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Reference documents

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2 Sentences were found in a text with the title: „**Microsoft Word - Benefits and Costs Reference List Sept17.doc**“, located at: <http://www.wsipp.wa.gov/rptfiles/04-07-3901b.pdf>

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Subsequent the examined text extract:

The Effectiveness of Educational Programs of Healthy Behaviors on Students' Insight into Drug Addiction and Reducing the Burden of Addiction

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Abstract

Purpose: This research is aimed at studying the effectiveness of educational programs on healthy behaviors in students' insight into drug addiction and reducing the burden of addiction.

Method: This quasi-experimental research was of pre and post-test designs with control group. Among the statistical population who were students residing in Shahid Behshti University in academic year of 2009-2010, sixty

disrupting and destabilizing social structures and relationships, and increasing the risk of violence and aggression, social isolation, and other psychological and social problems, and increasing the risk of substance abuse and addiction were employed.

or addiction is one of the most overt bio-socio-psychological problems (the National Institute on Drug Abuse, 2007).

Youths and juveniles associating with narcotic abuse would involve in matters such as robbery, violence, and decline in education, unorganized thinking, loss of socio-psychological adaptation, reduction of problem-solving capabilities, and high social isolation and depression (Rockville, 2012).

It is essentially necessary, then, to identify factors affecting the prediction and preventing youths from substance abuse and risky behaviors and applying effective educational methods to build up their awareness, insights, and life skills. This research is aimed at recognizing behaviors relating to students' tendency toward addiction and anticipating such conduct through training, mediating and informing about the dangers of drug abuse. Here, thus, the major purposes consist of broadening the knowledge of drug abuse as a hazardous conduct, training life skills, recognizing the perilous situations, and reducing the vulnerability to addiction and students' impetus for narcotic by changing their insights and cognitive aspects to improve their mental health and specify the influence of educational intervention on healthy behaviors in changing approaches towards substance abuse and addiction.

Training social skills equips individuals with techniques enabling them to protect their rights against others and feel safe on destructive outcomes of

addiction in adolescents. Special factors involving gradual transition to adulthood, including family, school, and social environments, contribute to the development of substance use disorders (Ramezani et al., 2010). In addition, social skills training has been shown to be effective in reducing substance use (Ramezani et al., 2010). Appointment, weak personal control and longing for excitement contribute together to drug abuse (Mohammadi et al., 2011; Tavakolizadeh et al. 2012).

including counselors, school teachers and social programmers. This may be adopted as a coping guideline in teaching juveniles.

According to the research conducted by Ramezani et al. (2010), teaching social skills would have a positive and significant effect on treating addiction. And, social skills can be an appropriate method to increase communicational and interactional skills in people with drug abuse.

Ismaeil et al. (2011), in a study, titled “an investigation on the effectiveness of teaching life skills over a change in insight into narcotics among solders on duty in Tehran prisons”, suggested that education intervention on life skills may well affect soldiers’ insights and play an important part in reduction of substance abuse in the society.

Hall et al. (2005) reported in their study on using stimulant drugs in Midwestern University that 17 percent of 179 male and 11 percent of 202 female students consumed illegal and stimulant drugs.

Given a broad prevalence of addiction in our country and a potential risk for all levels of the society, the results of our research theoretically reveal that whether the modern inhibiting recognition approaches and the treatment techniques are based on strong experimental and theoretical principles and if they can be efficiently practiced in Iran for treatment and prevention of addiction.

In contemporary scientific literature, fewer specialists suggest one-dimensional treatment, whether by medicine or non-medical techniques. An integration of both is required, indeed. Even under the most effective treatments, though, there is a great risk of recurrence. In such cases,

prediction is logically replaced by the presence of prediction is compensated by an education approach toward the society, drug abuse, people in danger find ways, have turning point, it's positive views of as, difficult to be arrested into negative cause of myths' surfeit about it (Chase of Al though 2002). not negate teaching approach, it poses this fact that relying merely on one specific factor and ignoring other factors is a minimalistic approach (Azizi, 2003). It is difficult and it has been proved to be expensive to treat addiction

and break its incorrect cycle. It requires, likewise, an exhaustive medical system with different approaches of medical therapy, psychotherapy, and rehabilitation. Putting an excessive emphasis on one aspect and ignoring others would be a failure in treatment and there would be a great risk of recurrence (Botvin & Botvin, 1997, quoted by Abdollahpour, 2008).

According to Fishbein (1967), drug abuse is affected by an insight juveniles have into narcotics. Such positive and negative insight is formed by a combination of knowledge, information, beliefs, and emotions towards illegal drugs, on one hand, and the value they put on it, on the other hand.

Although it is difficult to discover all reasons and factors of such hazardous conducts, to learn of some of these influencing variables and factors may facilitate the power of prediction and help practitioners in primary predictions and compilation of educational interventions for people who are exposed to such danger. Drug abuse has now been proved to need broad preventive interventions one of which is coping interventions, preventing juveniles from substance abuse and modifying their insights into this matter. The most direct intervention in improvement of socio-psychological capabilities is the one reinforces the coping capacities and personal and social capabilities. Given the importance of people's insights in psychological discussions, including socio-psychology, cognition psychology, etc. and psychologists' beliefs over the strong relation between insights and its effect on performance and behavior, people mostly incline toward illegal drugs or cure their addiction depending on a belief they have on it. One way of controlling demand, thus, is to modify people's vision toward drug abuse. Insight is the main part of human identity and the center of socio-psychology because it affects social behaviors and information processing and forms part of self-image (Bohner & Wanke, 2002).

Rahmati (2004) studied the effect of coping skills on high school students' insight into drug abuse in Kerman. Results showed that trainings are

effective in three cognitive, emotional and behavioral areas. Taremian (2001) and Adollah-pour (2008) studied the effect of teaching life skills on changing students' insight into drug abuse in some separate research. They concluded that students participated in the courses of life skills had more negative insight into narcotics. Sohrabi et al. (2008), likewise, revealed that teaching healthy behaviors reinforced the negative view on substance abuse. Coefficients, also, showed that teaching healthy conducts highly affected the cognitive insight.

Coping skills which are part of a healthy behavior are considered as a major factor in regression. These skills include behavioral, cognitive and emotional skills assessed in three levels: predicting skills enabling individuals to predict pressures and risky situations and plan for them. The immediate coping skills include coping skills required for dealing with reoccurrence crisis and facing more hazardous aspects such as temptation of abusing. Repairing skills are the ones prevent individuals from being seduced into addiction (Breslin et al. 2002; Lymer et al. 1999; Marlatt et al. 2002).

Regarding what mentioned before, this question is raised that "does teaching healthy behaviors reinforce students' negative insights into drug abuse and reduce addiction?"

Methodology

The general plot of this research is based on the purposes and the essence of an experimental design along with the pre- and post-test for control group. The sample group was first selected and divided into two groups of experimental and control groups. A pretest was then held simultaneously for both groups. This means that 60 of dormitory students were randomly selected and again randomly divided into two groups of experimental and control. An educational intervention program was implemented in the next step for six 45 minutes sessions as an educational workshop and one session in a week for the experimental group. No program was designed for control group. When the course finished, a post-test was conducted in order to compare the effect of such intervention over both groups. Pre- and post-tests results were compared.

The statistical population included male students of Allameh Tabatabaai University in academic year of 2009-2010, residing in dormitory. Samples were selected randomly. To obtain the sample volume, the variance of studied feature was estimated at 0.24 using 30 basic questionnaires. Put it differently, considering the confidence coefficient at 1.96, the optimum precision of 0.15 and participant coefficient of 1.5, 60 were selected from

among 3900 male students. Here, there were not peer subjects in case of addiction and insight into drug abuse, students were though equal in many aspects including age, education, etc.

Addiction Preparation Scale: It composes of three subscales, including Mac Andrew Alcoholism Scale-R, Addiction Acknowledgment Scale and Minnesota Multiphase Personality Inventory. In the final form of these three subscales, there are 101 questions 12 ones of which are iterative and were deleted from the final form. The test has generally 89 questions and the answers are in the form of Yes or No.

Mac Andrew Alcoholism Scale-R: It includes 49 items, designed by Mac Andrew to set non-drug abuse group apart from addicted patients. The reliability coefficient was reported at 0.62 and 0.78 for men and women respectively.

Addiction Acknowledgment Scale: It contains 39 items, designed by Weed et al. (1992) to measure respondents' tendency to admit problems relating to alcohol or drug abuse. The reliability coefficient was estimated at 0.89 and 0.84 for men and women respectively.

Addiction Preparation Scale: It consists of 39 questions, designed by Weed and Butcher (1992) in order to assess people's addiction preparation as an index of personality factors. A high correlation of 0.99 was observed between this scale and Mac Andrew Alcoholism Scale-R.

In a research to study the application of these subscales in Iran, Minuei and Salehi (2002) specified that Addiction Acknowledgment Scale and Mac Andrew Alcoholism Scale-R showed a significant difference between addicted group and students. Kordmirza (1999), likewise, studied a sample including 108 treatment applicant and 500 students from four groups of medicine, art, technical, engineering and human sciences, studying at Tehran state universities. He reported the Cronbach's alpha of scales of addiction acknowledgment scale, Mac Andrew Alcoholism Scale-R and addiction preparation scale at 0.75, 0.48, and 0.29. Rostami and Nosratabadi (2007) estimated Cronbach's alpha of scales of addiction acknowledgment scale and Mac Andrew Alcoholism Scale-R at 0.73 and 0.53 respectively. In the present study, these values calculated at 0.78, 0.58 and 0.39 respectively.

Questionnaire of Insight Gauge into Drug Abuse: This has been compiled by Rahmati (2004). It includes 34 parts and the respondents comment on each part in a form of three options. One option is zero or negative insight, one option indicates average insight and the other one is coded at 2, indicating a

positive insight into drug abuse. The minimum score would be 0 and the maximum one would be 68.

The reliability coefficient was estimated at 0.80 by test-retest method and at 0.803 by Cronbach's alpha. According to the results obtained by factor analysis of insight questionnaire, it was completed by four scales of general insights, beliefs (cognitive), emotions (sentimental), and preparation for act (behavioral) (Rahmati, 2004). Here, the reliability coefficient was calculated by Cronbach's alpha at 0.85.

Independent variable is the educational intervention program (teaching healthy behaviors), conducted by researchers in six 45 minutes sessions as an educational workshop in students dormitories. It includes six sessions of: 1) defining life purposes; 2) raising self-esteem; 3) ability to cope with stresses; 4) identification of risky situations; 5) acquiring social skills (friend-finding); and 6) teaching certainty skills (ability to say No) to prevent students from drug abuse. Each session was implemented accompanied by group activities. The dependent variable is a change in students' insights into substance abuse, determined by subtracting pre-test scores from post-test scores. Data were calculated based on the research nature and using descriptive statistics of pre and post-test of both groups in the general score of insight and its components. Covariance Test and Levin Test were used to study the research hypotheses and data statistical analysis.

Findings:

Descriptive statistic includes mean and standard deviation of scores subjects in both experimental and control groups got from pre- and post-tests. Table 1 presents the data related to the questionnaire of insight into drug abuse.

Table 1: mean and standard deviation of scores calculated by insight into drug abuse questionnaire answered by experimental and control groups

		Experimental		Control	
		<i>X</i>	<i>S</i>	<i>X</i>	<i>S</i>
Behavioral Component	Pre-test	61.8	12.3	01.9	92.2
	Post-test	28.4	71.2	92.8	07.3
Sentimental component	Pre-test	67.6	53.3	65.5	55.2
	Post-test	3.28	71.2	82.5	17.3

Cognitive Component	Pre-test	11.4	50.2	29.4	72.2
	Post-test	24.2	73.1	92.3	08.2
General Insight	Pre-test	83.5	41.2	75.4	82.2
	Post-test	11.3	99.1	68.4	47.2
General Score of Insight	Pre-test	25.22	9.45	23.70	8.71
	Post-test	12.91	8.67	23.34	9.16

High score means positive insight and inclination into drug abuse. According to table 1, mean scores of sample group in cognitive, behavioral, emotional and the general insight areas and the general insight score in experimental group are lower in post-test than pre-test. To study the significance of difference in the pre - and post-test scores, covariance analysis method was used. Results have been presented in the following tables. Table 2 shows the results and assumptions obtained by covariance analysis.

Table 2: covariance analysis test to compare the scores of experimental and control groups

Variable	Variance Homogeneities		Slope Homogeneities		Covariance Analysis			
	F	Significance Level	F	Significance Level	F	Significance Level	Eta-Square	Statistical Power
Behavioral Insight	2.02	0.175	0.98	0.34	13.94	0.013	0.225	0.56
Cognitive Insight	1.08	0.158	0.40	0.43	9.21	0.007	0.108	0.27
Emotional Insight	1.33	0.235	1.09	0.19	20.38	0.027	0.165	0.43
General Insight	0.43	0.191	1.40	0.18	8.97	0.04	0.121	0.34
Total Score of Insight	0.34	0.256	2.18	0.108	21.22	0.029	0.161	0.41

According to table 2, results of Levin test in general insight into drug abuse are not significant at 5%. Null hypothesis, then, based on equality of variances, is verified for both groups. The analysis of the slope of regression

4.5 According to a descriptive analysis, the mean scores of experimental group in post-test is not much high in all three scales. Results reveal that teaching healthy behavior program is effective in reducing drug addiction.

As observed, covariance analysis results show that this test can be practiced. In addition preparation scale, covariance analysis is $F = 11.26$ and $P < 0.01$. It is, therefore, statistically significant. Null hypothesis, based on inexistence

Multiple choice questions are used to assess the effectiveness of the program. The program is designed to help individuals who are struggling with addiction to understand the effects of alcohol and drugs on their health and behavior. The program is designed to help individuals who are struggling with addiction to understand the effects of alcohol and drugs on their health and behavior. The program is designed to help individuals who are struggling with addiction to understand the effects of alcohol and drugs on their health and behavior. The program is designed to help individuals who are struggling with addiction to understand the effects of alcohol and drugs on their health and behavior.

In case of the third and fourth hypotheses, research results about the effectiveness of teaching healthy behavior in reducing addiction revealed a significant difference between experimental and control groups in all subscales of addiction preparation scale. The effectiveness of this program in reducing addiction was, therefore, proved. It can be said that, teaching has been effective in three areas: Individuals' inclination to addiction, awareness of alcohol related problems and tendency to use alcohol. Results, also, showed that this program had the highest effect on preparation for addiction and assessed people's willingness to addiction. The effect, so, is as a result

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