

Shiraz University students' attitude towards drugs: an exploratory study

A. Ghanizadeh¹

مواقف طلاب جامعة Shiraz تجاه المخدرات: دراسة استكشافية

أحمد غني زاده

خلاصة: تم إجراء مسح حول مواقف 213 طالباً بجامعة Shiraz تجاه المخدرات (السجائر والكحول والأفيون والمهيروين والحشيش) وحول تعاطيهم للمخدرات (في وقت من أوقات حياتهم أو خلال الشهور الستة السابقة للدراسة). وقد استعمل الباحثون لهذا الغرض استبياناً يُستوفى ذاتياً. وتبين أن 25% من الطلاب قد دخنوا السجائر، وأن 25% قد جربوا شرب الكحول، وأن 21% تعاطوا الأفيون، وأن 12% تناولوا الحشيش. ولم يتعاط المهيروين سوى طالب واحد. واقتصر حصول الأئمة تعاطوا المخدرات عليها من أصدقائهم أو معارفهم وتناولوها في صحتهم. وقد أبدى معظم الطلبة رغبتهم في الحصول على المزيد من المعلومات حول المخدرات، واعتبروا أن التلفزيون والأفلام هي أفضل وسائط التزويد بالمعلومات. إن تعاطي المخدرات بين طلاب جامعة Shiraz لا يزال أقل من المستويات المسجلة في الغرب (باستثناء الأفيون). ويتبغي تصميم برامج لمكافحة الإدمان على المخدرات تكون متماشية مع الثقافة الإيرانية.

ABSTRACT Using a self-reported questionnaire, 213 Shiraz University students were surveyed about their attitudes towards drug use (cigarettes, alcohol, opium, heroin, cannabis) and their use of drugs (ever or during the 6 months prior to the study). About 52% had smoked cigarettes, 25% had tried alcohol, 21% opium and 12% cannabis; only one student had used heroin. Those who had used drugs obtained them from and used them with friends or acquaintances. The majority of students wanted more information on drugs, and considered television and films the best medium for providing information. Drug use among Shiraz University students is still lower than that reported in the West (except opium). Drug prevention programmes relevant to Iranian culture should be devised.

Attitude des étudiants de l'Université de Shiraz à l'égard des drogues : étude exploratoire

RESUME A l'aide d'un questionnaire à remplir soi-même, 213 étudiants de l'Université de Shiraz ont été interrogés sur leur attitude à l'égard de l'utilisation des drogues (cigarettes, alcool, opium, héroïne, cannabis) et leur consommation de drogue (dans le passé ou durant les six mois qui ont précédé l'étude). Environ 52 % avaient fumé des cigarettes, 25 % avaient essayé l'alcool, 21 % l'opium, et 12 % le cannabis ; un étudiant avait utilisé l'héroïne. Ceux qui avaient utilisé des drogues les avaient obtenues auprès d'amis ou de connaissances et les avaient consommées avec ceux-ci. La majorité des étudiants voulaient avoir davantage d'informations sur les drogues, et considéraient la télévision et les films comme le meilleur moyen de se procurer ces informations. La consommation de drogues parmi les étudiants de l'Université de Shiraz demeure inférieure à celle signalée en Occident (sauf pour l'opium). Des programmes de prévention des drogues convenant à la culture iranienne devraient être conçus.

¹Department of Psychiatry, Shiraz University of Medical Sciences, Hafez Hospital, Shiraz, Islamic Republic of Iran.

Introduction

Concern about alcohol and drug abuse in the world has been increasing. Drug abuse contributes to the increasing fatality rate, and young people who use alcohol or other drugs may come to the attention of legal authorities. There has been little research on drug and alcohol use in the Islamic Republic of Iran and we urgently require baseline data in order to provide guidance for policy-making on enforcement, treatment and education.

It has reported that direct pressure to smoke does not significantly lead to smoking but modeling has an impact on it [1]. A recent survey showed that 24% of Iranian university students had used narcotics at some time in their lives [2]. Another study reported that 11% of secondary-school students had experienced drug abuse [3]. Smoking prevalence among Turkish students has been reported to be 42.5% [4] and 64.5% of Saudi adults in Riyadh had never smoked [5].

This survey was conducted to explore attitudes towards drugs among Shiraz University students. With such information, we can plan preventive programmes more effectively.

Methods

The study used a questionnaire composed of a number of multiple-choice questions. The reasons behind choosing a multiple-choice questionnaire were to limit the answering time, and to elicit more specific and objective responses. The questionnaire was carefully worded in order to make it as straightforward as possible. The subjects were students of Shiraz University who were randomly selected in May 1999. They were free to select more than one choice

and, upon the completion of the questionnaire, they were told to add their personal comments in the space provided at the end of the questionnaire. Special attention was paid to ensure that the students clearly understood the instructions about answering the questionnaire. They were also asked not to write their name or any other symbol indicating their identity in order to encourage them to provide more open and honest answers, and they were assured about their responses being kept confidential. The questionnaire asked for information on age, sex, residence (with whom and household composition), drug use (cigarettes, alcohol, opium, heroin, cannabis) ever and in the 6 months prior to the survey, and the source of each drug used for the first time. The students were also asked for their reasons for taking the drugs for the first time. The questionnaire also enquired about the amount of information they had obtained on drugs and the various sources and if they were interested in having further information. Regardless of whether they used drugs or not, the students were asked what were the best ways of gaining information on drugs, drug use and their effects.

Results

Out of 220 questionnaires distributed among the students, 216 were returned, 3 of which were not usable. Table 1 shows the age distribution of the students; the age range was 18–31 years. Regarding sex, 189 (89%) were male and 21 (10%) female. No relation was found between household composition (living with, for example, mother or father) and consumption of drugs during the 6 months prior to the study. Without considering cigarette use, the life-span drug use was 33.8%, while including cigarette use with the drugs the result was

Table 1 Age distribution of respondents

Age group (years)	No.	%
18-19	20	9.4
20-21	70	32.9
22-23	61	28.6
24-25	29	13.6
26-27	17	8.0
28-29	8	3.8
30-31	2	0.9
No response	6	2.8
Total	213	100.0

57.7%. In all, 52% reported at least once having tried cigarettes, 25% alcohol, 21% opium and 12% cannabis (Table 2). There was only one report of heroin use (0.5%).

The ratio between use in the 6 months prior to the study and ever use is shown in Table 2. Table 3 shows the reported source of drugs used for the first time, which indicates that friends/acquaintances were the most usual source.

The reasons for first using each drug and not using each drug are presented in the Tables 4 and 5 respectively. The most common reason for initiation of drug use was to find out what it was like for nearly all of the drugs except heroin.

Table 6 shows the students' sources of information about drugs. Approximately 71% of the students wanted to know more about drugs and their effects. Finally, the students were asked to select one or more item from a list of eight which they considered the best way of providing young people with accurate information, and the responses (as percentages) for each source

Table 2 Students' reported drug use ever and in the 6 months prior to the survey

Drug	Ever use		Use in 6 months prior to survey		Ratio of 6-month prior users to ever users
	No.	%	No.	%	
<i>Cigarettes</i>					
Yes	110	52	58	27	0.5
No	102	48	155	73	
<i>Alcohol</i>					
Yes	53	25	28	13	0.5
No	159	75	184	87	
<i>Opium</i>					
Yes	45	21	21	10	0.46
No	167	79	191	90	
<i>Heroin</i>					
Yes	1	0.5	0	0	
No	211	99.5	212	100	
<i>Cannabis</i>					
Yes	25	12	10	5	0.4
No	187	88	202	95	

Table 3 Students' reported source of drug use for the first time

Source	No.	%*
Cigarettes (n = 103)		
Parent	4	3.9
Brother or sister	1	1.0
Home, without permission	16	15.5
Friend/acquaintance	57	55.3
Dealer	22	21.4
Other	3	2.9
Alcohol (n = 47)		
Parent	1	2.1
Brother or sister	0	0.0
Home, without permission	2	4.3
Friend/acquaintance	40	85.1
Dealer	2	4.3
Other	2	4.3
Opium (n = 45)		
Parent	3	6.7
Brother or sister	0	0.0
Home, without permission	8	17.8
Friend/acquaintance	31	68.9
Dealer	2	4.4
Other	1	2.2
Heroin (n = 1)		
Parent	1	100.0
Brother or sister	0	0.0
Home, without permission	0	0.0
Friend/acquaintance	0	0.0
Dealer	0	0.0
Other	0	0.0
Cannabis (n = 22)		
Parent	0	0.0
Brother or sister	0	0.0
Home, without permission	2	9.1
Friend/acquaintance	15	68.2
Dealer	2	9.1
Other	3	13.6

*Percentages based on the number of students reporting ever use.

Numbers in bold show the most frequent findings in each category.

television programmes: 51%; radio programmes: 18%; film shows: 38%; health information pamphlets and books: 12%; teachers: 21%; newspapers/magazine articles: 23%.

Discussion

The survey relied on self-reported answers and because drug use is illegal and socially unacceptable, the reliability and validity of such answers are matters of considerable importance. In the West, many studies of self-reported drug use suggest that such questionnaires can provide highly reliable data for research [6-8].

In a study previously conducted in the Islamic Republic of Iran, it was reported that about 24% of students had used at least one drug (opium, morphine, hashish, heroin and others) at least once in their life, and 75% had never used drugs [3], results which are lower than those of the current study. In the previous study, of those who had used drugs before, 29% had used opium, 10% heroin and 54% hashish. On the other hand, according to a study done by Singh et al., dealing with drug use in the West, 7 out of 10 undergraduate students had used drugs in the past, the commonest being alcohol (58%) and tobacco (36%) [9]. Also, Daughton et al. showed that 84% of high-school seniors reported a previous history of alcohol use [10]. Another study claimed that 91.2% of students had used alcohol, 62.3% tobacco, 30.6% cannabis, 4.2% opium and 1.3% heroin at some time in their life [11]. A survey conducted in Africa reported that alcohol was the commonest "ever taken" substance (34.9%), followed by tobacco (18.5%) [2]. Everett et al. reported that 70% of American college students had tried smoking [12]. A study in

were as follow: Talk at school from physicians: 18%; discussion with parents: 29%;

Table 4 Reasons for trying the drugs

Reason	Cigarettes No.	Alcohol No.	Opium No.	Heroin No.	Cannabis No.
To find out what it was like	63	38	22	0	13
Your friend encouraged you	8	7	3	0	2
To feel more adult	6	0	1	0	0
To be more popular with peers	11	6	2	0	0
To imitate someone you admire	18	1	3	0	0
You were unhappy/depressed	22	8	6	0	1
To defy parents	2	0	0	0	0
To help your concentration	5	1	4	0	0
Helps you forget your problems	14	9	12	1	1

The students were allowed to select more than one item.
Numbers in bold show the most frequent finding in each category.

Table 5 Reasons why students did not try drugs

Reason	Cigarettes (n = 135) No.	Alcohol (n = 106) No.	Opium (n = 144) No.	Heroin (n = 141) No.	Cannabis (n = 130) No.
Would cause trouble with parent(s)	6	8	8	9	8
Would cause trouble with teacher	1	1	1	1	1
Would cause trouble with police	0	0	0	0	1
Would lose your close friends	2	4	4	7	5
Would get a bad reputation	17	31	36	48	39
Would feel ashamed, lose self-respect	29	48	50	54	49
Is against your religion	27	94	44	57	51
Would interfere with school work	13	12	17	19	16
Would affect performance in sports	16	15	19	22	21
Would seriously damage your health	68	76	94	106	105
You might become addicted	19	24	42	58	42
You might do "crazy" things, go mad	2	6	3	4	6
Cannot afford it	1	2	3	7	6
Not interested in using it	60	80	95	113	105

The students were allowed to select more than one item.
Numbers in bold show the most frequent findings in each category.

Table 6 Students' sources of information about drugs

Source	Nothing/ just a little No.	Quite a lot/ a great deal No.
Parents	95	88
Other relatives	117	36
Teachers	102	48
Friends/ acquaintances	80	89
Other adults in the community	99	50
Radio and television	65	111
Newspapers and magazines	79	83
Books	89	80

Portugal reported that 64.2% of the students had never smoked [13].

In the current study, unlike the findings of studies in the West, only 25% of the students had used alcohol in their lives at least one time, which is considerably lower than the figures reported in the above-mentioned studies. This difference with Western studies is to be expected as Islam prohibits the use of alcohol. The use of tobacco in the Islamic Republic of Iran is higher than a study conducted in the West by Achalu and Duncan [11], but lower compared to a study by Singh and Singh [9]. In comparison, the rate of opium use was higher in the Islamic Republic of Iran in Achalu and Duncan's study but cannabis use was lower [11].

As can be seen in Table 2, the ratio of 6 months prior users to ever users was about 0.5 for all of the drugs except heroin, which may be due to the following reasons: the higher age groups may have easier access

to drugs and/or the rate of consumption of drugs for the prior few months may have been higher.

The results suggest that, in Shiraz, drugs are usually obtained from and used in the company of peers and acquaintances. A prior study in the Islamic Republic of Iran also showed that most of the students generally used drugs with friends or at parties [3], and in contrast to the study of Agahi and Spencer [14], the individuals are exposed to more peer models of drug use rather than adult family member. This may indicate a major change during the past few years in this area in the Islamic Republic of Iran. In this regard, the findings of the current study concur with some studies in the West [16-21]. Peer pressure and "everyone is doing it" have been used as excuses for some drug-taking behaviour for too long. We must look harder into the reasons for drug use and not accept these concepts or teach our young people that this is what is really happening [22].

As to the reasons underlying drug use, a small number of the students reported using drugs to forget their problems or to help them concentrate, but most of them had tried drugs to find out what it was like. A study by Merchant et al. showed that most Iranian university students who had used drugs used them for social or pleasurable purposes [3], which is different from what is shown in the current study.

The reasons for drug use have varied and social attitudes towards drug use have fluctuated, but drug use has remained. A survey in China showed that the major reasons for first smoking were stress (42.8%), curiosity (34.4%) and loneliness (33.7%) [23]. Yaacob et al. reported social influence and cigarette advertisements as the main reasons given for starting smoking in Malaysian university students [24].

Table 5 shows the reasons for not trying drugs. The most common reason given for drugs other than alcohol was health damage and lack of interest. For alcohol, religious belief was the most common reason mentioned.

In order not to use drugs, young people need more reinforcement. Attention must be paid to non-users as well as to users. For example, the leading reason for not using drugs selected by the respondents could be explained to other young adults for drug education and prevention, e.g. the adverse consequences of drug use on health and religious beliefs.

Among the students, not using drugs was not due to their inability to obtain the drug. Those who had used drugs obtained them from their friends and acquaintances. Therefore, legal prohibition of opiates may decrease drug use indirectly [25]. Also, a prior study in the Islamic Republic of Iran showed that exposure to drugs in university influenced drug use more than parental influence [3]. This is in accordance with a survey in Pakistan that showed that negative legal sanctions could delay the start of opium consumption [26]. Therefore, unavailability of drugs may act as a preventive factor against drug use.

Most of the information about drugs was gathered from television programmes. In all, 71% of the students showed an interest in having information about drugs and their effects. They reported that television and films were the best ways to obtain information. An earlier study also showed that students were interested in drug education programmes [27]. Hurd et al. reported that a curriculum-based programme fo-

cused only on smoking resulted in a significant reduction in smoking [28]. Television has also been reported to be an important source of information about drugs [29].

Devising an educational programme to change attitudes needs to take into account the individual's baseline of beliefs about drugs as gained by his/her social experience [30]. Agahi and Spencer suggested that preventive programmes should target individuals' characteristics [14]. Gerevich and Bacskai showed that beliefs were one of the most important protective factors against drug use [31].

A few comments about the limitation of this study must be made. First, there was no way to determine whether these selected reasons are causes for using or refusing as opposed to being simply rationalization given to explain one's status as an ever user or a non-user. Second, some questions undoubtedly failed to elicit complete and/or precise data, even though the students' appended comments suggest the survey was taken seriously. Third, in spite of explaining the confidentiality, probably some of the students did not answer all the questions accurately because drug use is socially and legally prohibited in the Islamic Republic of Iran. Fourth, the subjects were only Shiraz University students and therefore generalization of the results may not be accepted, although the majority of the Iranian population are younger than 25 years (about 60%). Finally, the study was cross-sectional and the subjects were not followed up. Larger studies at the community level must be carried out to obtain a more representative picture of drug use in the Islamic Republic of Iran.

References

1. Urberg KA, Shyu SJ, Liang J. Peer influence in adolescent cigarette smoking. *Addictive behaviors*, 1990, 15(3):247-55.

2. Khan N, Arnott R. Substance use among rural secondary school in Zimbabwe: patterns and prevalence. *Central African journal of medicine*, 1996, 42(8):223-9.
3. Merchant NM et al. Factors related to drug abuse among Iranian university students. *Pahlavi medical journal*, 1976, 7:516-28.
4. Metintas S et al. Smoking patterns of university students in Eskişehir, Turkey. *Public health*, 1998, 112(4):261-4.
5. Saeed AA, Khoja TA, Khan SB. Smoking behavior and attitudes among adult Saudi nationals in Riyadh city, Saudi Arabia. *Tobacco control*, 1996, 5(3):215-9.
6. Barnea Z, Rahav G, Teichman M. The reliability and consistency of self-report on substance use in a longitudinal study. *British journal of addiction*, 1987, 82:891-8.
7. Cooper AM et al. Validity of alcoholics' self-reports: duration data. *International journal of addiction*, 1981, 16:401-6.
8. Winters KC et al. Validity of adolescent self-report of alcohol and other drug involvement. *International journal of addiction*, 1990-1991, 25(11A):1379-95.
9. Singh G, Singh RP. Drugs on a medical campus I. Drug use among medical undergraduates. *Drug and alcohol dependence*, 1979, 4(5):391-8.
10. Daughton JM, Daughton DM, Patil KD. Self-recognition of alcohol and cigarette dependency among high school seniors. *Perceptual and motor skills*. 1997, 85(1): 115-20.
11. Achalou OE, Duncan DF. Drug taking among Nigerian students at universities in the United State of America. *Bulletin on narcotics*, 1987, 39(2):75-80.
12. Everett SA et al. Smoking initiation and smoking patterns among US college students. *Journal of American college health*, 1999, 48(2):55-60.
13. Azevedo A, Machado AP, Barros H. Tobacco smoking among Portuguese high-school students. *Bulletin of the World Health Organization*, 1999, 77(6):509-14.
14. Agahi C, Spencer C. Patterns of drug use among secondary school children in post-revolutionary Iran. *Drug and alcohol dependence*, 1982, 9:235-42.
15. Agahi C, Spencer C. Beliefs and opinions about drugs and their users as predictors of drug-user status of adolescents in post-revolutionary Iran. *Drug and alcohol dependence*, 1982, 10(2-3):99-110.
16. Fraser M. Family, school, and peer correlates of adolescent drug use. *Social service review*, 1984, 58:434-47.
17. Pruitt BE et al. Peer influence and drug use among adolescents in rural area. *Journal of drug education*, 1991, 21(1): 1-11.
18. Tolone WL, Dormott D. Some correlates of drug use among high school youth in midwestern rural community. *International journal of addiction*, 1975, 10(5): 761-77.
19. Valliant PM. Personality, peer influence and use of alcohol and drugs by first-year university students. *Psychological reports*, 1995, 77:401-2.
20. Wang MQ et al. Family and peer Influences on smoking behavior among American adolescents: an age trend. *Journal of adolescent health*, 1995, 16(3):200-3.
21. Williams JG, Covington CJ. Predictors of cigarette smoking among adolescents. *Psychological reports*, 1997, 80(2):481-2.
22. Sheppard MA, Wright D, Goodstadt MS. Peer pressure and drug use — exploding the myth. *Adolescence*, 1985, 20(80):949-58.

23. Xiang H et al. Cigarette smoking among medical college students in Wuhan, Republic of China. *Preventive medicine*, 1999, 29(3):210-5.
24. Yaacob I, Abdullah ZA. Smoking behavior, knowledge and opinion of medical students. *Asia-Pacific journal of public health*, 1994, 7(2):88-91.
25. Marcos AC, Bahr SJ. Drug progression model: a social control test. *International journal of addiction*, 1995, 30(11):1383-405.
26. Chaunry HR et al. Familial history of opium use and reported problems among opium addicts in Pakistan. *British journal of addiction*, 1991, 86(6):785-8.
27. Jensen M et al. Students' desire for a university drug education program. *Journal of drug education*, 1989, 19(3):231-44.
28. Hurd PD et al. Prevention of cigarette smoking in seventh grade students. *Journal of behavioural medicine*, 1980, 3:15-28.
29. Wright JD, Pearl L. Knowledge and experience of young people regarding drug abuse between 1969 and 1979. *British medical journal. Clinical research edition*, 1981, 282(6266):793-6.
30. Spencer C, Agahi C. Drugs and Iran after the Islamic Revolution: prophesying the next quarter century. *International journal of addiction*, 1990, 25(2A):171-9.
31. Gerevich J, Bacskai E. Protective and risk predictors in the development of drug use. *Journal of drug education*, 1996, 26(1):25-38.

Atlas of mental health resources in the world

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