RELATIONSHIP OF PHYSICAL DISEASE AND MENTAL DISORDERS WITH DRUG USE IN YASOUJ CITY (IRAN)

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ABSTRACT:

From the perspective of pathology, drugs are a strategic and multifaceted threat that, when it comes to time, one of its faces is more prominent than other faces. Individuals who are addicted to substance abuse are simultaneously affected by other disorders. The aim of this study was to investigate the relationship of physical disease and mental disorders with drug use in Yasouj city. For that purpose 255 applicants of intervention were selected by simple random sampling method and completed the MMPI-2 test and the author made questionnaire. Finally, according to the questionnaires, 104 questionnaires were analyzed. The results of chi-square test showed that there was a significant relationship between addiction and hypochondriasis disorder, depressive disorder, psychopathic deviate, paranoid disorder, psychasthenia disorder, dementia disorder, sleep disorder, sexual disorders, hepatitis, gastrointestinal disorders, diseases, neurology and respiratory tract diseases. Except for the relationship between addiction and hepatitis which was significant at level (p≤05) other assumptions were significant at level (p≤001). But was not found a significant relationship between the drugs and schizophrenia, mania, AIDS, endocarditis, cancer, liver disease and kidney disease. There was a positive and significant relationship between the prevalence of mental illness such as Hypochondriasis disorder, depression, psychopathic disorder, paranoid disorder, psychotic disorder, dementia disorder, sleep disturbances, sexual disorders and physical disorders such as hepatitis, digestive diseases, neurological and psychiatric disorders.

KEYWORDS: substance abuse, mental illness, physical illness.

INTRODUCTION

Drug dependence is a social issue. Addiction is the cause of many social damages and family and personal disorders. Considering psychological, moral, and social influences, the phenomenon of addiction, and in particular the increasing spread of dependence and addiction to new materials, threatens family and community, and leads to harmful behaviors such as tension in family roles, straying and tramp, begging, deviant behaviors, and in acute cases, especially women's addiction, leads to sexual deviations and prostitution. Therefore, it can be considered as one of the most important social issues in the world today, as well as one of the most influential factors in many social damages (Naranjiha, 2007). The problem of
addiction in today's world is one of the most important social issues that have been raised in most countries
as a major problem, and our country has not escaped this social harm, and every day in every corner of the
country there are victims of addictive substances. Drug addiction as the most serious social issue in Iran has
various aspects of sociology, psychology, legal, political, and so on. According to social analysts, the addiction
to these substances is the cause of many harm and social deviations; to prove this, we just need to have a
gland on the narcotics statistics. The official statistics indicate that in our country the annual consumption of
drugs is 500 tons; each minute, two kilos of drugs are discovered and 30 drug consumers and drug dealers
are arrested every hour; the age of smoking is 12 years and the average age of addicts is about 20 years old.
Also, statistics show that more than 60 percent of crimes are drug-related and more than 6 million people
are affected by drugs, and eight people die from drug abuse and 70 people are addicted each day. In 2012,
about 500 tons of narcotics were discovered in the country, and in the first six months of 2013, 12 tons of
drugs were discovered only in Tehran. From the perspective of pathology, drugs are a strategic and
multifaceted threat that, when it comes to time, one of its faces is more prominent than other faces. This
threat not only threatens individual security but also the ontological security or the existence of a
community (Moslemi, 2010). This issue is more acute in Iran because the percentage of young people in Iran
is somewhat high. Meanwhile, the numbers of young addicts are rising and their age is declining. The
younger class is more addicted than middle aged and elderly people. Unfortunately, industrial narcotics,
crackers and crystal have become the most commonly used drugs (Mousavi, 2003). The phenomenon of
opiate dependence and opiate abuse (opium and heroin) has become a global dilemma today, and after the
nuclear crisis, the explosion of the population and the pollution of the environment as the fourth crisis issues
have engaged the minds of intellectuals. Drug abuse and dependence were named "addiction" before 1964,
but with the proposal of the World Health Organization and in order to reduce the psychosocial burden, the
titles were replaced by the term addiction (Sadock & Sadock, 2007). Control of opiate dependence is
important for our country. Having a 1925-kilometer border with Afghanistan and Pakistan, the main source
of poppy cultivation and production of opium and heroin in the world, Iran has a special vulnerability to the
transit of opiate from these countries to Europe. Now recognizing the problems associated with addiction
and planning in controlling and reducing the number of addicts and improving the prognosis of this disease is
one of the priorities of the country. People with addiction and substance abuse are simultaneously affected
by other disorders (Gelder et al., 1996). Co-dependence on several substances, depression and personality
disorder, are considered as addictive disorders (Joe, Simpson & Hubbard, 1991). In sum, the prevalence of
psychiatric disorders in drug addicts is much higher than in the general population. Anxiety and depression
are evident in all stages of the life of the addict, whether they are consumed more than usual or who have
symptoms due to their withdrawal symptoms (Anthenelli & Schuckit, 1993). Of all kinds of anxiety disorders,
phobia is associated with depression more than others (Cohen & Henken, 1993). The occurrence of
depression is not a matter of opiate, especially when it comes to discarding other substances, such as
cigarettes (Breslau, Kilbey & Andreski, 1933). Depression is of paramount importance among psychiatric
disorders associated with addiction, since reducing energy and frustration caused by depression can diminish
the motivation of addicts’ drug withdrawal and treatment (Joe, Simpson & Hubbard, 1991). Therefore,
attention to physical and psychological disorders along with drug abuse and addressing their hidden aspects
is a major concern of this research. So the main question of this study is what are the physical and
psychological disorders associated with drug use? In response to this question, the following hypotheses
were presented:
- There is a significant relationship between hypochondria disorder and drug use.
- There is a significant relationship between depression and drug abuse.
- There is a significant relationship between psychopathic disorder and drug abuse.
- There is a significant relationship between paranoid disorder and drug use.
- There is a significant relationship between Psykastny disorder and drug use.
- There is a significant relationship between manic disorder and drug use.
- There is a significant relationship between schizophrenia and drug abuse.
- There is a significant relationship between dementia and drug abuse.
- There is a significant relationship between sleep disorder and drug use.
- There is a significant relationship between sexual disorder and drug abuse.
- There is a meaningful relationship between hepatitis and drug use.
- There is a significant relationship between digestive diseases and drug use.
- There is a significant relationship between endocarditis and drug use.
- There is a significant relationship between liver disease and drug use.
- There is a significant relationship between kidney disease and drug abuse.
- There is a significant relationship between cancer and drug use.
- There is a significant relationship between neurological diseases and drug use.
- There is a significant relationship between respiratory diseases and drug use.

METHODOLOGY
Since the present study investigates the relationship between physical and psychological disorders and addiction, the research is correlational. The statistical population of the study consisted of the applicants for treatment interventions, harm reduction and social support in Yasuj, which were 672 people. Regarding access to the list of people in the community, simple random sampling was used. The sample size is calculated as 255 people based on the Morgan table, but according to the condition of clinical scales of MMPI test, only 104 questionnaires were capable of analysis, meaning that the final sample, whose responses were analyzed, was consisted of 104 questionnaires.

RESEARCH TOOLS
The Minnesota Multi-Personality Inventory (MMPI) was also used as a researcher-made questionnaire. In this questionnaire, in addition to the subjects' demographic information, questions about the subject's incidence were included in a variety of illnesses.

FINDING
In order to investigate the relationship between physical and psychological disorders and drug use, the Chi square test has been used for hypotheses that the results are shown in the table below.

<table>
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<tr>
<th>Disorder</th>
<th>Response</th>
<th>Observed Frequency</th>
<th>Expected Frequency</th>
<th>(\chi^2)</th>
<th>DF</th>
<th>Sig</th>
<th>Disorder</th>
<th>Response</th>
<th>Observed Frequency</th>
<th>Expected Frequency</th>
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<td>/46</td>
<td>12</td>
<td>depression</td>
<td>Yes</td>
<td>76</td>
<td>52</td>
<td>1</td>
<td>22/15</td>
<td>00/1</td>
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<td>52</td>
<td></td>
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<td>Total</td>
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<td>/20</td>
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<td>paranoid</td>
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<td>8/65</td>
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<td>Total</td>
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<td>dementia</td>
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<td>Total</td>
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As the table above shows, there are significant relationships between hypochondriac disorders, depression, psychopathic, paranoid, psychotic, dementia, sleep disorders, sexual dysfunction, respiratory system disorders, neurological diseases, digestive diseases and hepatitis with drug use, but there are no significant relationships between mania disorder, Schizophrenia, endocarditis, liver disease, kidney disease and cancer with drug use.

**DISCUSSION AND CONCLUSION**

The purpose of this study is to determine the prevalence of psychological and psychological illnesses in the applicants for treatment interventions, harm reduction and social support in Yasuj city. For this purpose, among the applicants for treatment interventions, harm reduction and social support of the Yasuj living in residential centers, who were 672 people, 255 people were randomly selected and responded to the questionnaire. Finally, 104 questionnaires were analyzed with respect to the subjects' drop and the specific circumstances of the questionnaires. The summary of the results and the explanation of each hypothesis are as follows:

**Hypothesis 1:** There is a significant relationship between hypochondriac disorder and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated X2 is equal to 46.12 and is significant at the level (p≤0.001). As a result, the hypothesis is approved. The result of this study is consistent with the Moalemi and Raghibi research (2010) and Khosravi Kabir et al. (2008). In the context of the above discussion, hypochondriasis is often a response to stress or mental illnesses such as anxiety and depression. Since addicts experience many stressful situations on a daily basis, hypochondriac disorders can be a response to these problems. Hypothesis 2: There is a significant relationship between depression and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated chi-squared is equal to 22.15 and is significant at the level (p≤0.001). As a result, the hypothesis is approved. The result of this study is consistent with the studies of Vaziryan (2002) and Torabi (2002). In the context of the above, one of the disruptions associated with addiction and drug abuse disorders, psychotropic and alcohol abuse is depression. Although in most studies, depression is considered to be the most common disorder in addiction, some scholars and experts point to depression as one of the causes as well as one of the outcomes of drug abuse. Some people use alcohol and drugs to relieve symptoms and complications of depression. Doctors call this phenomenon self-healing. The effects of alcohol or drug can temporarily reduce feelings of sadness, sin or worthlessness. But when their effects disappear, bad feelings will come back. This cycle can lead to continued use and ultimately addiction. Depression consequence can also lead a person to addiction. Depressed people often leave social contact and may even find it difficult to maintain their jobs. They are often isolated and only resorting to alcohol or drug without a supportive social network. For such people, spending time with those who are also under alcohol or drug abuse is easier and more convenient because of lower societal expectations. Hypothesis 3: There is a significant relationship between...
psychopathy and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 20.34 and is significant at the level ($p$≤0.001). As a result, the hypothesis is approved. The results of this study are consistent with Jafari (2009), Sohrabi (2004), Saduk et al. (2007) and Westermeyer, Eames & Nugent (1998). In the context of the above, it should be said that since the use of some drugs causes an abnormal mental status and illusory, and this means a kind of disconnect to reality, this lack of realizing and disconnecting the real world that happens with everyday use may, in addition to disrupting the functioning of the brain, institute an abnormal process in the mind of the individual, which ultimately leads to psychotic disorders. Hypothesis 4: There is a significant relationship between paranoid disorder and drug abuse. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 8.65 and is significant at the level ($p$≤0.001). As a result, the hypothesis is approved. The result of this study is consistent with Bruner et al. (1997). In the context of the above, it should be said that since addiction makes it possible for a person to separate himself from other people in society, he must be isolated and create a negative attitude towards himself in society, and isolate everything in the field of mental and psychic isolation. And summarizes his mistake, gradually moves towards inappropriate thoughts, and forms the unrealistic and defensive approaches that are the basis of suspicion, and as a result this behavioral and intellectual style is the basis of his interaction with others, which leads to paranoia disorder.

Hypothesis 5: There is a significant relationship between psychosomatic disorders and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is 24.03 and is significant at level ($p$≤0.01). As a result, the hypothesis is approved. The result of this study is consistent with Husseinifar (2011) and Moalem & Raghibi (2010). In the context of the above, it has to be said that addiction itself causes many physical problems and many mental and psychological stresses, which, in turn, can lead to crises in the person’s life, and in addition to the real problems and issues that the addict is involved with, causes fears of illness shyness and extreme shame and fear in the person, resulting in mental fatigue, physical and fatigue exhaustion for the addict. Hypothesis 6: There is a significant relationship between schizophrenia and drug abuse. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 0.61 and is not significant at the level ($p$≤0.05). As a result, the hypothesis is rejected. Hypothesis 7: There is a significant relationship between manic disorder and drug use. The results of the data analysis for the above hypothesis show that the calculated $X_1$ is equal to 11.3 and is not significant at the level ($p$≤0.05). As a result, the hypothesis is rejected. Hypothesis 8: There is a significant relationship between dementia disorder and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated $X_2$ is 26 and is significant at the level ($p$≤0.001). As a result, the hypothesis is approved. Therefore, in explaining the above hypothesis, it should be said that drug use can destroy neurons and synapses, as well as poisoning in the brain and impair the functioning of neurotransmitters such as acetylcholine and norepinephrine, which ultimately leads to dementia. Hypothesis 9: There is a significant relationship between sleep disturbance and drug abuse. The results obtained from the data analysis for the above hypothesis show that the calculated $X_2$ is equal to 22.15 and is significant at the level ($p$≤0.001). As a result, the hypothesis is approved. The result of this research is consistent with Rostami’s research (2007). In the context of the above, it should be noted that unfortunately in our country there is a wrong belief that it is very good to use these drugs to increase sexual ability and sexuality and to treat early ejaculation. Some people also think that their physical pain can be reduced by the use of opium, while the use of these materials will in any way affect the sexuality of their bodies. What happens is that narcotic drugs like opium have a sedative effect, resulting in a low sensitivity in the individual, and when this happens, sensitivity to the genital area is also reduced, and if a person has early premature ejaculation, his problems at the beginning of taking this substance can be solved and can prolong the duration of its sex, but as a result of the use of these...
substances, anxiety will increase in person and in order to reach the same level, it will have to increase the amount of drug use and its frequency, so the problem of early ejaculation will not be solved, and in turn, secondary problems will occur. Hypothesis 11: There is a significant relationship between hepatitis and drug use. The results of the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 3.84 and is significant at the level ($p \leq 0.05$). As a result, the hypothesis is accepted. Hypothesis 12: There is a significant relationship between gastrointestinal and drug use. The results of the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 50.58 and is significant at the level ($p \leq 0.001$). As a result, the hypothesis is approved.

Hypothesis 13: There is a significant relationship between endocarditis and drug use. The results of the data analysis for the above hypothesis show that the calculated $X^2$ is 1.38 and is not significant at the level ($p \leq 0.05$). As a result, the hypothesis is not approved. Hypothesis 14: There is a significant relationship between liver disease and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 0.615 and is not significant at the level ($p \leq 0.05$). As a result, the hypothesis is not approved. Hypothesis 15: There is a significant relationship between kidney disease and drug abuse. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 0.615 and is not significant at the level ($p \leq 0.05$). As a result, the hypothesis is not approved. Hypothesis 16: There is a significant relationship between cancer and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 47.11 and is significant at the level ($p \leq 0.001$). As a result, the hypothesis is approved. Hypothesis 17: There is a significant relationship between neurological diseases and drug abuse. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is equal to 47.11 and is significant at the level ($p \leq 0.001$). As a result, the hypothesis is approved. In the context of the above discussion, it should be said that unprotected sex with an infected person and the use of a common syringe can be a cause for hepatitis C disease. Hypothesis 18: There is a significant relationship between psychiatric and drug use. The results obtained from the data analysis for the above hypothesis show that the calculated $X^2$ is 26 and is significant at the level ($p \leq 0.001$). As a result, the hypothesis is approved. Given that addicted people are exposed to such factors as infectious diseases, pollution, chemical consumption, burning and inhalation, they may develop respiratory diseases.

REFERENCES


12. Moalem & et al. Comparison of spiritual intelligence and mental health in addicted and non addicted individuals, *Journal Of Shahid Sadoughi University Of Medical Sciences, Yazd*; 2010 (18) 3; 235-242


