

Abstract

Objective: The present study was an attempt to evaluate the conceptual model of the important antecedents and aftermaths of addiction in the patients presenting to treatment centers in Zanjan.

Method: In this study, 250 addicted men constituted the participants who were selected by random sampling from among the addicts presenting to treatment centers in Zanjan. The instruments used in this study were Baumrind's Parenting Style Inventory, Phillips et al.'s Social Support Appraisals (SS-A) Scale, NEO Personality Inventory, Zuckerman's Sensation Seeking Scales, World Health Organisation Quality of Life (WHOQOL) Assessment Instrument, Ryff's Psychological Well-being, and the Researcher-Constructed Substance Use Assessment Scale. The proposed model of the relationships between variables was tested using structural equation modeling.

Results: The proposed model was assessed using structural equation modeling. Bootstrap Test (AMOS) was used to determine the relationship between the variables. Based on the results of this study, the proposed model had an acceptable fitness. The results also showed that the antecedents (parenting styles, social support, and personality traits) have a significant impact on young adults' addiction; moreover, addiction was found to have an effect on quality of life and psychological well-being among young adults. Based on the results of structural equation modeling, the research hypotheses were confirmed. **Conclusion:** According to the research findings, significant attention should be assigned to the development of educational and health programs as well as appropriate parenting styles in order to modify and enhance personality traits. In addition, happiness training in life can be an effective step in preventing and controlling addiction.

Keywords: parenting styles, social support, personality traits, quality of life, psychological well-being, addiction

Assessment of the Conceptual Model of Important Antecedents and Aftermaths of Addiction Treatment Centers in Zanjan

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Introduction

Addiction is one of the factors that endangers the health of individuals and society. With a realistic look at the issue of drug addiction, one will simply find that opiate abuse has existed since centuries ago; and, right now, there is almost no country that has been protected from the spread of the abuse of such substances. Drug addiction is a kind of social trauma that is rooted in the chronic deprivation and exclusion of individuals and groups in different societies and imposes many costs on societies (Baran Oladi, Navidian, & Kaveh Farsani, 2013). In examining the phenomenon of addiction, it is necessary to consider individual aspects, physical and genetic aspects, mental and psychological backgrounds, and, finally, social issues. Therefore, one can refer to personal, interpersonal, environmental, and social factors as the causes and factors influencing addiction. It is required to make efforts to identify the risk factors of this issue in many populations, especially in families (Zargar, 2008). There are many factors in the formation of addiction, including personality traits. Several factors and personality traits that are likely to be involved in substance abuse and have been investigated by various researchers include neuroticism, extraversion, and agreeableness. Baran Oladi et al.'s research in the field of personality traits and addictability suggested that there was a positive relationship between neuroticism and addiction from among the personality factors. The results of that study indicated that the individuals with a high score in neuroticism tend to be anxious, fearful, and susceptible to anxiety, and usually feel sad, lonely, and rejected. These people are likely to have irrational thoughts and enjoy less power in the control of impulses. Moreover, these individuals show a lower degree of compliance with others and stressful conditions. These attributes in persons with a high level of neuroticism make them susceptible to addictability. Also, the results of this study showed that addictability is negatively related to conscientiousness and agreeableness. It can be argued that people's personality differences are effective in coping with harmful factors. Personality is a set of psychological features, based on which it is possible to categorize individuals. These characteristics permanently affect the professional, academic, and vocational behavior of all individuals in different situations (Astura, 2008). Bani Sa'eed, Javanmard, Zivari, Shokouhi Moghadam, & Adhami (2015) conducted a study on the role of personality traits in nicotine addiction and the results revealed that the personality trait of neuroticism had a higher relationship with nicotine addiction. In fact, the individuals with a high degree of neuroticism hold irrational beliefs, and turn to drug use instead of using the appropriate coping styles. In the same way, Sanja Elizabeta & Klementina (2017) carried out a research on two groups of heroin addicts and the newcomers to drug use and concluded that the addict group held higher degrees of neuroticism, depression, and anxiety; and the newcomers to drug use had the personality trait of extraversion. In this regard, in a study conducted by Hajali, Behboodi, & Dokaneh'ea (2014) examined the relationship between personality traits and

addiction tendency in non-addicted students and the addicts referring to addiction treatment centers, and reported that there was a significant positive between conscientiousness and agreeableness and the lack of tendency towards addiction; and only the domain of openness to experience had a significant negative association with the lack of tendency towards addiction. Also, in the research conducted by Asgrati Farad, Rajabi, Delgoshad, Arjomandi, & Akbari (2014), it was shown that there was a positive relationship between neuroticism and addiction tendency.

Several factors are involved in the initiation of the use of psychoactive drugs. One of these factors is multiple social deprivations. Social deprivation occurs when people are suffering from a range of problematic issues, such as unemployment, low incomes, inappropriate housing, high rates of crime, no physical health, weakness in skills, family disruption, and so on. The results of studies have shown that drug use is associated with multiple social issues that include social exclusion and its dimensions. Social exclusion occurs when people in the community are deprived of equality in access to civil rights and opportunities (Cole, Logan, & Walker, 2011). One of the other personality variables associated with addiction is sensation seeking, which can play an important role in the etiology of addiction because it describes the degree of openness to new experiences. Sensation seeking is a kind of hereditary willingness to start an eagerly active activity in response to new stimuli. The individuals with a high degree of sensation seeking are usually variety seeking, bored, impulsive in achieving rewards, unable to accept failure, and generally not open to discipline (Huthbook, 2002). Hajlu, & Ja'fari (2015) investigated sensation seeking and addictive tendency and the results showed that the level of sensation seeking among drug addicts is higher than that in non-addicted people; and high sensation seeking can be an important predictor in turning to drug use. Haratian (2013) studied the relationship between sensation seeking and substance abuse tendency and concluded that there was a relationship between sensation seeking and substance abuse tendency. In 1979, Zuckerman designed a test to measure personality components and indicated that there is a high difference among people in terms of sensation seeking and the achievement of a high score in this scale is related with some of the behavioral characteristics, including substance abuse (Atkinson, 2005). Family is the first group to which human beings are subscribed during their lives, and parents can make a brighter future for their children from their birth by doing some simple, cost-effective, and enforceable solutions. Sometimes parents are too careful for their children and meddle in all affairs of their children from the simplest things, such as tying shoe laces, caring for school supplies, feeding at school, etc. and constantly express their concerns about their children. Parenting styles and methods play an important role in addiction. In a study conducted by Yaghoubi, Abdi, & Karimi (2014) on parenting styles and their role in addiction tendency, the results indicated that individuals should provide solutions for desirable parenting styles

and family training for addiction prevention by considering the status of the family and its role in addiction. The results also indicated that with the increase of fights and conflicts between parents, the likelihood of child addiction raises. Family plays a major role in the formation of adolescents' personality. An adolescent needs his/her family support in order to gain self-confidence. The family environment and parents' behavior towards adolescents have a significant impact on the process of personality development. Therefore, this parenting style provides the conditions for the incidence of injuries (Cloninger, 2006). Vahedian (2014) claimed that permissive parenting style is related to adolescents and youths' addiction, while no significant relationship was found between authoritarian and authoritative styles and adolescent addiction. Finally, the results of that study showed that permissive parenting style, the parents' education level below high school diploma, high father-child age difference, and lower-middle-class economy are the factors that can cause addiction among adolescents and young people. Similarly, Khanzadeh, Taher, Nouri, Yahyazadeh, & Isapour (2013) examined the relationship between parent-child interaction and addiction rates and reported the availability of a negative relationship between adolescents' addictability and parental relationship. The results also indicated that the father-mother relationship could predict both female and male students' addiction.

Various studies have shown that addicts to narcotic and psychoactive drugs enjoy less social support and suffer from social deprivations (Sadri, & Sharifinia, 2010; Cole et al., 2011). In a study conducted by Bassuk, Hanson, Greene, Richard, & Laudet (2016) on the effectiveness of supportive care services to alcohol addicts and reported that the support of institutions from these individuals was effective in the treatment of addiction. Similarly, Roberts, Bernstein & Colby (2016) examined the issue of smoking and the role of clear social support in these people and suggested that social support is a promising goal for intervening and helping these people. However, it is important that this clear and explicit support be associated with emotional counseling and relaxation. In this regard, Karami, Bagheri, & Vaseghi (2016) showed that social support and perceived stress predict 37% of addiction tendency. Kazemipour, & Makvandi (2016) also found that drug addicts enjoyed less social support than ordinary people and also suffered from multiple social deprivations. The results also showed that low social support predicts the addicts' social deprivation. These findings suggest that social deprivation is considered one of the risk factors for the abuse of psychoactive substance. In a research, entitled "Psychosocial Predicting Factors of Drug Use among Adolescents: Applicability of "Peer Group Theory" among Iranian Adolescents", Taremian, Jazayeri, & Ghazi Tabatabai (2013) evaluated the predictive psychosocial variables of drug use in adolescents. The obtained findings suggest that family support can be considered as the most important element in the prevention of substance abuse in adolescents. Quality of life is a perception that individuals have of their

position in life in terms of cultural and value systems and is associated with their goals, aspirations, and standards (Katibayi et al., 2010). According to the World Health Organization, quality of life is defined as the individuals' perception of their position in life in terms of culture, the value system in which they live, their goals, expectations, standards, and priorities; therefore, it is a completely mental concept and invisible to others that affects people's understanding of different aspects of life (World Health Organization, 2011). Substance use disorder, as a chronic illness, is increasingly contingent upon quality of life. From this perspective, the improvement of the quality of life has an impact on the treatment of addiction. In this context, the results of the research conducted by Alexandre & Laudet (2016) indicated that addicted individuals have a very low quality of life. Momeni, Moushtagh, & Pourshahbaz (2013) also found that intervention was effective in the quality of life of opiate addicts under methadone maintenance treatment in the short run but had a low effect on the quality of life in the long run. Azizi, Jouybari, & Jouybari (2015) also showed that the members of the therapy team can facilitate rehabilitation treatment and prevention through the identification of addicts' common characteristics, personality traits, and quality of life. The results also showed that drug addicts can follow their treatment and life path purposefully with the improvement of their quality of life and increased happiness. In this regard, Sadeghi, Davari, Ziy'ea Rad, Rahmani, & Ghodousi (2015) showed that the age of onset in addiction among adolescents is related to their family relationships and quality of life. It has also been shown that drug dependent people have a low level of quality of life at the onset of treatment, especially in terms of social function.

Psychological well-being is one of the important variables that highly influences the lives of addicts, and this has levelled criticisms against the pathologic approach to human health research. Contrary to this view in which health is defined as not having any disease, new approaches emphasize goodness rather than being ill or unwell. From this perspective, the absence of symptoms of mental illness is not a health indicator, but compatibility, happiness, self-esteem, and such positive qualities are health indicators and the main purpose of the person in life is to actualize his/her capabilities. According to Homer et al. (2011), addiction is one of the challenges that people face in their lives. There is considerable research evidence that suggests that the roles and unpleasant incidents of life can affect and disrupt psychological well-being. Ali Moradi (2011) showed that addicts enjoy lower levels of mental health than non-addicts. In the same way, Hosseinifar (2011) showed that addicts have lower mental health levels than healthy people and need more support and help. Khorrami & Farbod Mofidi (2012) also showed that there is a significant difference in mental health dimensions between addicted and normal people. Mobini, Mofid Tehrani, & Bahrehdar (2015) also showed that individuals with addictive tendencies are more likely to undergo a negative psychological state and more restlessness. Finally, the results showed that the positive psychological characteristic would

lead to a reduction in the tendency toward addiction. The problems caused by drug use are a serious threat to the health of the community, play a major role in crime and corruption, and impose direct and indirect costs on the community (Saduk & Saduk, 2007; translated by Raza'ea, 2010). Examining the individuals with substance dependency, researchers found that anxiety is the most important factor pertaining to mental health that affects people's lifestyle (Rudolf & Watts, 2002). If the anger of drug dependent people is not properly expressed and gets uncontrollable, there is the possibility that this anger is directed towards the inner part of the person and this may lead to depression, despair, and suicide. On the other hand, various psychological problems lead to the disruptions in the process of normal life and quality of life (Morgan, Morgenstern, Blanchard, Labouvie, & Bux, 2003).

In the present study, the role of parenting styles and social support and personality traits as the antecedents of addiction and the role of quality of life and psychological well-being as the consequences of addiction have been investigated. This research, for the first time, combines these variables to examine the antecedents (parenting styles, social support, and personality traits) and the consequences (psychological well-being and quality of life) of addiction, as presented in the following graph.

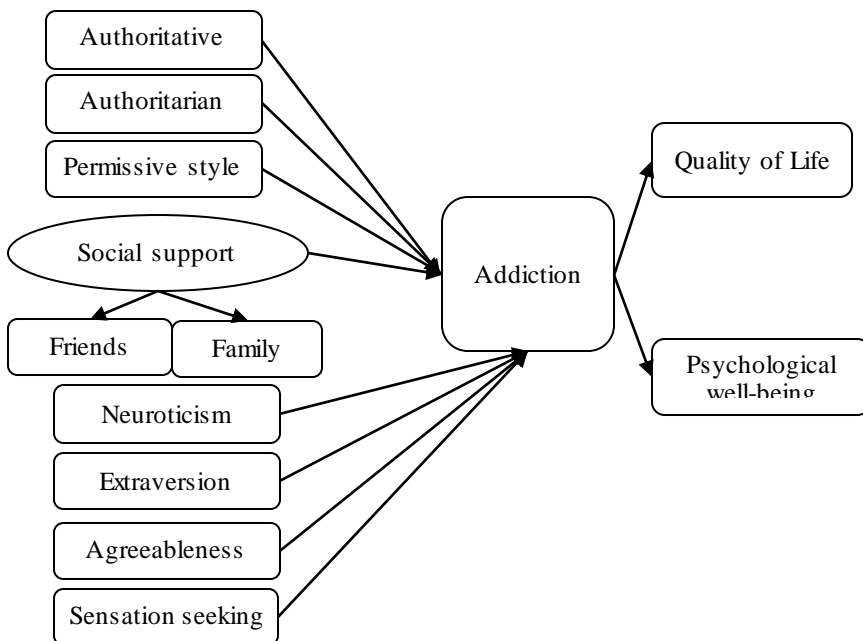


Fig. 1: Relationship between the antecedents and consequences of addiction in patients presenting to treatment centers of Zanjan

Method

Population, sample, and sampling method

A descriptive-correlational research design was employed for the conduct of this research. The male addicts (21 to 35 years old) referring to addiction treatment centers in Zanjan city constituted the statistical population of this research. From among them, 250 participants were selected through simple random sampling. In this research whose purpose was to test a model of relationships between variables, structural equation modeling was used.

Instruments

1. Baumrind Parenting Style Questionnaire: This scale consists of 30 items and three subscales (permissive, authoritarian, and authoritative), each of which contains 10 items. The items are scored based on a 5-point Likert scale. This questionnaire has been assessed in several studies and its reliability and validity have been reported to be desirable. In Iranian Psychiatric Institute, Esfandiari (1995) translated the main form of this questionnaire and made the necessary amendments in the translated version of the questionnaire. Esfandiari reported re-tested reliability coefficients of this questionnaire for permissive style, authoritarian style, and authoritative style equal to 0.69, 0.77, and 0.73, respectively. In the present study, the reliability coefficients of 0.61, 0.75, and 0.69 were obtained for permissive style, authoritarian style, and authoritative style, respectively. Also, the results of confirmatory factor analysis showed that all questions had acceptable loadings greater than 0.30 and had a significant positive load on their related factor.

2. Social Support Appraisals Scale: This questionnaire was developed by Vaux, Phillips, Holly, Thomson, Williams & Stewart (1986) and contains 23 questions that assess three domains of social support, i.e. family (8 items), friends (7 items), and others (8 items). It was first used in Iran by Ebrahimi Ghavam (1992). He obtained the reliability coefficient of the questionnaire equal to 0.90 in a sample of students. Also, the test-retest reliability of students was obtained equal to 0.81 after six weeks. In the present study, the reliability coefficient of the whole questionnaire was obtained equal to 0.78, which indicated the acceptable reliability of the questionnaire. The validity of this scale was also calculated through confirmatory factor analysis. The results showed that all questions had acceptable loads greater than 0.30 and had a significant positive load on their respective factors.

3. NEO Personality Inventory-Short Form: Costa & McCrae (1985) developed a questionnaire with 185 items. In this research, the short form of NEO Inventory, containing 60 items, was first used by Kiamehr in Iran (2002). This scale measures five personality traits, and each of these traits is measured with 12 items. The items are scored on a 5-point Likert scale (from strongly disagree to strongly agree). Garousi-Farshi (2001) validated Neo test on a 2000-participant sample among the students of Tabriz and Shiraz universities and the

medical universities of these cities where the correlation coefficient of the five main dimensions was reported between 0.56 and 0.87. Atash Afrouz (2007) obtained the Cronbach's alpha coefficients of the five dimensions of neuroticism, extraversion, openness, agreeableness, and conscientiousness equal to 0.74, 0.55, 0.27, 0.38, and 0.77 respectively. In the present study, the Cronbach's alpha coefficients of reliability were obtained equal to 0.68 for extraversion, 0.65 for agreeableness, 0.66 for neuroticism, and 0.69 for the whole scale. Moreover, in the present study, validity was calculated through confirmatory factor analysis. The results showed that all items enjoyed acceptable loads greater than 0.30 and had a significant positive load on their related factor.

4. Zuckerman Sensation Seeking Scale: This scale was developed by Zuckerman, Eysenck, & Eysenck (1978). The scale used in this study is Zuckerman's Sensation Seeking Scale-short form (1971), and includes 14 true/false items. The questions of this scale are used to evaluate a person's willingness to do risky activities. The reliability of this scale has been reported to range between 0.85 and 0.86 by Zuckerman & Eysenck (1978). Ridgeway & Russell (1980) reported the internal consistency of this scale within the range of 0.48 to 0.69. In the current study, the reliability coefficients of the Sensation Seeking Scale was obtained equal to 0.69 using Cronbach's alpha method. Also, in the present study, validity was calculated through confirmatory factor analysis. The results showed that all questions enjoyed acceptable loadings greater than 0.30 and had a significant positive load on their respective factors.

5. The World Health Organization Quality of Life (WHOQOL): This questionnaire contains 26 items that measure the quality of overall and general life of a person and has four subscales, namely physical health, psychological health, social relationships, and environment. To investigate the validity and reliability of this questionnaire, a research was conducted on 1167 people of Tehran. The participants were divided into two groups, i.e. with chronic disease and without any chronic disease. The re-test reliability of the subscales was as follows: physical health 0.77, psychological health 0.77, social relationships 0.75, and environmental health 0.84 (Nejat et al., 2005). In this study, the reliability coefficients of the subscales were obtained as follows: physical health (0.86), psychological health (0.73), social relationships (0.82), and environmental health (0.77). Also, in the present study, validity was calculated through confirmatory factor analysis. The results showed that all questions enjoyed acceptable loadings greater than 0.30 and had a significant positive load on their respective factors.

6. Psychological Well-Being Scale: Ryff & Keyes (1989) proposed the psychological well-being model in the past decade, which was widely explored by researchers. Ryff (1989) designed 20-item, 14-item, and 3-item questionnaires to measure this construct. After the conduct of initial research, the original version of the psychological well-being scale was prepared with 84 items; then, the 54-item and its short form were designed. In this research, the

18-item short version of the scale has been used. The items are answered based on a 6-point Likert scale from strongly disagree (1) to strongly agree (6). In Iran, Khanjani et al. (2014) obtained the internal consistency using Cronbach's alpha and reported the values of 0.51, 0.76, 0.75, 0.53, 0.73, and 0.72 for the components of self-acceptance, environmental mastery, positive relations with others, purpose in life, personal growth, and autonomy, respectively. They also reported the Cronbach's alpha of this scale equal to 0.71. In this study, the internal consistency was obtained 0.78 for the whole questionnaire. In addition, the validity of this scale was calculated through confirmatory factor analysis in the current study. The results showed that all questions enjoyed acceptable loadings greater than 0.30 and had a significant positive load on their respective factors.

7. Substance Use Assessment Scale: This questionnaire consists of 18 items and aims to investigate the status and rate of drug use in three social, individual, family and environmental dimensions in addicted people. This questionnaire was designed by the researcher using some scientific resources, such as the study done by Farjad et al. (2006). The items are scored on a Likert scale. Mohammadi, Pourghaz, & Raghieb (2013) confirmed its content validity based on the views of the professors of psychology and sociology. Cronbach's alpha was obtained equal to 0.76 for the whole questionnaire. In the current research, the validity of this scale was calculated through confirmatory factor analysis. The results showed that all questions enjoyed acceptable loadings greater than 0.30 and had a significant positive load on their respective factors.

Results

The descriptive statistics of the research variables have been presented in Table 1.

Table 1: Descriptive statistics of the research variables

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i>Minimum score</i>	<i>Maximum score</i>
Authoritative style	27.70	4.14	15	40
Authoritarian style	28.67	3.94	17	40
Permissive style	24.62	3.94	14	35
Neuroticism	31.01	8.64	13	50
Extraversion	29.58	4.01	17	42
Agreeableness	25.54	6.67	14	37
Sensationseeking	21.99	4.35	9	33
Social support	40.58	2.97	30	50
Quality of life	96.58	14.81	54	124
Psychological well-being	69.58	10.15	41	98
Addiction status	65.41	10.68	26	83

To assess the assumption of the normal distribution of variables, single-group Kolmogorov-Smirnov test was run. The results showed that the authoritative parenting style ($z = 1.53$; $P > 0.05$), authoritarian parenting style ($z = 1.74$, $P > 0.05$), permissive parenting style ($Z = 1.71$, $P > 0.05$), neuroticism ($z = 1.56$, $P > 0.05$), extraversion ($z = 0.77$, $P > 0.05$), agreeableness ($z = 1.16$, $P > 0.05$),

sensation seeking ($z = 1.24, P > 0.05$), social support ($z = 0.89, P > 0.05$), quality of life ($z = 1.32, P > 0.05$), psychological well-being ($z = 1.12, P > 0.05$), and addiction status ($z = 1.51, P > 0.05$) all had a normal distribution. Therefore, the dispersion indices of the proposed model were assessed, and the results are presented in Table 2.

Table 3: Fitness indexes of the proposed model of research

Indexes	χ^2	Df	Df/ χ^2	GFI	AGFI	NFI	CFI	IFI	TLI	RMSEA
Value	26.48	15	1.76	0.98	0.93	0.96	0.97	0.97	0.95	0.05

The analysis of the proposed model's fitness showed that the value of Chi-Square goodness of fit equals 26.48, which is significant with the degree of freedom of 15 at the significance level of 0.001. Since Chi-square is sensitive to the increase of sample size and correlation between variables, this index is statistically significant in most cases. Therefore, other indexes were also used to assess the fitness of the model. Thus, the index of Chi square ratio to degree of freedom was calculated, which was equal to 1.76. In addition, the goodness fitness index (GFI) was obtained equal to 0.98, the adjusted goodness of fitness index (AGFI) was 0.93, the increasing fitness index (IFI) was 0.96, the comparative fitness index (CFI) was 0.97, the normative fitness index (NFI) was equal to 0.96, Tucker-Lewis index (TLI) was 0.95, and the root mean square error approximation (RMSEA) index was 0.05, which all indicate the proper fitness of the model. The standard coefficients of the proposed model are presented in Fig. 2.

Hypothesis testing

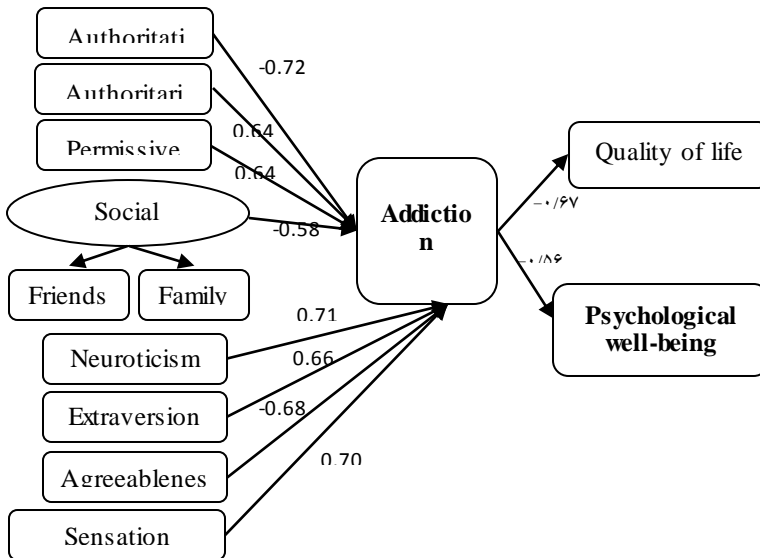


Fig. 2: Standard coefficients of the proposed model on the relationship between the important antecedents and consequences of addiction in the present study

The parameters for the measurement of direct relationships in the proposed model are presented in Table 3.

Table 3: Parameters for the measurement of direct relationships in the proposed model

<i>Parameters Paths</i>	<i>Type of estimate</i>		<i>Standard error</i>	<i>Critical ratio</i>	<i>Sig.</i>
	<i>Non-standard (B)</i>	<i>Standard (β)</i>			
Authoritative style to addiction	-0.314	-0.725	0.016	-17.357	0.0005
Authoritarian style to addiction	0.368	0.650	0.030	13.760	0.0005
Permissive style to addiction	0.323	0.627	0.043	12.681	0.0005
Neuroticism to addiction	0.415	0.713	0.028	16.783	0.0005
Extraversion to addiction	0.314	0.664	0.040	12.826	0.0005
Agreeableness to addiction	-0.298	-0.684	0.045	-10.150	0.0005
Sensation seeking to addiction	0.451	0.709	0.017	12.414	0.0005
Social support to addiction	-0.263	-0.581	0.030	-8.376	0.0005
Addiction to quality of life	-0.360	-0.672	0.025	-11.351	0.0005
Addiction to psychological well-being	-0.342	-0.567	0.042	-6.274	0.0005

Discussion and Conclusion

The present study aimed at investigating the causal relationship between the antecedents (parenting styles, social support, and personality traits) and important consequences (quality of life, and psychological well-being) of addiction in patients presenting to addiction treatment centers in Zanjan. As it was revealed in hypothesis testing of the research hypotheses in the results section, all the hypotheses were confirmed. Parenting styles (authoritarian, permissive, and authoritative) were found to have an effect on addiction. This finding is consistent with those of the studies carried out by Piko & Balázs (2012); Calafat, García, Juan, Becona, & Hermida (2014); Hartman et al. (2015); Feizi (2010); Hosseini Dowlatabadi et al. (2013); Khanzadeh et al. (2013); Vahedian (2014); and Yaghoubi et al. In general, to account for the findings of the first research hypothesis, one can argue that children in families with a dominant authoritarian parenting style allegedly seem to be less at risk of substance use because of the extreme control and constraints that parents impose on them, while this is not the case in reality. Some important factors provide the conditions for the use of substances among the children of these families (Mohammadkhani, & Nouri, 2012). Oliver & Paul (1995) argue that there is a high rate of depression in the children of such families. In other words, the parents who use unlimited control methods in relation to their children reduce the rates of self-esteem and self-efficacy in their children and produce a source of depression in them. Meanwhile, depression itself is one of the risk factors for drug use and dependence (as cited in Danesh et al., 2007). The inability to cope with depression and self-healing of depression are among the reasons that may orient the children of these families to substance use. In addition, since the children of authoritarian families are heavily under the control and guidance of their parents, autonomous life skills, such as decision-making, planning, goal

setting, self-knowledge, and so on, which form the basis of the individual's maturity are not formed in them. Such a situation incarcerates the person in such a position that s/he cannot properly deal with the stresses of life, especially when separating from the family. It is obvious that the likelihood of depression and other mental disorders increases in such a situation, and this may indirectly lead to substance use (Mohammadkhani, & Nouri, 2012).

In terms of permissive parenting style, it is noteworthy that children in these families are severely at high risk of drug use. Some factors also lead to such vulnerabilities in the children of these families; for example, these children's psychosocial abilities are severely weak, and such conditions reduce the ability to cope with different life events. In addition, the weakness of communication skills, immaturity of their behaviors, impulsive behaviors, and the like can increase the risk of substance use in these individuals. Since these parents constantly condemn and blame others for the problems of their children, these children cannot experience the failures of life at the right time and are not ready for them; therefore, they do not enjoy the proper ability to cope with failures, limitations, and difficulties in life and, thereby, the likelihood of using drugs as an emotion regulation method increases. In addition, the absence of supervision and monitoring, and limitation and weakness of parents in bringing up children increase the likelihood of displaying high-risk behaviors. Moreover, the parents' weakness in steady monitoring reduces their ability in child-rearing. In such a situation, parents are unable to exercise power and guide their children in a healthy way and this increases the risks around these children (Mohammadkhani, & Nouri, 2012). Ultimately, the authoritative parenting style, as the healthiest parenting style, shows that there are positive, social, educational, and better adaptive consequences only in authoritative families since such families respond properly to the needs of their children both in terms of emotion and communication, and supervision and guidance. The attention of these parents to arguments and expression of the logic of rules and regulations helps children to properly understand the consequences of their behaviors and, therefore, enjoy a high level of correct judgment (Mohammadkhani, & Nouri, 2012).

Social support (friends and family) has a negative impact on addiction. This finding is consistent with those of the studies done by Lin et al. (2011), Bassuk et al. (2016), Roberts et al. (2016) and Tayebi et al. (2012). To interpret this finding, it can be said that family can develop the training of healthy behaviors and provide a source of support for the treatment of the individuals with alcohol and substance abuse problems. Family support can be created by means of self-assertion, support, comfort, protection, interest, affection, and empathy among members. Heavily dependent alcohol and substance users often experience severe disorders in the family environment, which also exacerbates with psychological disorders (Sohrabi et al., 2008). Drug abusers are rejected by most people around, receive little support from their families, and have low quality of

life. With the increase of needs and deficiencies in personal life, addicted people undergo many deprivations. On the other hand, the lack of security in other areas of life adds to their sense of deprivation. Since the acquisition of a social foundation for these people is almost impracticable, their reaction to the social situation is a sense of worthlessness and they provide immediate responses to this situation by the consumption of narcotics and psychoactive drugs (Allahpanah, 2010).

Personality traits (neuroticism, extraversion, agreeableness, and sensation seeking) also affect addiction. This finding is consistent with those of the studies done by Kornor & Nordvik (2007), Dubey et al. (2010), Sanja et al. (2017), Bani Sa'eed et al. (2015), Baran Oladi et al. (2013), and Akbari et al. (2013). The results showed that neuroticism and extraversion have a positive relationship with addiction. To account for this finding, it can be claimed that neuroticism is a personality trait that the neurotic people are often worried, distressed, and depressed and their mood is constantly fluctuating. They are likely to have sleep difficulties and suffer from many psychiatric disorders. Research has shown that people with high levels of neuroticism hold irrational thoughts, are unable to control their impulses, take emotional and avoidance approaches instead of using problem solving methods, are basically weak in coping with stress, may take refuge in drugs as one of the solutions to avoid stress and forget their difficulties. Extraversion also represents the existence of an energetic approach to the material and social world in the person, which includes such characteristics as Sociability, determination, and courage. Jafarizadeh (2005) achieved similar results in a research. Extraverts have a non-stimulating and inhibitory nerve building and, naturally, the need for stimulation is chased out. Due to the overcoming of the pleasure seeking approach, the external rewarding stimuli are followed; and punitive and deterrent stimuli are not learned and internalized because of the inability to postpone pleasure seeking stimuli. For this reason, there is an obvious difficulty in learning, conditioning, and sociability, and when it is combined with emotional instability, it is more likely that the individual engages in aggressive and delinquent behaviors and social deprivation. Also, the level of agreeableness is low. Those with a higher degree of agreeableness are more sympathetic, are eager to help others, are calm, and consider others. The less the person holds a narcissistic position and the higher s/he shows agreeableness and adaptability to problems and the higher s/he takes responsibility of his/her affairs, there is a lower likelihood of being oriented towards drug use. Individuals with agreeableness get more oriented to positive social and mental health aspects. Agreeableness also emphasizes interpersonal tendencies. Low scores in this dimension lead to impulsive sensation seeking and, as a result, the vulnerability and readiness to high-risk behaviors, such as drug use will experience an increase (Baran Oladi et al., 2013).

To justify the positive relationship between sensation seeking and addiction, one may argue that sensation seeking has a negative relation with the level of

monovin oxidase (MAO). This means that levels of monovin oxidase are high in the individuals with low degrees of sensation seeking and are low in people with high degrees of sensation seeking. MAO is an enzyme that has an important role in the regulation of neurotransmitters, such as norepinephrine. The level of norepinephrine is related with the activation of reward centers in the brain. Since sensation seekers have low levels MAO, their norepinephrine levels tend to be high, and their brain reward centers are ready to function. This means that the individuals with high sensation seeking will be likely to take a higher level of pleasure or receive more rewards if they take such narcotics as cocaine, which stimulate brain reward centers. As a result, people with high sensation seeking will use drugs again. Conversely, people with low sensation seeking do not experience the same level of reward when they use drugs and, therefore, they are less likely to reuse drugs (Haratian, 2013).

Addiction has a negative impact on addicts' quality of life. This finding is consistent with the results of the studies carried out by Lin & Detels (2011), Hosseinifar (2011), Azizi et al. (2015), and Sadeghi et al. (2015). To explain this finding, one can say that quality of life in patients is referred to as a state of being well that reflects the physical, psychological, and social status. In addition, it can be argued that chronic and prolonged disorders, such as addiction, as a crisis in the lives of individuals, especially addicts, can lead to reduced quality of life in psychological and physical aspects. Therefore, addicted people have different biological, psychological, social, and emotional needs from healthy people. With the presence of an addict in the family, the lives of all members are somehow damaged. Family members are forced to bring some changes in their own life in order to cope with the devastating effects of addiction. Over time, this lifestyle makes them face a lot of consequent problems in their lives. Since addiction affects people's quality of life, quality of life in the families of addicts is associated with many weaknesses and increases the basic problems of the family. Tusk, in addition to its harmful effects on the addict's life, addiction affects the lives of other members and relatives, as well. The lack of required facilities to meet the psychological and social needs of adolescents, such as curiosity, variety seeking, sensation seeking, adventure, being accepted and confirmed, and achievement of success among peers makes them tend to enjoy pleasure through drug use and membership in non-healthy groups. In the meantime, occupational factors and the lack of a permanent job lead to the highest level of addiction tendency. In fact, the individual who does not consider him/herself to be influential, finds him/herself unprotected can unable to defend his/her rights, belittles him/herself and views him/herself as a hypothetical enemy to the community will have low self-esteem and self-confidence and turns to drug use. These factors lead to a low level of quality of life in his/her life (Emamipour, Shams Esfandabad, Sadrossadat, & Nejadnaderi, 2009).

Addiction has a negative impact on addicts' psychological well-being. This finding is consistent with the results of the research conducted by Moalemi et al.

(2010), Hosseinifar (2011), and Khorami & Farid Mofidi (2015). To interpret this finding, it can be stated that those suffering low psychological well-being have no specific goals in their lives and have not found an important meaning for their lives, collapse with each difficulty, lose their motivation, are not flexible towards life's changes, are always in fear and doubt, and are unable to cope with difficulties; thus, they tend to use drugs in the face of threatening situations. These people act very vulnerably in the face of challenges and problems and break down quickly and cannot control their emotions and affects in a healthy way. In critical situations, they undergo stress and imagine themselves as victims and inferior ones, and they are not able to achieve safe and secure solutions by using problem solving techniques (Bagheri Yazdi, 2005).

This study, like other studies, suffered some limitations. This research was carried out on addicts in Zanjan Medical Center. Therefore, the generalization of its findings to other addicts is not possible. According to the findings of this study, it is suggested that training programs of healthy behaviors about people's attitudes towards substance abuse should be considered because these "healthy behaviors" training programs reinforce negative attitudes toward substance abuse. The development of appropriate training programs, such as happiness training in life, for the modification and improvement of personality traits can be an effective step in the prevention and control of addiction. It is suggested that training programs on parenting styles be held for parents so that their wrong beliefs about child rearing can be modified. Since addiction has a deterrent effect on the growth and prosperity of society, and a large group of people in our country are directly involved with addiction, the widespread recognition of the individual and social aspects of addiction as well as the identification of the effectiveness of these aspects in the success of addiction prevention programs seems necessary.

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