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Determination of difficulties in emotion and quality of life in stimulate dependent in comparison with opioid dependent patients

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ABSTRACT

The main purpose of the present study is to evaluate and compare the difficulty in regulating the excitement and life quality of people with narcotics and people with stimulant drugs. For the reason, 160 people of males dependent in drugs (80 ones with opioid and 80 ones dependent in stimulant drugs) were taken up and evaluated by the life quality questionnaire (SF-36) and difficulty questionnaire in excitement regulation (DERS) in this regard. The results represented that in the whole subscales of the life quality (except the limitations of the role-play from excitement difficulty) and the mean differences of these subscales (difficulty at target-based behavior and difficulties of control and availability confined to the excitement regulation approaches) as well as total score of excitement regulation among people dependent with opioid and people with stimulant drugs have significant difference together ($p > 0.05$). Along the consideration of the process, it can be stated that the degree of males' life quality with opioid drugs is higher than people with stimulant drugs and difficulty in excitement regulation of male people dependent with stimulant drugs is higher than people with opioid ones representing the destructive impacts of taking these drugs that they directly and indirectly influence on the psychiatric, social and physical status of these people.

Key words: dependent in opioid drugs, dependent in stimulant drugs, life quality, difficulty in excitement regulation

INTRODUCTION

The narcotic abuse and the process of the addiction is one of the most dramatic and terrifying problems of the new era that has been published worldwide. The definition of the addiction has been changed scientifically and socially during the recent decades. The addicted people get supposed to a domain of taking drugs that it includes similar descriptions due to the conditions and categorizations in this case. Scientifically, every drug taker is not called an addicted person and the process of the addiction should not be considered as a sudden event happening only in a night. The addiction is a domain taking a long path for being or not being an addicted person and depending on people, environment and type of the drugs in this regard [20]. Today, the diversity of drugs is a complex topic. In the past decades, the opioids and its derivations have been limited resources of the mankind being used in terms of the medicine. Although in the recent years the degree of opioids productions has been fairly left fixed and the annual prevalence of the drugs is reduced, but there have been observations showing the changes of the usage pattern in this pavement [2]. During 20 years past, the usage and abuse of the stimulant drugs has been increased considerably in the world. In some areas, the intensity of the drugs' growth has made the process to be changed into the medicine problem in the same area. The stimulant drugs are divers in their types making different damages and traumatic events in this case. The most well-known of these drugs is subjected to Amphetamine, Methamphetamine and Cocaine. By looking a short glance at the history of the drugs' application, we find the fact that the traditional pattern has changed the Iranian addiction. In one of addiction national centers carried out on dependent patients with

opioid, it is specified that about 35% of patients entered into the therapeutically planning had the drugs abuse diagnostic criteria such as Amphetamine (ATS)[22]. Based on the report of UNODC in 2006, about 24.7 million people ranging from 15-64 year old had consumed Amphetamine stimulants. Among the chronic users of Amphetamine, health problems such as cardio-vascular attacks, cognitive disorders and infectious diseases can be seen in this regard[6]. Due to the chronic problems of the narcotics and stimulant drugs influencing on the life different steps, any attentions to the life quality in relation to the drugs abuse researches have been reduced rapidly. The understanding of the life quality is a positive concept being defined by focusing on the welfare on the life satisfaction. This kind of comprehensive approach does not exist due to the experiences and expectations of drug users in many researches. Many studies have been evaluated the life quality relating to the health (physical life quality) in relation to drug users particularly in people dependent of narcotics with non-users [10,19]and or they have achieved the comparison of life quality in anonymous addicts under treating by Methadone stabilizer [5]and the impact of treatment of Methadone or Bopronorphine on the life quality of addicts [3]and the study of life quality into the anonymous addicts [7].

The process of addiction is very dangerous due to its progressive and evolutionary step in people's life leaving risky psychiatric, social, spiritual, cognitive and excitement conditions of people [13]. The excitement problems have evolved many different classes of people in the society and one of these common problems is subjected to the difficulty at excitement regulation regarding to addiction. It is one of those variables that can be related to the spiritual health and people have defined the related process in many different ways. Narimani (2011) believes thatthe regulation of excitement points to the ability of understanding the excitements, balancing the experience of excitement and representing the same excitements in this pavement. The excitement regulation includes in: a) consciousness and understanding of excitements, b) acceptance of the excitements, c) ability to handle the vibrating behaviors and behaving on suitable purposes to reach to the personal targets and suitable situational requirements [6]. Unfortunately, little researches have been carried out in this field. Some researchers have carried out the evaluation of excitement regulation in taking Cocaine [3]. Of course, the role of excitement bad-regulation has been assessed by these researchers in addiction centers but none of these researches have studied the life quality and difficulty at excitement regulation[23]. The present study seeking to compare the life quality and difficulty at excitement regulation has been successfully carried out the studies in people dependent with opioid drugs.

MATERIALS AND METHODS

The statistical community, sample and achievement method:

The statistical community of the present study is consisted of the whole males' dependent with opioid and stimulant drugs that have been referred to addiction-treating clinics (Aban, Zendegi Sepid, Tanin Zendegi, NA groups...) established at Tehran and Karaj during 2012-2013. Among these referrals 160 males dependent with drugs (80 ones opioids and 80 dependent in stimulants) were selected as accidental in the study. The responding way was considered as volunteer and the whole respondents had active participants during the response time to prevent any accidental responses. After collecting the related data, they were analyzed in SPSS software program. In order to analysis the statistical data, the descriptive statistics as well as Levine test, T independent test and Friedman test were also efficiently applied in this regard.

Research tool:

There were applied two tools in this study as following:

Questionnaire of Grates-Romero excitement regulation (2004):

This questionnaire includes 36 questions and 6 subscales as following. These subscales are including: the lack of accepting excitement responses, difficulty at achieving a target-base behavior, difficulties at handling vibrating behavior, the lack of excitement consciousness, limited availability to excitement regulation approaches and the lack of excitement clarity. The way of scoring this questionnaire is that the whole participants are asked to specify which statement is more applicable in their views. The response of every subject is established at the domain of one to five as following: (1) fairly never (0-0.10), (2) sometimes (0.11-0.35), (3) fairly sometimes (0.36-0.65), (4) most sometimes (0.66-0.90) and (5) fairly always (0.91-0.100). The high scores represent the high difficulties in the process of excitement regulation. The statements 1, 2, 6, 7, 8, 10, 17, 20, 22, 24, 34 in this scale are scored as inverse. The validity coefficient of the questionnaire shows that this scale has a higher internal assimilation (total scale 0.93) and the subscale of the lack of acceptance 0.85, targets 0.89, vibration 0.86, consciousness 0.80, approaches 0.88 and clarity 0.84 [4]. Alavi (2009) reported the validity of the questionnaire using Cronbach alpha method for the whole scale 0.86, and for the subscales: the lack of acceptance 0.75, targets 0.74, vibration 0.76, consciousness 0.63, approaches 0.74 and the clarity 0.85[4].

Questionnaire of life quality (SF-36):

This is a tool for measuring the public health status. This questionnaire includes 36 questions with 8 different dimensions assessing the health in this regard. There are three factors of physical summary and psychiatric health summary measuring total life quality score in this case. The summary of physical health and psychiatric health include four elements that they are totally get 8 ones together as following:

- 1-Physical function
- 2-The role of physical affairs
- 3-Physical pain
- 4-Social function and summary of psychiatric health
- 5-To be alive
- 6-Social performance
- 7-Excitement role
- 8-Psychiatric health role

Due to the high application of the life quality questionnaire, there have been a huge number of the studies to assist for changing and scoring the questions [8]. The questionnaire SF-36 has proofed its high efficient application in terms of clinical usages, hygiene policy assessments and the public demographical studies. The form of 36 questions was designed by Varoschrobon in 1992 in the United States of America; then, its reliability and validity has been evaluated over different patients in this regard. In this questionnaire, the scoring is being achieved by following method:

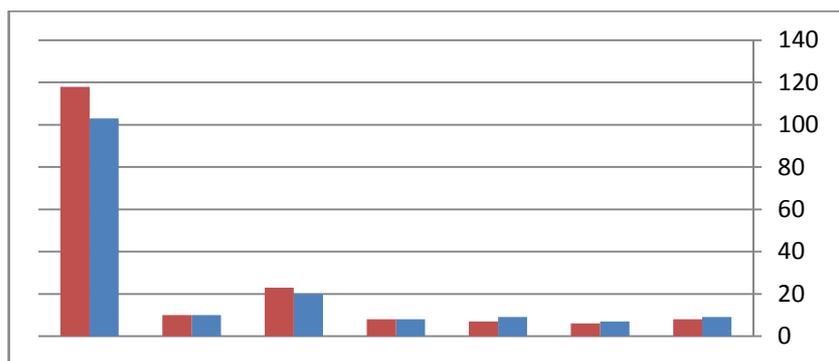
Physical dimension (10 questions), physical role play (4 questions), physical pain (2 questions), public health (5 questions), tiredness or joy (4 questions), social function (2 questions), emotional role play (3 questions) and psychiatric health (5 questions) that assess the life quality of people in this pavement; (question number 2 has not been established in none of the subscales and it only is summed with total score). In this questionnaire, the determination of scores in every subscale is achieved based on total standardized formula and transformation of the scores into the percent. The high score in every subscale represents the high total score as the suitable life quality in this regard[18]. In this questionnaire, every item is applied only in calculating the score of a one dimension. In relation to other items, the process of scoring is inversed. This inversed scoring is to provide the scores of the dimensions. With this condition, the score of every item is established between zeros to 100[8].The questionnaire SF-36 has been translated into several languages and its reliability has been also applied in many different areas of the world for the related patients. The contextual reliability has been measured by Huber (1999) and the results were accepted stating that it can be comparable with other questionnaires in this regard. Also, the structural validity of the questionnaire was supported by Stock and Hot (1999) and the whole scales had strong interrelationship correlation ($r = 0.7$). in a study carried out in the US (1985) for 18 years, Cronbach alpha was calculated $\alpha = 0.5$ for the test. Brazier et al (1992) calculated Cronbach alpha for the whole scales as $\alpha = 0.8$ except the social function that it was also $\alpha = 0.76$. Also, the validity of the questionnaire was translated in Iran by Montazeri et al (2005) and psychological-measurements were provided to use the tool in this country. The reported Cronbach alpha coefficients for the eight options of this tool have been established at the domain of 65%-90% in the study. This scale has eight dimensions of physical function, physical role play, physical pain, public health, to be alive, social performance, emotional role and psychiatric health that the reported alpha coefficients for these were as following, respectively: 90%, 85%, 71%, 65%, 75%, 84%, 77% representing suitable internal stability for these dimensions[8].

Results of tables:

In table 1, standard deviation of the elements of excitement regulation difficulties by males dependent in opioids and stimulants have been reported. Information of table and diagram 1 shows that the degree of difficulty in excitement regulation and its subscales in males with stimulants drugs is higher and higher than the difficulty degree, it is subjected to the males with stimulant drugs.

Table 1: mean and deviation of excitement regulation difficulty elements by males with opioids and stimulants

Elements of excitement regulation	Group of male			
	Males dependent with narcotics		Males dependent with stimulant drugs	
	Mean	Deviation	Mean	Deviation
Lack of accepting excitement responses	18.83	6.33	20.44	5.62
Difficulties at target based behavior	15.81	4.27	17.63	3.31
Difficulties at vibration control	18.04	5.40	20.58	4.32
Lack of excitement consciousness	17.88	5.23	17.84	4.55
Availability at excitement regulation approaches	23.94	7.23	27.16	5.41
Lack of excitement clarity	13.34	3.29	13.89	2.86
Excitement regulation	107.83	22.76	117.53	18.83

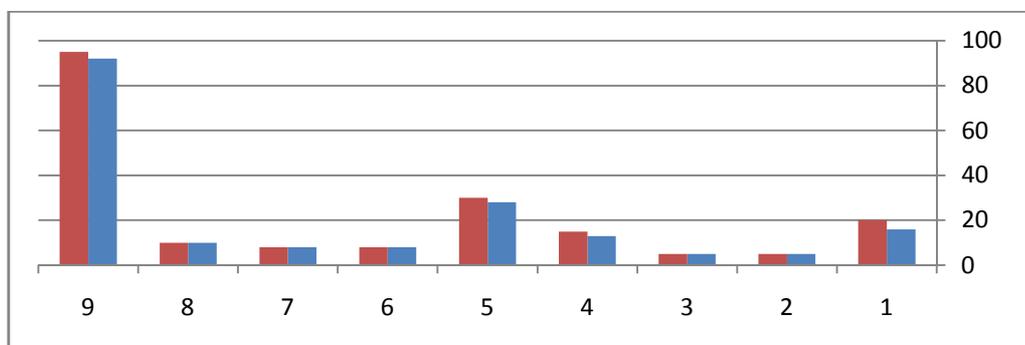


Excitement regulation / Lack of Excitement clarity/ Limited availability to Excitement approach/ Excitement conscious/ Difficulties at control vibration/ Difficulties at target based behavior

Information and diagram of 2 shows that the degree of life quality of males with opioids is higher than the life quality of males with stimulants; the statistic specifications such as the mean and deviation regarding to the life quality include 8 subscales as following table:

Table 2: statistical indices of life quality elements by males with opioids and stimulants

Elements of life quality	Group of male			
	Males dependent with narcotics		Males dependent with stimulant drugs	
	Mean	Deviation	Mean	Deviation
Physical function	21.43	6.23	19.25	6.43
Role-play limitations from physical health status	5.00	1.18	4.56	1.03
Role-play limitations from excitement difficulties	3.69	0.94	3.46	0.84
Tiredness or joy	14.35	3.01	12.85	3.29
Emotional health	19.11	3.41	17.73	3.43
Social function	5.66	1.28	5.74	1.04
Pain	5.93	2.89	7.26	2.92
Public health	15.23	2.77	16.61	2.62
Total score of life quality	93.66	8.79	90.95	9.68



Total score of life quality/ Public health / Pain / Social function / Emotional health / Tiredness or joy/ Role-play limitations from excitement regulation / Role-play from physical function/ Physical function/ physical health

RESULTS

Study of first hypothesis:

There is a difference between the degree of excitement regulation in people with stimulant drugs and opioid ones. By applying T independent test, the degree of excitement regulation in people with stimulant drugs and opioid ones was assessed in this pavement.

According to the given results in table 1 and based on the statistics of T test, the degree of T established in the difficulties of target based behavior (3.003), controlling vibration difficulties (3.283), limited availability to excitement regulation approaches (3.19) and total score of excitement regulation (3.93) is higher than T critical table (1.96) with degree of freedom 158 at $p < 0.05$ sig level but in other subscales the degree of T from T critical table (1.96) with 158 degree of freedom is smaller at $p > 0.05$ sig level insignificantly. Hence, the difference of mean scores o subscales is significant among people with opioids and stimulant drugs; thus, it can be concluded that there is a significant difference between the excitement regulation degree among these people; due to the recent observations into the excitement regulation degree of people with stimulants is higher than opioids.

Table 1: result of T independent test to compare the degree of excitement regulation in people with stimulant drugs and people with opioids

Groups		Males dependent with narcotics		Males with stimulant drugs		T independent test		
		_x	SD	_x	SD	Proportion of T	Df	Sig
Variables	Lack of accepting excitement responses	18.83	6.23	20.44	5.62	1.704	158	0.090
	Difficulties at target based behavior	15.81	4.27	17.63	3.31	3.003	158	0.003
	Difficulties at vibration control	18.04	5.40	20.58	4.32	3.283	158	0.001
	Lack of excitement conscious	17.88	5.23	17.84	4.55	0.048	158	0.961
	Limited availability to excitement regulation approaches	23.94	7.23	27.16	5.41	3.193	158	0.002
	Lack of excitement clarity	13.34	3.29	13.89	2.86	1.128	158	0.261
	Excitement regulation	107.83	22.76	117.53	18.83	2.937	158	0.004

Study of second hypothesis: there is a significant difference between the life quality among people with stimulant drugs and people with opioids.

By applying T independent test, the degree of life quality in people with stimulant drugs and opioids were assessed in this case.

Table 2: result of T independent test to compare the life quality degree among people with stimulant drugs and opioids

Groups		Males dependent with narcotics		Males with stimulant drugs		T independent test		
		_x	SD	_x	SD	Proportion of T	Df	Sig
Variables	Physical function	21.43	6.23	19.25	6.43	2.173	158	0.031
	Role-play limitations from physical health status	5.00	1.18	4.56	1.03	2.499	158	0.013
	Role-play limitations from excitement difficulties	3.69	0.94	3.46	0.84	1.599	158	0.112
	Tiredness or joy	14.35	3.01	12.85	3.29	3.009	158	0.003
	Emotional health	19.11	3.41	17.73	3.43	2.566	158	0.011
	Social function	5.66	1.28	5.74	1.04	-0.406	158	0.685
	Pain	5.93	2.89	7.26	2.92	-2.908	158	0.004
	Public health	15.23	5.77	16.61	2.63	-3.246	158	0.001
	Total score of life quality	93.66	8.79	90.95	9.68	2.855	158	0.005

According to the given results in table 2 and based on the statistics of T test, the degree of T established in the life quality is significant than T critical table (1.96) with degree of freedom 158 at $p < 0.05$ sig level but in other subscales the degree of T from T critical table (1.59) with 158 degree of freedom is smaller at $p > 0.05$ sig level insignificantly. Hence, the difference of mean scores o subscales is significant among people with opioids and stimulant drugs; thus, it can be concluded that there is a significant difference between the excitement regulation degree among these people; due to the recent observations into the excitement regulation degree of people with opioids is higher than stimulants.

DISCUSSION AND CONCLUSION

In the representation of the first hypothesis of the present study, there has been significant difference between people with dependence to stimulant drugs and opioids; it can be stated that the degree of people's excitement using tonic drugs is higher; in the other hand, these powerful and tonic drugs have more effective impacts on the intensity of excitements regulation among people take them potentially. In addition to the above mentioned statements, the findings of Ball and Carvel [7] have also shown that people with high excitement-seeking issues take high drugs in this case. Also, the psychiatric disorders can be subjected to the signs of higher intense of taking narcotics among these people[14]. In fact, the excitement regulation is called to those actions that they get applied to change or balance of an excitement manner [2]. In psychological texts, this concept is applied to define the negative emotional process. Although the excitement regulation can include the conscious processes, it does not necessarily require the most clarified approaches; in other words, the excitement regulation is a natural and basic aspect of the excitement response tendencies. It is a kind of natural relation between the production of excitement and regulation making an intriguing territory so that when one ends, the next one begins while some deduce that the production and regulation of the excitement are combined together[1]. researches carried out in relation to the excitement regulation and drug abuse have shown that the degree of excitement regulation is higher among people with narcotics and alcoholism people making their excitement-seeking tendency high, too. Zahed et al (2010) carried out the excitement regulation approaches and interpersonal behavior among drug abusers and concluded that the positive excitement approaches and negative ones with interpersonal behavior have significant relationship. Abolghasemi et al (2011) also

concluded that the high reaction ability and application of negative excitement regulation approaches make the possibility of drug abuse high in this regard. Also, Aziziet al (2011) in their studies found the relationship between the dependency to cigar, disorder in excitement regulation and low panic tolerance. Azizi, Mirzaiee and Shams (2009) carried out the evaluation of the panic tolerance, excitement regulation and dependency to Nicotine representing the lack of clarified excitement and difficulty at vibration handle, evaluating panic and absorbing the same panic that predict the percent of significance of dependency variance; the results of the present is along with the hypothesis of self-therapy of the addition. Tall et al (2009) carried out the study of sensitivity to anxiety role and the difficulties of excitement regulation among PTSD versus patients dependent with Crack and Cocaine and reached to the difficulties of excitement regulation and diagnosis of PTSD in a local sample of addicts with Crack and Cocaine. Wills et al (2011) carried out the study of behavioral problems and excitement regulations among narcotic users and the studies on self controlling groups represent the impact of negative events on the life tending the one towards the use of drugs with a certain level of behavioral problems but it is established at low level in people with high ability of self control as well. The results of the present study in terms of the descriptive analysis showed that in general the degree of difficulty at excitement regulation of males dependent with stimulant drugs is higher than opioid ones; in terms of deductive analysis the results indicate that the significant difference of the subscales scores among people with stimulant drugs and opioid ones is significant ($p < 0.05$); hence, it can be stated that there is a significant difference between the degree of excitement regulation among people with stimulant drugs and opioid ones; due to the observations in this relation, the degree of excitement regulation and its difficulty is higher than opioid ones. These results have implicit issues in terms of the drug abuse pathology; based on the experts, these can be applied to prevent drug abuse in this regard.

Today, one of the most important indices evaluating people health is subjected to the understanding of the life quality and the present study has been carried out in this relation as well. Researches such as NAC on the life quality of Morphine addicted people leaving [21], psychiatric health and its relation to the life quality among addict people [13], life quality among anonymous addicts [5], the life quality and hope among anonymous addicts [9] have been totally carried out their studies on the life quality of addicts to be effective in terms of preventing and treating these people potentially. The foreign studies have also carried out their evaluation on the same topic; for example, Gonzales et al (2009) carried out the ways of life quality regarding to the health among Methamphetamine addicts for one year. The results of the research show the treating and curing methods of these people with Methamphetamine specifically. In a research led by Karow et al (2011), it is specified that patients with drug addictions and depression and Schizophrenia, they found that the health-related quality of life (HRQOL) in patients with opioids there has been showed a considerable recovery in this regard. But, it is low in compare to the group with Schizophrenia. Yen et al (2011) carried out the life quality and its relation to Heroin users in Thai and concluded that Heroin addicts have weaker life quality in compare to non-addicts. The results and findings of this section of the study are coincident with the results of these researches such as Beighi, Farahani and Mohammadkhani (2011), Lashkaripour et al (2010), Dioshali, Kafi Masouleh and Delazar (2010), Zeidabadi (2009), Ghanizadeh (2006). In a research led by Beighi, Farahani and Mohammadkhani (2011), they concluded that the mean scores of the addicts' institution members are higher in relation to their interrelation and physical health, task-based overcoming styles, prevention-based overcoming styles significantly in compare to people treating with Methadone. Lashkari et al (2010) carried out the life quality of people treating with Methadone and concluded that treatment with Methadone is very effective in recovering the life quality. Dioshali, Kafi Masouleh and Delazar (2010) also found that there is a significant relationship between life quality and psychiatric health of relatives. It seems that the life quality recovery can increase the psychiatric health of relatives. In a research led by Zeidabadi (2009), he showed that there is a significant difference between life qualities means score and comparison during the study time between beginning month and third month of the treatment. Also, the relationship of independent variables studying the life quality was in 5% level significantly. Generally, it can be concluded that treatment with Methadone can be very effective in life quality. In another research led by Ghanizadeh (2006), the analysis of the results showed a significant difference between the mean scores of life quality and psychiatric welfare at pre and post three months after MMT in this case. Treatment with Methadone makes positive changes in life quality and welfare of the whole patients. So, in other words, it can be stated that the life quality includes people's physical health, psychological status, and social relations, spiritual and personal beliefs being evaluated by people's mental experiences [9]. The results of the study, the relationship of people life quality with type of abused drug have been clearly specified. When people take high drugs, their life quality will get more destructive in this regard. Thus, in the representation of life quality difference of males with stimulant drugs dependency than opioid ones, it can be concluded that the destructive impacts of the drugs can be effective in the whole psychiatric, social and physical status of the people. In terms of the descriptive analysis, the data shows that the degree of life quality dependent in opioids is higher than stimulant ones; the results of the deductive analysis show that the difference of the mean scores in the whole subscales of the life quality scales (except the role-play limitations from the excitement difficulties) among people with stimulant drugs and opioid one is significant ($p < 0.05$); along with considering this

issue, it can be stated that generally the degree of the life quality of males with opioid drugs is higher than stimulant ones.

Research limitations and suggestions:

It is suggested to apply other researches and studies regarding to motivate the more cooperative feeling from people; for the reason, other similar studies can be achieved in other cities or provinces to compare the findings of the research. This research has been belonged to the whole males with stimulant drugs and opioids referred to drug-treating centers established at Tehran and Karaj and the results of the research are merely recoverable and therefore, its recovery should be achieved carefully in relation to women in this case. Also, the number of the questions and little cooperation of the treating centers and the urge of NA groups for hiding their members, the fluctuation and variability of people dependent in drugs, reluctance and bore of people with drugs increase the number of the questionnaires to be incompleteness in this field and the lack of necessary researches were subjected to the limitations of the present study.

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REFERENCES

- [1] Amani M, Shiri I, Kabir H, *J Contemporary Psych*, **2010**, 102-100.
- [2] Asl Zaker M, *Issues concerning the recognition and treatment of drug abuse and addiction*, **2008**, 6, 106.
- [3] Ayatollah Sohrabi Akbari M, Heshmati B, Rostami A, Sadeghpour S, *Heal J*, **2009**, 203-203.
- [4] Azizi A, Clinical Psychology, Tabatabaiee University, (Tehran, Iran, **2010**).
- [5] Beigi A, Farahani MN, Mohammad Khani S, MA thesis, Tarbiat Moallem University, (Tehran, Iran, **2011**).
- [6] Daneshmand R, Second year, **2009**, 8, 79.
- [7] Domingo Antònia-Salvany M, Teresa B, Gregorio B, Francisco G, **2010**, 1,10,1186/1477-7525-8-145.
- [8] Eftekhari M, MA thesis, Science and Research (Tehran, Iran, **2010**).
- [9] Farahani H, Rostami Reza, Dehghan B, *Contemp psych*, **2010**, 5, 348-345.
- [10] Ghamari M, University Abhar Consulting Group, *Addiction research*, **2011**, 5 (18) 55-68.
- [11] Ghanizadeh I, MA thesis, Science and Research (Tehran, Iran, **2006**).
- [12] Gonzales R, Ang A, Marinelli-Gasey P, *J Subst Abuse Treat*, **2009**, 37(4):353-61.
- [13] Hojatti H, Alvestani S, Haji Bigelou, Science and Research (Tehran, Iran, **2009**).
- [14] Hosseini Seyed MR, Rezaiee K, Khademi SJ, Ghaffari E, **2010**.
- [15] Karow A, Reimer J, Schäfer I, Krausz M, *Drug Alcohol Depend*, **2010**, 1,112(3),209-15.
- [16] Karow A, Verthein U, Pukrop R, Remier J, University Medical Center Hamburg, **2011**.
- [17] Lashkari Pour et al, 30th Congress elected provincial primary prevention of addiction, **2010**.
- [18] Mahdavi Haji T, MA thesis, Clinical psychology, (Tehran, Iran, **2011**).
- [19] Narimani M, Habibi Y, Rajabi S, *J Addiction Research*, fifth year, 19.
- [20] Radfar R, *J understand addiction and substance abuse intervention*, **2009**, 9, 87.
- [21] Shohrati M, Almasi V, Shajiee A, Nekouhesh L, University of medical science, Tehran, Iran, **2008**.
- [22] Taheri Nakhsost HR, *J understand add subst abuse interven*, **2007**, 1, 54.
- [23] Wills TA, Pokhrel P, Morehouse E, Fenster B, **2010**, 509854.
- [24] Yen CNW, Wang TY, Chen HFC, Hhang HC, **2011**, 27(5), 177-83.
- [25] Zahed A, *J understand add subst abuse interven*, **2010**, 1, 54.
- [26] Zeid Abadi H, PhD thesis, University of Medical Sciences, (Tehran, Iran, **2009**).