

SECRECY IN DRUG ABUSERS: A QUALITATIVE STUDY IN IRAN

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ABSTRACT

Objective: To explore the ways of concealment and secrecy that are adopted by drug users.

Methodology: This qualitative study was conducted in Ahwaz, Iran, using purposively sampling among people who used drugs during their adolescence. Semi-structured, individual, in-depth interviews were performed. The interviews were analyzed by the constant comparative method of analysis.

Results: The findings revealed that participants' ways of secrecy at the start of drug use can be classified into seven subsets of secrecy, namely abusing family's unawareness and trust, working, using medicine, rapid changes of puberty, making excuses for aggression, changing the place, method of use and role-playing.

Conclusion: The findings of the study indicated that as much as drug concealment and easier availability would be, the more difficult the identification of the abusers by family and society will be. Therefore, understanding the ways of secrecy is important and may increase parental responsibilities while supervising their children especially during their teens.

Key Words: Drugs, Secrecy, Qualitative study, Iran

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INTRODUCTION

Drug abuse among adolescents is a serious problem for public and social health in the world^{1,2}. Adolescence is a critical period in life, characterized by higher levels of risk taking behavior³. The presence of friends, relationship with peers and parents has significant influence on drug abuse⁴. In this period drugs can cause great damage to the teenagers⁵. Drug abuse is illegal in most of the countries⁶⁻⁸. These countries have programs for prevention, control and treatment of drug dependence⁹. From social point of view, drug use is unpleasant and most communities do not have a positive view of illicit

drug use¹⁰. Therefore, the families try to keep away their children from drugs due to its obvious negative effects in community health^{11,12}.

The drug use has an increasing trend in the world¹³⁻¹⁷. Attraction and pleasure of using the drugs on one hand and the producers and suppliers' efforts to promote drugs on the other hand, have caused many adolescents turn into the drugs users. This has posed many problems for the communities¹⁸. According to the United Nations Office on Drugs and Crime (UNODC) report in 2008, the prevalence of cannabis use in young people aged 15-24 years, was 32.7% which has been

four times more than the prevalence of cannabis use in those 25 years and older¹³. People start taking drugs for joy and is later influenced by various factors as precipitating factors^{5,19}. In the beginning, people try to hide it due to its illegality, lack of social approval and fear of families' back lash. Due to this initial secrecy, family and society gets aware at later stage. By that time, they are not able to stop the progress of dependence and intervene at the right time. Therefore, identifying the methods of concealment in starting of the drug use can help the families and the community to be vigilant and support the user by blocking their secretive ways of usage of drugs. By using the first-hand information from the consumers, this study has been carried out with a qualitative approach to explore the ways of concealing of drug abuse.

METHODOLOGY

This article was part of a qualitative study which has been conducted by the content analysis of the data gathered earlier. It was approved and supported by Iran University of Medical Sciences [IR.IUMS. REC 1396.32610]. We followed the first hand information and data which was obtained from the interviews through audio tapes²⁰. Participants were selected by purposive sampling. The drug users were identified by referring to Drop in Centers (DIC) under the supervision of Welfare Organization in Ahwaz. The participants in the study were selected from drug users who were willing to participate in the study. Data collection was performed using in depth semi-structured individual interview technique. Polit and colleagues²¹ believed that the main source of information on the qualitative study will be in depth interviews between researcher and the participants. In this study, interview was not fixed and varied in the range from 30 minutes to 70 minutes depending upon the situation and the willingness of the participant.

Semi structured interviews were performed from March 2010 till July 2011 in the DIC offices. Each interview was started with the introduction of people and a history of their drug start. Then, the subjects were asked about these cases: How did they start taking the first drug for the first time? The first person who made him/her use drugs, the methods used in order to prevent the family from knowing about the addiction and the duration of the period for which they were able to hide their drug use. The interviews were recorded with the help of tape recorder.

After the first interview, the tape-recorded interview was transcribed. After typing, they were entered into the Open-Cod software in order to be analyzed. Data analysis was performed by the constant comparative analysis and in three levels (open coding, axial, and selective). The interview transcript was read for a few

times, line by line and the analysis were initially encoded. At the same time, the initial codes were classified into greater codes based on similarities and differences. These classes were re-encoded based on their content and the secondary codes were made. The procedure was continued for the third-level codes. After the analysis of first interview, the subsequent interview was recorded, planned and transcribed. It was analyzed like the previous interview, up to the observation of "Data Saturation" and no need for new codes. The obtained codes by the method of external check were reviewed and amended by sending to three professors of Tehran University of Medical Sciences and one professor at Ahwaz University of Medical Sciences. In order to increase the credibility, the researcher was consistently in contact with the participants for having a better understanding of their behavior. The samples were selected from different age groups and a variety of drug users. A total of 33 semi-structured interviews were carried out with the drug users.

RESULTS

Among the 33 interviews, there were 29 cases of use of both crack and crystal meth, 2 cases of crystal meth only and one case of crack abuse. Due to the limitations and the reluctance of families, the researcher could only interview with one of the user's mothers. Among all, 15 (48.4%) of participants were Bakhtiari Lors, 32.3 percent were Arabs and the rest were from other ethnicities. Regarding marital status, 74.2 percent were single, 12.9 percent were married and the rest were divorced. Ninety percent of them had a prison record. The longest period of time that a person had secrecy from the beginning of consumption was 12 years as the user was away from family for working and infrequently visited home. The participants' ways of secrecy at the start of drug use were classified into 7 sub-classes. This classification is summarized in Table 1.

1. The concept of preventive behaviors:

One of the elicited themes in the current study was a health concept including three different categories namely challenge in the concept of preventive behaviors, pros and cons of preventive behaviors. The concept of preventive behaviors was a challenging concept. A number of women specifically mentioned the lack of symptoms as a reason not to carry out preventive behaviors like screening. "My health is good. There is nothing to be worried about" (P11. A 32). This class had three sub-categories as shown in Table 1. Too much trust was one of the ways for the secrecy of the drug abuse. One participant said: "Earlier, two or three times, my friends told my mom that I use drugs, but she didn't believe. They had a lot of confidence in me. After 5 years of drug use, my family came to know about it" (P7. A 29).

Table 1: Main themes and categories

S. No.	Main Themes	Categories
1	...Secrecy by Abusing ...Family's Unawareness and Trust	Placing too much trust in the child by the family
		Placing too much trust in the relatives by the family
		Family's unawareness about drugs and their usage symptoms
2	Secrecy by Working and Economic Independence	Working outside late at night
		Working away from family in other cities
		Financial independence from the family
3	Secrecy by Using Medicine	Using medicine to treat red eyes
		Chewing gum after using the drug
4	Secrecy by the Rapid Changes of Puberty	Low age
		Rapid changes in appearance
5	Secrecy by Aggression and Making Excuses	Denial
		Aggression
		Making excuses
6	Secrecy by Changing the Place and Method of Usage	Using drug orally
		Using drug outdoors
7	Secrecy by Role Playing	Exercise
		Keeping an immaculate appearance
		Pretending to study
		To be affable and polite
		Reducing the contact with others

Another participant claimed that his uncle made him use drugs deliberately due to his enmity towards his father. He thought his addiction was hidden due to the usage of drugs with his uncle. He said: "I was often at my uncle's house. My mother did not think that her brother was giving me drugs"(P9. A27). One participant (P11. A 32) stated: "some of my uncles had addiction, so my mother knew all the moods of an addict. Though my eyes were red, she was sure about me and did not ask me anything". Low awareness of parents about drugs and the related signs were the factors that were used by the children to keep their drug use hidden. Participant number 30 (P30. A 33) stated that: "My family did not sense the smell of opium. They did not know what I used. I used it secretly in the kitchen. The smoke of it

went outside very fast. Another participant (P8. A 55, who was the mother of one of the participants) stated: "My child used crystal meth. He used such drugs that I had never heard the name. I am 55 now. In our times, we did not see these things". In some cases, the drug use by parents in the past was the reason to become aware of their child's addiction sooner. Participant No. 22 (P22. A 38) stated: "My father was addict. My family observed all moods of addiction. My secrecy lasted only one year and after that my family found about it".

2. Secrecy by working and economic independence:

This class had three sub-categories as shown in Table 1. Participant (P16. A 32) stated: "For 12 years, my family did not know about my addiction. I was working in

another city. Every 6 month, I came back home". Another participant stated: "I was always in the shop. When I went home late at night, I just wanted to sleep. I was not under watch of my family" (P15. A 29). Economic independence was also involved in the secrecy in the beginning of drug use, because the person taking the drugs needed money. Without working and having a job, he/she needs to provide it from somewhere. When they are younger, the addicts take money from the family. But if the addict had an income and did not ask money from the family, he/she could be able to keep the subject of addiction hidden, specifically if the family did not have adequate supervision on how to spend money. Participant (P14. A 25) said: "When I was in high school, I worked. Nobody asked me that what you did with your money". Another participant said: "we were working in the buildings. When I went to work, my freedom was much more" (P17. A 29).

3. Secrecy by using medicine:

In this class, there were two sub-categories: using medicine to treat red eyes and chewing gum after using the drug. Red-eye after taking the drug was one of the problems that most of the consumers have tried to hide it. Participant (P26. A 26) stated: "The eye drops took eye redness away". The experiences of other consumers who had more experience were used to hide the drug use. Participant (P39. A 30): "I asked my friends for treating eye redness and what I should do. They told me to go to the pharmacy and take the needed eye drop as medication". Another participant said: "I chewed the gum in order to stop my bad breath" (P18. A 30).

4. Secrecy by the rapid changes of puberty:

This class had two sub-categories as shown in Table 1. At this age, the person is growing physiologically with fast changes in the body. So, the changes caused by drug use are not evident. Participant (P40. A 33, who was also suffering from AIDS) said: "When I was at the first class of junior high school, nobody noticed my appearance. We were fresh like flower buds. Our faces were red". Another participant told about the drug experience at the start up (in the adolescence) with such a statement: "My friends told about my addiction to my mother, but she did not believe because my face did not show anything" (P14. A 29). Participant (P19. A 20) stated: "After 7 years, they realized I was using drugs. My age was very low and if someone said anything about my addiction, nobody believed".

5. Secrecy by aggression and making excuses:

In this class, there were three sub-categories as shown in Table 1. One participant stated: "I pretended to be angry and went out of home" (Male, 24 years old). Participant No. 23 said: "Our neighbour said to my father "I saw your child, was smoking or was walking with

an addict", I kicked up a racket and said "bring him face to face with me" (Male, 24 years old). Participant No. 14 stated: "When I used hashish, my eyes got red. I told that it was due to the mud in my eyes or riding motorcycle". Participant No. 17 stated: "I told them that I washed my face and the soap entered into my eyes or it was due to the dust". Participant No. 24 stated: "My job was to weld and I told that my eyes redness was due to electric welding".

6. Secrecy by changing the place and method of usage:

This class had the following two sub-categories: using drug orally and using drug outdoors. Participant No. 11 stated: "At night, when I watched the TV, I made tea and ate opium dissolved in the tea; or in the morning, I ate it with tea when I went to school". Participant 41 stated: "I was careful not to put cigarettes in my pocket. Before going home, I hid the cigarettes and drugs somewhere at school". Participant No. 28 stated: "I used the drugs with friends outside the house and then came back home". Participant No. 33 stated: "I used the drugs on the rooftop or in the backyard".

7. Secrecy by role playing:

This class included five sub-categories as shown in Table 1. One participant (who had started using the drug at the age of 14 and continued till the end of high school education at 18), stated: "I was very circumspect. I always ironed my trousers and shirt very well. I was scented and my appearance was perfect. I also exercised and ate more food in order not to be thin. I brushed my teeth for three times each day" (Male, 30 years old). Participant No. 33 said: "I rubbed orange peels into the palms of my hands for removing the smell of cigarettes and drugs". One participant said: "I made myself busy by looking at the books and showed that I studied. My parents always said that what an educated son we have" (Male, 24 years old). Reducing the contact with others was another way of secrecy to prevent the secret of addiction which was also mentioned by the participants. Participant No. 15 said: "For example, if I sat down next to someone in the bus, I did not talk. Because if I talked, they would have realized that I was an addict".

DISCUSSION

In this study, the average age of onset of drug use by the participants was 16.9 years. The most frequent age at which they started taking drugs was 16 years. These results were somewhat consistent with the results of Shannon and colleague's research²². In their study, the teen ager participants had experienced their first drug at a mean age of 13.9 years. In our study, low awareness of family about the drug and too much trust in their children were the contexts that the people used to hide their addiction. In the study of Sanchez et al²³ and

Moreiar et al²⁴ as well, the access to the information on drugs was mentioned as the most important factor in preventing the drug use. Knowledge about the effects and symptoms of drug use and identifying new drugs on the market by parents are not enough to control their use, but it can certainly help timely diagnosis and treatment of drug abuse.

In the present study, one of the ways of the teenagers' secrecy at the onset of drug use was working outdoors and having economic independence. The cost of the drug use is high and by increasing the rate of usage, this cost will rise. The individual consumers will provide the cost of drug from another source. In the study of Todd and colleagues²⁵ it has been mentioned that many of the users pay for drugs by engaging in some ways such as the followings: theft, robbery, sale of home and personal belongings and even the sale of their kidneys. In Firestone et al²⁶ study it was indicated that some of the drug users turned to prostitution. Such actions which are unlawful will help indicate that a person is drug dependent. But if a consumer can provide the cost of the drugs by his or her own income, the family may find out the dependence later, especially if the family does not have enough supervision about the income and costs of their children.

In the current study, some participants used the eye drops to hide their drug use and to eliminate the eyes redness (which appeared after taking the drug). Some of them used role playing by having adorned and tidy appearance or pretending to study in order to hide their drug use. Similar study was not found, but given that most participants in this study were not properly supervised by their parents, it seems that these results are consistent with reality. The study results of Bares et al²⁷ showed that families with close monitoring of their children were less frequently facing the drug use. These results have also been confirmed in other studies such as the studies of Hayatbakhsh et al²⁸, Green et al²⁹ and Dishion et al³⁰. It seems that if the parents have more intimate relationship with their children and notice change of their behavior, they can recognize drug abuse well on time. These can help as alarming indication for the parents such as having an eye drop in pocket, smell of cigarettes from the clothes, sudden changes or abnormal behavior such as unusual positive behavior.

In this study, some participants stated that in order to hide their drug use, in the cases of doubt of their families, they left the house with aggression and anger. Studies like Moore et al³¹, Reid et al³² and Jaffe et al³³ mentioned aggressive behavior in drug users. It should be noted that most of the participants in this study were people who started using drugs in their teens and in this age they have aggressive behavior due to the sense of independence, so it seems that the family considered them as natural aggression of their age and a sign of

adolescence. They did not think that it could be possible that their children have started to use drugs. In other cases, some participants expressed that their rapid physical growth and change helped them to hide their drug use from the families. The parents' knowledge about attitude and behavior of their children of different ages and the changes of their appearance can be effective in early recognition of children tendency toward drugs. In current study, some participants expressed that changing the method of use and consumption of drugs in certain places (away from family) succeeded them in hiding the addiction. Opium consumption orally with tea and changing the location of drug use in outdoors (e.g. in parks) were other ways for the secrecy. Over the past few years, introduction of new drugs such as crystal and crack in the markets in Iran has made the drug concealment easier. These new drugs can be used easier and in shorter time. Their effects are much longer than opium and other older drugs³⁴⁻³⁷.

CONCLUSION

The findings of the study indicated that as much as drug concealment and easier availability would be, the more difficult the identification of the abusers by family and society will be. This issue will increase the parental responsibility in monitoring their children, especially in their teen age. The parents need to have more attention and care to their friendly relations. The responsibility of society will also be more in supplying controlled drugs, extensive training and education to the people and especially to the adolescents and youth. Given that the type of drug use in Iran is rapidly changing, new and easy-to-use drugs are entering the market, understanding the ways of secrecy is important.

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CONTRIBUTORS

MM Conceived the idea, designed the study and wrote the manuscript. JA helped revision of manuscript, collected and analyzed the data. MQ and BRM carried out data collection from the records, analyzed the data based on the objectives and transcribed the data. AZ helped writing the manuscript, carried out corrections and referencing. JYL and OS kept liaison among the authors, searched literature and transcribed the data. All authors contributed significantly to the submitted manuscript.