

Abstract

Objective: Drug trafficking is one of the most significant social damage that can easily undermine the cultural and social base of a country and its human dynamism. The confluence of the psychological, social, economic, political and cultural factors has made this one of the most complex social damages of recent decades in the country. Accordingly, the adoption of programs with the prevention and empowerment approach to addiction has always been the focus of attention. However, preventive programs have not been successful at many levels. In this regard, the aim of this study was to analyze the inefficiency of prevention programs. **Method:** The present study was carried out with a qualitative approach and through grounded theory. The data were collected through a deep interview with 33 consumers living in Ghaleh Shour camp of Isfahan as well as managers, experts, and therapists in the area of addiction in spring of 2016. These sample units had been selected via purposive sampling and the theoretical saturation criterion. The data were then analyzed using axial coding. **Results:** Axial coding led to the production of 14 categories and 66 sub-categories, which illustrate the causal and underlying conditions, strategies, and consequences of the inefficiency of prevention programs from the perspective of both groups of participants in the research. Some of these categories include non-cooperative policies, inappropriate bureaucracy, cadre-oriented and actor-oriented cultural constraints, customization, and obdurate anarchy. **Conclusion:** From the perspective of both groups of participants, there is a dual typology of weaknesses and deficiencies in the preparation, development, and implementation of prevention plans, which, in turn, shows the content and formal denial of plans. In the first type of the strategy, obdurate anarchy is adopted by interviewees and, in the second type of the strategy, customization and acceptance of failure in dealing with this phenomenon are adopted by the interviewees where such consequences as empiricism, friendship, and escape and insignificant access to plans come into existence.

Keywords: addiction, prevention programs, grounded theory

Inefficiency Analysis of Prevention Programs: Qualitative Research

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Introduction

The distributed statistics indicate the increase in the number of drug users in Iran (Drug Control Headquarters, 2011). Although this increase may engender less concern in comparison with the population growth and the proportion of people at risk to the whole population, the presence of some factors will deter the generation of relative peace and solace: first, different estimates have been presented by authorities and various research. Second, the national and official studies indicate a decrease in the age of onset of drug use (Narenjiha, 2007). Third, the complications of drug use, especially non-traditional substances, are increasing (Nasehi, 2013). Fourth, the prevalence rate of addiction in the world is constant (United Nations Office on Drugs and Crime, 2010). This statement refers to the stability of the status quo with the reduced prevalence of drug use in some countries versus the increased prevalence of it in some other countries, like Iran (such as Iran). Fifth, people consider it as an unacceptable phenomenon (Ehterami, & Vatanparast, 2014). Therefore, planning to reduce the incidence and prevalence of addiction and drug use has been a priority in Iran's domestic politics during the recent years.

Due to the nature of addiction, this phenomenon has always been ahead of the preventive program, in such a way that new substances appear first, and then the treatment and prevention methods are provided. Over the past two decades, several preventive programs have been implemented by various organizations. However, the growth of this phenomenon is observed in the society, in such a way that we have seen a decrease in the age of addiction and also an increase in addiction among women in the society in recent years (Niyazi, Nowruzi, Zarandi, & Ataei, 2017). Despite the various methods of addiction treatment, evidence and research have shown that the most effective and the most recent treatment methods for addiction have also been accompanied by high rates of relapse. The reason is that the pathogenic environment undermine any progress made in the treatment of the addicted patients (Zavar, Habibi, & Hasanvand, 2016). Therefore, prevention provides a logical alternative for the psychological and physical immunization. The basic assumption of the prevention strategies is that prevention is better than substance abuse, and is easier, less expensive, and more effective than treatment (Younesi, & Mohammadi, 2006).

Addiction prevention in fact means the primary prevention of the processes leading to addiction, including the tendency toward consume, consumption for test, occasional consumption, abuse, and dependency. In other words, addiction prevention means preventing those who have never used drug to turn into those who tend to use drug, preventing those who tend to use drug to turn into for-test consumers, preventing the for-test consumers to turn into the occasional consumers, preventing the occasional consumers to turn into substance abusers, and preventing the substance abusers to turn into addicts or drug-dependent users. To abusers and prevent them from becoming drug addicts or drug addicts (Sarami, 2010). Addiction prevention programs are designed at three levels:

primary, secondary, and tertiary with awareness-raising, affective training, substitution development, and social influence approaches. The goal of primary prevention is to keep the healthy and non-addicted people away from drug; it is provided through informing and awareness-raising methods about the high-risk behaviors and complications of drug abuse which is done by public media and organizations such as Ministry of Education, the Ministry of Health, the NGO's, and the municipality. The goal of secondary prevention is to provide quick and timely treatment and prevent the repeated use of drugs, with regard to the target community and the amount of drug use. In secondary prevention, by reducing substance abuse and teaching cognitive and behavioral skills, efforts are made to maintain the balance in drug use and to withdraw addiction. In the tertiary preventing, the rehabilitation of addicts is done by the supporting groups (Sohrabzadeh, 2011).

Today, in the area of drug prevention, most countries have abandoned the criminal prosecution and have started to address the social prevention issues, which requires the cooperation and participation of the civil society organizations, such as NGOs and community-based programs. In the current laws of our country, there are many direct and indirect mentions to the need to take preventive measures in various areas including addiction. In the constitution, attention to the macro factors in prevention can be found in the third, eighth, tenth principles, the principles inserted in Chapter III (rights of the nation), the twenty-ninth, thirtieth, and thirty first principles which obligated the system to provide the minimum basic needs. In addition, in clause 5, principle 156, the Judiciary explicitly is obligated to take the appropriate measures to prevent the occurrence of crime and to reform the criminals. Moreover, the enactment and announcement of the general policies of the system in the fight against drugs in October 2006 by the Supreme Leader has been another positive step in the codification of legal documents for the prevention of addiction (Mohammadi, 2017).

During the half century after designing the first preventive plans, various programs and strategies for the prevention of drug abuse have been introduced and implemented (Botvin, Griffin, & Williams, 2001). The history of designing and implementing the first prevention programs in the country dates back to the 1980s. In that years, the welfare organization of the country implemented community-based addiction prevention programs with the health promotion perspectives and social-environmental models (Report of the Welfare Organization of Iran, 2010). However, despite the enactment of the document on addiction prevention and the various measures that have been defined, approved, and announced by the highest authorities over the past decades, for some reason such as poor convergence between different organizations and the weak presence of some of these organizations, there seems a long distance to achieve the desired results.

Hence, concerns about the harmful pharmaceutical, social, legal, health, and economic effects caused by substance abuse have made it necessary to take new measures to expand the preventive strategies for addiction (Amari, Pashasharifi, Hashemian, & Mirzamani, 2011). The issue of prevention can be affected from various biological-psychological and sociological aspects. Obviously, the authorities and the statesmen's positive ideas about the cooperation of psychiatrists, psychologists, physicians, sociologists, and all important institutions including families, schools, and many related institutions can help to make the preventive programs more complete and more effective. Therefore, this conclusion that the most effective preventive method is a comprehensive and community-based approach that targets a wide range of etiology determinants is an important and beneficial point in reforming the preventive approaches. Definitely, the role of people and those who are faced with this problem and the government's less involvement in the area of fighting against and reducing addiction lead to the success of these programs. In order to ensure about the effectiveness of training programs related to substance abuse prevention, it is essential that these trainings be carefully evaluated. Kranzelic, Slehan, & erkovic (2014) argue that investing in developing and designing the preventive training courses without the principles such as linking the courses and activities to theories and research, developing courses based on a comprehensive needs assessment, the planning and evaluating are ineffective. According to these researchers, principles and elements that are effective in preventing the high-risk behaviors should be taken into account in the courses and programs. In their studies, Buhler, Schroder, & Silbereisen (2008) considered the characteristics of an effective preventive program as related to implement the programs including the duration of the program, the frequency of the program, the size of each project, as well as the conceptualization of the programs, such as the theoretical approach in the methodology, content, and evaluation. Others, such as Tobler et al. (2000), in investigating 207 global programs for substance abuse prevention, have pointed to the size and type of the program and the evaluation of their effectiveness. What is inferred from other studies is that the prevention programs are divided into three categories of effective, ineffective, and detrimental; the programs have the iatrogenic effect in the final category. That is, the phenomenon or problem results from the program itself (Moose, 2005). Therefore, the evaluation of the prevention programs is always a necessity to find out the extent of their effectiveness and their weaknesses and strengths.

Given that the preventive programs have not had much success, the prerequisite to achieve better results is analyzing the status quo in terms of the problem itself (the phenomenon of addiction) and in terms of assessing the methods and countermeasures that have been used so far. Then, by having the access to the existing documents, facilities, opportunities, etc., you should plan and offer a solution for each culture and group separately. Such a gap is now felt more than ever, because now we are faced with the complexity and negative

consequences caused by the prevalence of drug use and also with more various problems (Sarami, 2017). In this regard, the purpose of the present study is to analyze the causes of the inefficiency of the prevention programs from the perspective of consumers, therapists, and experts in the field of drugs through the qualitative method and grounded theory. Accordingly, the research question is presented in the following general questions: What conditions have been effective in the low efficiency or inefficiency of the preventive plans and programs? How do the participants of this study understand, interpret, mean, and represent their experience of confronting with the preventive programs? What the strategies do they take based on these mental meanings? What are the consequences of taking the above-mentioned strategies by the participants?

Method

Population, sample, and sampling method

In this research, the grounded theory which is a qualitative research method was used. Qualitative research refers to any type of research whose findings have not been obtained through statistical processes and for quantitative purposes (Corbin, & Strauss, 2008). Ground theory is an inductive method that develops theory from the data that are regularly obtained from social research (Glaser, & Strauss, 1967). Using this method, the researcher analyzes the studied phenomenon in its context and current situation, and the possibility to understand the social processes and the individuals' mental nature from the phenomenon under study will be provided for him. The participants of this study are 20 addicts living in Ghaleh Shour residential-therapeutic camp of Isfahan, as well as 13 managers, experts, and therapists in the field of drug and addiction. The purposive sampling method has been used to select the participants. Among the ten strategies that Potton proposed for sampling, two strategies of sampling with maximum variety and snowball sampling were used in this study (Potton, 1994) and, finally, with considering the theoretical saturation, a total of 33 individuals was selected from both groups for the process of collecting and analyzing the data.

Procedure

In the qualitative study, especially in the grounded theory, data collection and analysis are carried out simultaneously to help to develop a theory based on the data. (Corbin, & Strauss, 2008; Glaser, & Strauss, 1967). The main technique used to collect data was the deep interview. The duration of each interview varied from 70 to 120 minutes depending on the situation, the interview procedure, and the participants' willingness. Interviews were conducted between April and June 2016. After the formation of the general lines of the interviews by concepts and categories, a series of open-ended questions was designed and this process continued until the stage of theoretical saturation. The recorded data obtained from the interviews were coded based on three stages of the grounded

theory (open coding, axial coding, and selective coding). Moreover, to achieve the reliability criterion, three techniques of auditing, member check (Creswell, 1994), and validation of analytical comparison studies were used.

Results

In the first phase of open coding, 66 codes were extracted in this study. These codes were reduced to 14 major categories in the axial coding. These categories include the following categories. Content denial, visual denial, non-cooperative politics, top-down stance, inappropriate bureaucracy, structure-oriented cultural constraints, actor-oriented cultural constraints, production-distribution and consumption characteristics of substances, lack of access and escape from the plans, friendship, empiricism, breaking the norm, customization, and surrender. In selective coding, these categories were abstracted into a core category entitled the "Content and visual Denial" of the plans. In the following, each of the categories and subcategories along with quotations from the participants were presented and explored.

1) Content denial: This category is extracted from a total of 6 more detailed concepts and refers to those cases that take into account the internal features of the programs and preventive plans, including information, training skills and methods, and services. This information usually includes knowledge about the substances and their impact, as well as local laws on drug use, and consider these features unequal and insignificant as compared to the content dimension of substance abuse and other sources. The secondary concepts of this category are as follows: (A) Lack of attention to the multi-factoriality characteristics of addiction: from the perspective of many people, the major weakness of the prevention programs is seeing the phenomenon of addiction as a single factor and devoting the major attention to the individual: "In their program, they only blame the person himself". B) The programs are not complete and comprehensive: another weakness that the clients of the prevention programs have pointed out is that the content of the programs are not comprehensive and are not consistent with the characteristics of the target group: "Only a few issues of addiction are repeated ... In decision-making and implementing the program, people who should be attended are not taken into consideration". C) Ignoring the realities of the society: the programs' mismatch with the realities of the society. In other words, since the programs are demonstrative, many clients of the preventive programs do not pay attention to it. For example, the emphasis on the negative aspects of the substances: "drugs have also some advantages, but when they just say about its negative points nobody listens to them." Failure to introduce a suitable substitutes for drug in the programs: "Always tell about avoiding drugs, but no one tells what to substitute for drugs", and failure to talk about the problems of the addicts' life in the programs leads the clients not to establish a good relationship with them: "they do not understand the addicts and do not talk about their problems and difficulties." These three factors were the

main factors that the clients of the preventive programs and the interviewers have pointed out and have focused on the demonstrative and formality aspects of the prevention programs. D) Content weakness of the programs: The emphasis on the poor content of the prevention programs has been a remarkable point in most interviews. Content and executive weaknesses, the repetitious state of the programs, and lack of attractiveness for audiences have led to a reduction in the scope of program's effects on the clients: "People do not learn anything from what they say and from their programs, they always repeat the cliché. So, it is boring and tedious." E) Health / disease confrontation: According to the majority of the interviewees, the executers of the preventive programs attempt to separate the healthy and successful patients from the drug users by drawing a bipolar of health and disease. While, this way of dealing with drug users makes them to doubt about the truth of the preventive programs. The first step in the success of any prevention plan is to gain the trust and to respect the clients of the programs: "If you mean the problem of the health of the young people, I know people who both use hashish and do exercise... they're not right when they say glass is addictive." F) the scientific weakness of the programs: the lack of conformity between the programs and new sciences such as psychology and not using the specialists in planning and designing the preventive programs are other points that the interviewees have emphasized in counting the reasons for the inefficiency of the prevention plans: "Many consumers suffer from mental problems before turning to addiction. However, they do not pay attention to this issue in the programs ... the addicts themselves know and understand the substances better and more than most experts. "

2) Visual denial: This category is extracted from seven secondary concepts, meaning the structure or form of the type of program, the clients, methods, and its executive mechanisms. In this case, the visual and format aspects of the plans are evaluated unequal and insignificant in comparison with the structural dimension of the drug abuse, including the extent of production and distribution, etc. (A) Lack of informing and planning from the early ages and school: "awareness should be made in the form of formal education at schools and from the lower educational levels"; (b) Failure to follow the priority order in the implementation of the prevention programs: "Programs are not implemented according to the order of primary, secondary, and tertiary preventions"; (c) Prevention programs are not early-efficiency:" The nature of prevention programs is their late-efficiency "; d) lack of proportionality between the volume of the prevention programs and the volume of drug supply and demand in the society:" The number of prevention programs is not adequate. While, the amount of substances in the society is excessive, ". E) Lack of continuity of the programs: "The cross-sectionality of many plans makes them ineffective". (F) The programs are not purposeful: "The programs are mostly implemented in the form of trial and error "; (g) lack of operational and functional aspects of the programs: "they only talk, they just want to report and talk about what they have

done". There are seven secondary concepts that criticize the prevention programs with respect to their structure.

3) Non-cooperative policies: This category has been extracted from three secondary concepts and includes the factors that point to the non-cooperative view of the plans and their lack of relationship with their target group. A) Not attracting the public participation and cooperation in the prevention programs, b) lack of attention to the non-governmental organizations and groups, and c) the singularity of the official media in terms of informing about addiction are three more secondary concepts that are emphasized by the interviewees below.

4) A top-down stance: This category has been extracted from 9 more secondary concepts and focuses on the organizational policies that are based on a top-down look, being prescriptive or dominative, and being normative. The concepts of this category are: a) the lack of a sense of necessity in providing statistics and reports to the audience: "When their plans are performed, they do not talk about the results and about whether they had been useful or not. Whenever they distribute their statistics, it's okay and positive; surely, people do not trust their programs ", b) lack of attention to the role of research in prevention, c) an arbitrary look in considering addiction as a crime or an illness:" At the end, I did not understand that drug addiction is a crime or an illness. If it is a disease, why the addicts are still treated like the delinquents? Considering the designers' knowledge about the prevention program as a reference: "They think they are more knowledgeable than others, but they know nothing about the prevention," e) To politicize the prevention programs in their own favor: "Whenever they need the youth, or whenever the election is approaching, they will be compassionate and talk about preventing addiction ", and) lack of the executive guarantee for the rules and lack of continuity: "what is written in the law about addiction and dealing with it is not implemented or is temporary"; (e) The introduction and implementing the programs in an imperative manner and from a high position: "Whenever they had a contemptuous look at the young people, they failed. It is a rule. They decide and perform by themselves and they do not ask about our ideas", f) Prevention is not a priority and addiction is not a concern:" Organizations are usually involved in other problems and addiction has no place in those problems", and g) The organizations are reluctant to accept responsibility in this area and work to rule in terms of preventing: "When no organization accepts its responsibility, the results will be that".

5) Inappropriate bureaucracy: This category is extracted from a total of 7 more secondary concepts and refers to a set of problems and inconsistencies, and administrative and systemic disorganizations. The more secondary concepts include the less efficiency of judicial agents in relation to the distributors, the isolation of the programs from other macro policies, profiteering from the failure of preventive programs, weakness in management and implementation, inadequate allocation of financial resources for handling prevention, lack of

monitoring on the programs, the inconsistency of the preventive organizations, and doing parallel work.

6) Structure-oriented cultural constraints: This category is extracted from a total of 4 secondary concepts and includes those shortcomings that the macro structures of the country have in creating inappropriate cultural conditions, and mainly refers to the predisposing and intensifying factors of drug abuse. Lack of culturalization, lack of respect for citizenship rights, unfavorable social factors and lack of access to the healthy recreation are four secondary concepts that the interviewees mentioned.

7) Actor-oriented cultural constraints: This category is extracted from a total of 4 secondary concepts and refers to the cultural shortcomings and deficiencies of the actors themselves and lack of cultural and educational skills, including youth and families. These factors are proposed regardless of the cultural facilities provided by the organizations and administrators. A) Ignorance of the society and families about the needs of the youth: "Society and families know nothing about the problems and needs of their young children"; b) Youth unawareness and weakness in behavioral and personality dimensions: "The youth morale is the morale of escape from the law and, unfortunately, many young people have poor beliefs." (C) The family's unawareness about the consequences of addiction and inattention to the prevention programs: "The society and most families are unaware and largely ignore the recommendations of the prevention programs "; and (d) the conflict of the citizenship rights and some preventive plans: "The laws and rights of citizens lead to inability in dealing with addiction".

8) Production, distribution, and consumption features of drugs: This category is extracted from a set of six more secondary concepts and refers to the properties of substances that are effective in the stages of drug production and distribution, and plays an intervening role in intensifying or facilitating substance abuse. It also refers to those characteristics that occur after drug use and generally have an intervening role in drug abuse. Concepts such as: (a) Easy access to drugs: "As long as the mean time for access to substances is less than 20 minutes, one cannot expect the success of many of the prevention projects"; (b) The very strong distribution network for drug trafficking: "The biggest obstacle to the prevention is the strong drug trafficking gangs "; (c) Cheap drug access versus the costly prevention programs: " Many types of drugs are cheap, while programs that are run as prevention programs are much more costly. "D) Significant profitability of drug trafficking: "The profitability of drug trafficking raises the motivation and the risk of doing it and reduces the efficiency of prevention plans. E) The possibility of making industrial drugs at home with chemical compounds; and F) the variety and pleasure of the substances: "the pleasure of using substance is not comparable with anything. Everything has its specific enjoyment." These are a total of 6 more secondary concepts that has been emphasized by the interviewees in the above-mentioned category.

9) Lack of access to and escape from the plans: This category is a total of six other secondary concepts, and refers to the lack of diversity of the programs in order to cover all the age, sex, demographic, and geography groups, which leads to the individuals' unwillingness to have access or use the benefits of the plans and being addressed by the plans. The secondary concepts that have been frequently highlighted by the interviewees are: (a) Lack of geographical, regional, and demographic coverage of the plans: "The plans are more targeted to men and boys," b) not covering all age groups in the plans: "With regard to the broad range of substance users, the programs do not cover all ages"; c) Gender bias: "it seems that girls and women are not confronted with addiction". d) Disciplinary measures being more prominent than the educational and training measures: "So far, most preventive programs have been done by the police, rather than being educational," e) Escape: "Sir, what if one is not gonna prevent addiction? "; and f) attraction of the substance and the repulsion of the plans: "If someone gets involved with drugs, it is clear that he replaces the pleasure of the drugs with the words that are said in the programs. Drugs provides relaxation at least to a few hours, but what about the plans? "

10) Friendship: This category that has been extracted from a total of 2 more secondary concepts and refers to the set of actors' attitudes in referring to the friends and peers in terms of substance abuse. Two Concepts A) Referring to the friend's perceptions: "I have learnt about the pros and cons of drugs through my friends ... friends are more likely to understand us than planners"; and (b) Lack of attention to the youth requirements have been the most frequent concepts of this category mentioned by the interviewees.

11) Empiricism: This category is extracted from a total of 2 more secondary concepts and refers to considering the immediate experience of drug abuse as a criterion for deciding about it. The importance of understanding the experience of drugs and the direct exposure to the consequences of its consumption are the main concepts that fall within this category: "nobody knows about drug and its bad consequences until he himself can experience it... Some individuals do not accept anything unless they experience mere failure. "

12) Breaking the norms: This category has been extracted from four secondary concepts, and refers to as a set of active reactions by the actors in challenging the objectives of the designs, and in some ways they can be considered as the unwanted or reverse results of the designs. Concepts such as: a) lack of respect for individuality: "Everyone has the authority of his own body; should the others decide about our bodies?"; B) Excessive normalization: "the more restrictions and prohibitions, the more pertinacity will be," c) Escape from health: " We do not want to use substance because it reduces the lifetime"; and (d) Escape from coercion: it has been the most frequent concept that has been emphasized by the interviewees which are included in the above-mentioned category.

13) Customization: This category is extracted from four other secondary concepts and refers to a process that occurs in the long term due to the multiplicity of substance abuse and has a passive and silent nature. Conformity with the community, worry about non-admission in the environment, breaking the obscenity of drug addiction, and the social acceptance of addiction are among the concepts that fall within this category: "The prevalence of drug addictions has reduced the obscenity of addiction in the society. We have seen many addicts, and it's natural for us. Now, when all the people use drugs, we're going to use as well.

14) Surrender: This category is extracted from three more secondary concepts and refers to a process that takes the individuals into accepting the existing conditions of substance abuse, and is highly passive and sometimes even confirmatory. Concepts a) pervasive temptation: "Wherever you go, there are temptation to drug use. While I know that I cannot withdraw it forever, why do I hurt myself", b) obeying the will of the group: "When all of my friend use drugs, why should I give up? At least, I use cannabis", and c) Lack of resistance option: "Many people under the environmental pressure and availability of conditions for drug use, eliminate the possibility of resistance". These are the three concepts from which the above-mentioned category is derived.

Discussion and Conclusion

Everyday life, despite its simplicity and banality, has certain complexities and features that make it difficult to understand its details for those who live in it; in most cases, the everyday knowledge of the individuals and social groups is limited to the their knowledge about the position and the conditions of their particular social and economic status. Such social groups are less likely to speak about their special situation and the emotions resulting from it. Paying attention to the constructivism of actors and how and why they were exposed to drugs and psychedelics abuse in this study is due to the fact that the experiences, emotions, and the semantic and discourse network formed among the actors were largely a neglected topic. This issue has been a reason for developing and implementing the plans and programs aimed at preventing substance abuse, which, despite the good intentions and efforts, achieving positive results and preventive goals has been at a low level. Failure to evaluate the outcomes of the plans and prevention programs, lack of feeling necessity to explore the perceptions, the existing positioning among the youth as a group at risk, as well as lack of awareness about the need to explore the constructivism of the officials and experts who are involved with the subject of abuse as a group that employs experimental and practical measures in this regard, are among the factors that have undermined the effectiveness of preventive plans and led to the repetition and reproduction of similar preventive procedures and practices. The access to the successful prevention programs is possible when exploring the constructivism of the actors as the main performers in the field of daily life being considered as the basis for

the preventive design and measures and the basis for decision making as the main and most direct narratives of their experiences, and give priority to them. The series of research interviews led to the discovery of a twofold typology of the weaknesses and shortcomings of the plans and prevention programs by consumers, experts, and officials. The first type observes the content denial of the designs. Interviewed people found the starting of this constructivism after experiencing drug abuse as a pleasant or relaxing experience of plans. The interviewees considered the underlying pressures and disorganizations, such as the environmental pressures and cultural deficiencies caused by macro structures, as the source of the impact; and also introduced the interventional and intensifying conditions such as consumption and qualitative features of drugs very powerful and attractive as compared with the content of the preventive programs.

If we accept that everyday life is an area of conflict and consensus, then we will get a better understanding of what is called strategy. In Foucault's words, power is always accompanied by resistance, and the representation of the forms of the emergence of power often differs from what power government demand. One of the examples is the obstinate norm-breaking. Where a person, under the influence of normative content of designs, tries to dissent in his beliefs and teachings, he or she will accept the prescriptive norms. However, there are another ways of exposure to which the interviewees have repeatedly referred. In this case, the person focuses on his attitude and behavior, and the result is the feeling of hesitation and denial of the content that the interviewees have frequently talked about. The doubts and denial of the content of the plans by the individuals are correspondent with the adoption of an obstinate norm-breaking strategy, which are resulted from the following sentences: "what if one is not gonna prevent addiction?", or " we do not want to use substance because it reduces the lifetime", or ""everyone has the authority of his own body; should the others decide about our bodies?" In this case, what happens as a consequence is the reference to the personal experiences of drug abuse, or relying on the peer group's perceptions and their behavior patterns in dealing with drug abuse or both consequence. This is the manifestation of a view that everyday life is a battlefield. The power that is seeks actions, and the actor that finds denial as a tool for the rejection of this power. In Foucault's literature, this resistance is the subject when he tries to abandon himself from the control of power and to maintain his minimum. In the context of our discussion, power here is the equivalent of a top-down policy, and it is the basis of the management and implementation of the plans that the actor starts to deny it through the obstinate norm-breaking strategy.

Therefore, although one can review and recreate his assumptions under training or implementation of the plans, as it is apparent in the context of the interviews and the results of the research, when the structures attempt to employ their norms at different and diverse levels and from various channels including

the prevention plans, they will eventually create actors who deny the content at different areas and at the conscious and unconscious levels. Denial, which by including the conflict and doubt in the content of the plans, targets the basis of the norms, and this can be very risky, because it not only does not satisfy the desired results of the designs, but also makes the concept of the norm meaningless and unstable.

The second type is the visual denial of the plans. In this regard, inappropriate properties in the domain of administrative bureaucracy along with the interventions such as the production-distributive characteristics of narcotics and psychedelics and in its underlying conditions, i.e., the actor-oriented cultural constraints, lead to the visual denial of the preventive plans and the adoption of two strategies of customization and accepting failure in exposure to substances. Meanwhile, the interviewees stated that the contribution of disorganization and weaknesses in the systematic and bureaucratic dimensions of organizations is significant. But what is worth to evaluate is pointing an accusing finger at the actors and families as the underlying conditions, which is a reminder of the defensive mechanism of blaming the victim in the discussions of psychology of crime and social psychology. The aforementioned causal conditions along with the underlying factors with the production-distributive characteristics of the substances leads to the visual denial of the plans; for some, it leads to the escape from the plans compared with access to the drugs, and for others, it leads to the reluctance to the access to the plans compared with the desire to the access to the drugs.

What is striking is that as long as this constructivism belong to the experts and the officials, the risk of the two abovementioned consequences of accepting failure and customization can diminish the plans to the level of working to rules. In this way, the occurrence of the customization makes the prevention not being a priority for the officials and experts, and the acceptance of failure will also result in the mere inactivity of organizations. It should also be noted that as long as this constructivism belong to the actors, the risk of the two abovementioned consequences can severely reduce the social sensitivity to addiction. Therefore, attention to the elimination of the bureaucratic constraints as a causal condition, trying to reduce the supply of substances and production-distributive characteristics as the intervening conditions, and changing the actor's awareness as the underlying conditions are important. The visual model obtained from the data on the causes and consequences of inefficiency of the prevention programs is shown here.

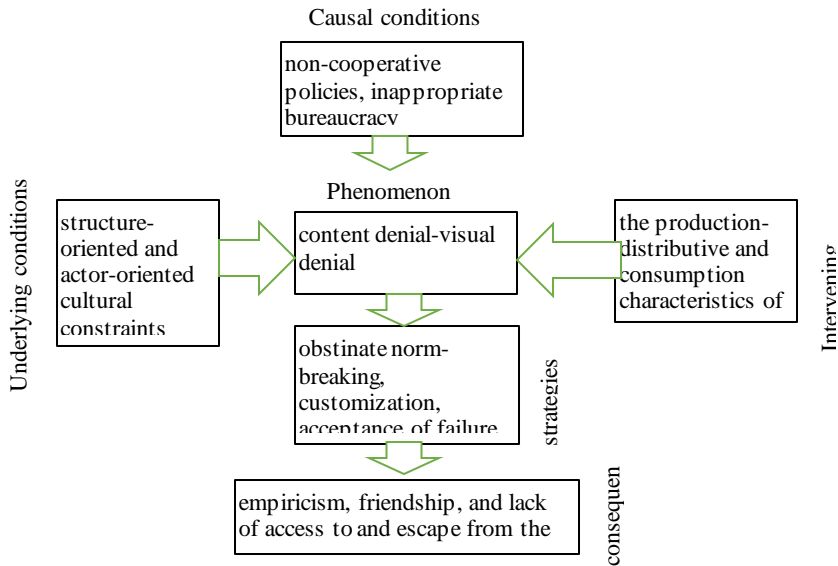


Figure 1: The visual Model Obtained from the Data on the Causes and Consequences of Inefficiency of the Prevention Programs

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