuesday in the period between January2020 to January2021.Study included 150 addicts and their 150 relatives.

Collection of data: Participants were interviewed at the hot line clinic in Minia hospital for mental health and addiction treatment, explanation of the nature of the study was done and then patients were invited to sign an informed consent form that includes permission to contact the patient's relatives.

Results:
Table (1): Demographic and baseline characteristics of studied addicts, Minia hospital for mental health and addiction treatment.

Characteristics	Total (N= 150) N (%)
Age Mean ± SD Range	28.72 ± 8.06 15 – 62
Age < 20 years 20– 40 years >40 years	17 (11.3) 119 (79.4) 14 (9.3)
Gender Male Female	145 (96.7) 5 (3.3)
Marital Status Single Married Divorced Widow	77 (51.3) 60 (40) 12 (8) 1 (0.7)
Occupation Unemployed Students Manual workers Technician Office employee Seller	46 (30.7) 15 (10) 41 (27.3) 29 (19.3) 10 (6.7) 9 (6)
Education Illiterate Primary Secondary University and above	21(14) 44 (29.3) 65 (43.3) 20 (13.3)

As shown in table (1), the study includes 150 addict subjects, most of them between 20-40 years (79.3%) with a mean age 28.72 ± 8.06. They are mostly males (96.7%), singles (51.3%), unemployed (30.7%) and had secondary education (43.3%).

Table (2): Causes of adddiction as reported by addicts, attending Minia hospital for mental health and addiction treatment.

	Total (N= 150) N (%)
Enhancment (To have fun, get high, feel good).	18 (12)
Social (to be sociable, it is away to celebrate)	10 (6.7)
Performance related (give more energy, stay awake, to study and concentrate, sexual reasons).	52 (34.7)
Emotion regulation (reduce anxiety& distress, to relax, change bad mood, presence of problems with family, friends, or work)	25 (16.7)
Conformity related (i.e.to fit with peers)	21 (14)
More than one reason	24 (16)

Table (2) shows that the most common cause of addiction among addicts is the performance related (34.7%), followed by emotion regulation (16.7 %), conformiry related (14%), enhancement (12%) and only 6.7% reported social causes.
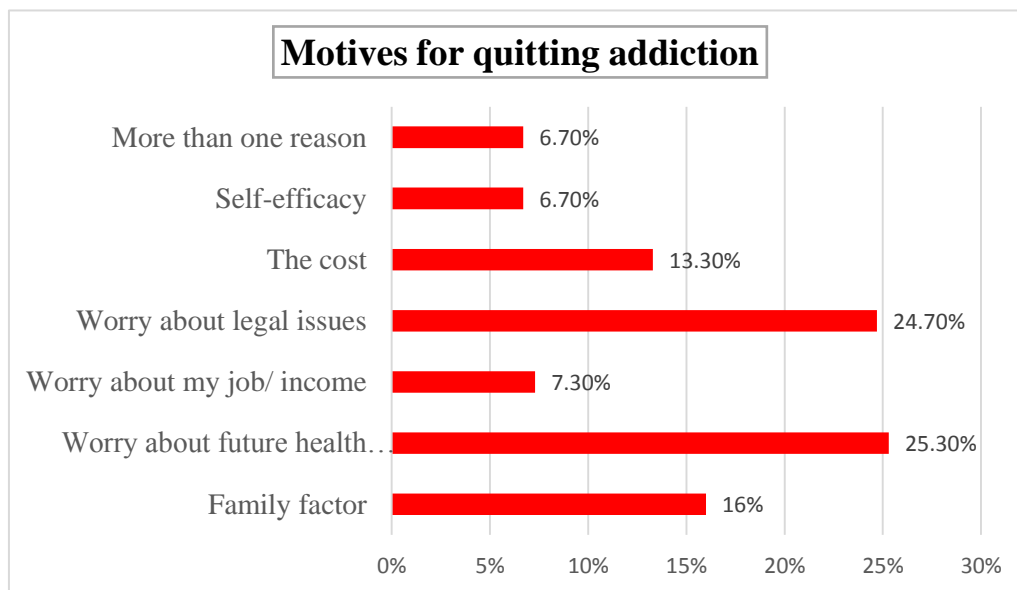
Motives for quitting addiction

Motive	Percentage
More than one reason	6.70%
Self-efficacy	6.70%
The cost	13.30%
Worry about legal issues	24.70%
Worry about my job/ income	7.30%
Worry about future health…	25.30%
Family factor	16%

Figure (1): Motives for quitting addiction as reported by addicts, Minia hospital for mental health and addiction treatment.

Figure (1) shows that motives for quitting vary among addicts, 25.3% of patients worried about future health consequences, 24.7% worried about legal issues, 16% had a family factors, 13.3% wanted to save the costs, 7.3% worried about income and only 6.7% reported self-efficacy.

Table (3): Reasons behind failure to quit adddiction as reported by addicts, attending Minia hospital for mental health and addiction treatment.

	Total (N= 150) N (%)
Drug withdrawal	46 (30.7)
Co morbid psychiatric illness (cope with my depression, anxiety…)	18 (12)
Lack of Support (My family /friends didn't stand by me. The society attitude that does not want to accept wholly the repented addict)	5 (3.3)
Peer pressure (my friends pressure me to continue in addiction.)	18 (12)
Accessibility of drugs (drugs are available and are easy to obtain.)	7 (4.7)
Presence of life problems (unemployment, stressful events, loss of libido**….)**	37 (24.7)
Negative thoughts of inefficiency (I had no strong self-confidence to overcome problems, easily giving up and didn't solve any problem in a positive way)	12 (8)
More than one reason	7 (4.7)

Table (3) shows that the main reason behind faiure of quitting is mostly drug withdrawal (30.7%) as reported by addicts, followed by life problems (24.7%), peer-pressure (12%), co-morbid psychiatric illness (12%), negative thoughts of inefficiency (8%), accessibility of drugs (4.7%), and only 3.3% report lack of support.

Discussion

The present study aimed to determine addict's perception regarding causes of addiction, motives that push addicts for quitting and reasons behind failure to quit. Most of the studied addicts were between 20-40 years (79.3%) with a mean age 28.72 ± 8.06. They were mostly males (96.7%), singles (51.3%), unemployed (30.7%) and had secondary education (43.3%) (Table 1).

These findings are nearly similar to those of a study carried out in Assiut Mental Health Hospital, whereas the age group 21–30 years old was found to be the most affected, followed by the age group 31–40 years. A high significance was found between both male and female genders, with addiction being more prevalent in Upper Egypt male patients than female patients (Yassa and Badea, 2019).

Another study that was carried out in Menoufia University Hospital, it was found that the highest percentages of addicts were observed in the 20-40-year age group (75.4%), with males accounting for the majority of the addicts (96.7 percent). More than half (61.5%) of the studied addicts had a secondary education (Saboula et al., 2019).

This is in line with study conducted in Afghanistan, it was found that the average age in the study group was 30.7 ± 11.4 years, 88.9% were male, 34.3% were single and 23.3% had secondary school. Further, 17.5% were unemployed, and 5.8% were students (Farook et al., 2020).

Our findings also in line with the Indian study that was conducted by Farhat et al., 2015, who found that the majority of the participants (75%) were of young age group (20-30 years) and the mean age of subjects was 27.6 years, a Large percentage (66%) of study subjects were unmarried, 40% had middle class education.

In contrast, a study conducted in Finland, Female users were found to be relatively higher (30%) compared to ours. This result indicates that drug use is not only a men's problem in Europe (Onyeka et al., 2012).

Regarding causes of addiction, our study found that 34.7% of addicts reported performance related causes (give more energy, stay awake, to study and concentrate, sexual reasons), 16.7 % reported emotion regulation issues (reduce anxiety& distress, to relax, change bad mood, presence of problems with family, friends, or work) and 14% reported conformiry related causes (i.e.to fit with peers (Table 3).

In agreement with our study, a study conducted among 200 drivers in Fayoum City identified that the most common reason of drug abuse was withstanding work conditions (58.3%), followed by sexual issues (50%) and then psychological problems and stresses (38.9%) (Abd Eldayed and Abd Elaziz, 2018).

Moreover, our results were partially consistent with a study of Helmy et al, 2013, who found that the addict perceptions about addiction were helping to modify the mood, adjusting, solving the problems, concentrating, and dealing with others (63%, 48%, 39%, 31% and 30% respectively).In contrast, Majority of the drug-addicted people (65.45%) in Bangladesh are being addicted to drugs due to social and cultural causes (Patoari, 2021).

About motives for quitting among addicts, this study found that the most of studied addicts reported health and legal concern (25.3% and 24.7% respectively) (Figure1).

Our findings were in agreement with a study conducted in New York city revealed that the common motivations for heroin cessation fell into three general themes, the desire for an improved quality of life, to do right by family and others; and fear of a particular outcomes included prison, job loss, HIV infection, tainted drugs, and death (Weiss et al., 2014).

This is in line with Chauchard et al., 2013, who identified 6 motivational factors for quitting addiction which accounted for

58.4% of the total variance: self-image and self-control, health concerns, interpersonal relationship concerns, legal concerns, social acceptability concerns, and self-efficacy, and Pettersen et al., 2018, who discovered that experiencing the harmful consequences of substance use is the primary motivator for quitting.

In contrast, Smith et al., 2010 found that the main motivational factor for quitting substance abuse was self -efficacy (74.1% of adults and 79.0% of adolescents).

On the other side, our study identified the main reasons behind faiure of quitting as reported by addicts as follows, drug withdrawal (30.7%), life problems (24.7%), peer-pressure (12%) (Table 4).

These findings partially consistent with the study conducted in Ain Shams university hospitals and El khanka hospital. It was founded that relapse dimensions represented from the highest to the lowest mean score as the following; Unpleasant feelings, good feelings, disruption of relationships with others, mental, physical and debilitating pains, , test the ability to control the abuse, the pressure of the co-workers, and the least of them for Family problems (Hassan Abdel Aal and Atta, 2018).

Our findings also in agreement with Rahman et al., 2016, who found that negative emotions, lack of assertiveness, and peer pressure were the most common factors for contributing to relapse at present and in the past.

Another study by Anshel, 2010 reported that negative emotions (as tension, impulsivity, anxiety etc.) were more prevalent among relapsed patients due to stressful life (e.g. loss of job, lack of financial resources, lack of social support, separation from spouse or exposure to illegal problems), which were compatible with our findings.

In contrast, a study conducted in Iran, reported that self-efficacy beliefs and social support were the best predictors of addiction relapse (Nikmanesh et al.,2017).

Conclusion:
The present study concluded that most of the studied addicts (79.3%) were of middle age group age group (20-40 years), with males accounting for the majority of the addicts (96.7%). Most of the studied addicts (34.7%) reported performance related causes of addiction. Health and legal concern were the most common motives for quitting (25.3% and 24.7%), drug withdrawal was the main reason behind failure of quitting (30.7%).

Recommendation:
There is a need of increase attention regarding addiction causes and how to avoid it among the general population and increase addict awareness about impact of addiction on their life style and their families.

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