Prevalence of Drug Use and Alcohol Consumption among Students of Urmia Universities

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Abstract

Objective: Drug and alcohol consumption is known as a social harm that inflicts considerable damage on society. The aim of this study was to investigate the prevalence of drug use and alcohol consumption among university students in Urmia. **Method:** The present study was a descriptive cross-sectional one. A total of 450 students were selected as the sample units from Azad, State, and Payame Noor universities in the city of Urmia through random cluster sampling in the academic year of 2017-18. All of them responded to screening tests for the consumption of tobacco, alcohol, and addictive drugs; and the analysis was carried out on 436 participants after removing incomplete questionnaires. **Results:** The results showed that the prevalence rates of smoking, alcohol consumption, and drug use were 35.55%, 15.82%, and 16.28%, respectively. The prevalence rates of smoking and alcohol consumption among male students were higher than those in female students, but the prevalence of substance use was not different. In addition, the prevalence rates of smoking, alcohol consumption, and drug use were not different in students of different ages, education levels, and marital status. Also, the prevalence rates of smoking, alcohol consumption, and substance use among students in academic majors of Arts and Urban development were higher than those in other groups ($p < 0.05$). **Conclusion:** The findings showed that gender and educational groups are affected by the common patterns of drug use and, thereby, they are placed at risk. Therefore, the need for reviewing strategic solutions by authorities and planners is strongly felt.

Keywords: prevalence, drug use, alcohol, university students, Urmia

Research on Addiction Quarterly Journal of Drug Abuse
Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 12, No. 50, Winter 2019
http://www.etiadpajohi.ir

Introduction

Addiction is now recognized as a global dilemma, with which all countries are faced (Razali & Madon, 2016). The phenomenon of drug use and its dependence are among the critical problems of the world. Addiction has occupied experts' mind after the nuclear crisis, the population explosion, and environmental pollution (Kendler, Ohlsson, Edwards, Sundquist, & Sundquist, 2017). Drug use and alcohol drinking, as known social trauma, impose a lot of damage on the society. Drug use is a chronic and relapsive disorder whose onset and continuity are affected by the interaction of genetic, psychological, social, and environmental factors (Riley, Hempel, & Clasen, 2018). The development and growth of narcotics has increased dramatically in recent years in such a way that the number of narcotic drugs from 260 in 2012 has reached 483 ones in 2015 (Bluth, & Pincus, 2016). In recent years, university students' tendency towards smoking, alcohol drinking, and drug use has increased (Mardani, Sheikhifini, & Kavousian, 2012). Drug use and alcohol consumption in students are of importance because of their dependence on drugs in adulthood, and the freshers are more likely to experience alcohol use (Mbuthia, Wanzala, Ngugi, & Nyamogoba, 2017).

Currently, the use of traditional drugs, such as opium, hashish, and heroin to industrial substances has shifted to the use of chemical substances, such as psychoactive pills, and the use of these types of drugs is a serious threat to children, adolescents, and young people (Roy, & Goswami, 2016). Over the past decade, the rate of industrial drug use has risen from 3% to 25%, and women's tendency to use these substances has doubled. This suggests that the world is being faced with the huge challenge and crisis of addiction. The statistics of addicts in Iran are higher than the global average and Iran is geographically the gateway of narcotics to the world (McHugh, Nielsen, & Weiss, 2015). The prevalence of addiction among the 15-to-64-year-old population equals 39.5%, it is 2.1% among high school students, and it is about 5.6% among state university students. In the working community and industrial environments, the prevalence of drug use is 22.3% where marijuana is the most commonly used drug with the rate of 53.2%, marijuana derivatives, including hashish and grass constitute 11.9% of the drugs, and crystal, heroin, and crack constitute 8.1%, 7.1%, and 3.5%, respectively (Fakhouri, 2018). Among young drug users in the UK, 35% are addicted smokers and 82% are alcoholics. In this country, it has been reported that 52% had experienced drug use in the last year and 31% have reported drug use in the last month (Takano, Kawakami, Miyamoto, & Matsumoto, 2015). Among students from South African universities, the prevalence rates of smoking, alcoholic drinking, hashish use, and other drugs are equal to 13.2%, 11%, 6%, and 10%, respectively (Jia, Jin, Zhang, Wang, & Lu, 2018). In American university students, the prevalence of smoking is 11%, that of marijuana use is 8.5%, and that of alcoholic drinking equals 35%, and about

10 percent of them use at least one hallucinogenic substance. In this regard, 62% hallucinogenic users were male, mostly single, in the age range of 26 to 34 years (Nanavati, & Herlitz, 2017).

The prevalence of drug use has been reported to be 16.3% in art students, 8.85% in humanities students, 6% in technology and engineering students, and 5% in medical students (Kordmirza, Azad, & Eskandari, 2003). The prevalence rates of cigarette smoking, tobacco use, alcohol drinking, hashish, opium, ecstasy, heroin and crack, and crystal have been reported equal to 21.44%, 36.89%, 12.51%, 1.32%, 2.29%, 0.44%, 0.08%, and 0.26%, respectively. In addition, the sensitive age for cigarette smoking in boys and girls is younger than 15 years of age and older than 18 years of age. The age of the first experience of smoking, tobacco use, and alcohol drinking relates more to the years before entering university. University students experience more smoking and drinking in social conditions than in their solitude. Smoking and alcohol drinking in non-local and dormitory students are more than those in local and non-dormitory students. Smoking, alcohol drinking, and tobacco use in engineering students are more prevalent than in basic science and agricultural students (Gorji, & Bakrani, 2006). Dehghani, Zare, Dehghani, Sedghi, & Pourmovahed (2010) investigated the prevalence and factors associated with substance abuse in the students and concluded that 21.5% of them had a history of substance abuse. The prevalence of addictive drugs was respectively as follows: 15.9% tobacco use, 14.4% smoking, 2.8% opium, 2.8% alcohol drinking, 1.2% psychoactive pills, 1.1% hashish, and 0.8% heroin. The main motive for drug use in most cases was reported to be fun and recreation (47.4%) and another important factor was unemployment (42.98%). Also, the prevalence of drug use was higher in single men, non-local, and dormitory residents. Taromian, Bolhari, Pairavi, & Asgari (2013) surveyed the prevalence of drug use among students of medical universities of Tehran and reported that tobacco use was ranked first among the various types of drugs and it was followed by smoking and alcoholic drinking. The consumption of crystal, crack, and heroin also took up the lowest levels of consumption. Drugs, such as morphine, Ritalin, and tramadol were ranked fourth to sixth among the medical students, respectively. In all types of substances, the dose of drug use in boys was more than that in girls. Ahmadi, Soltani, & Behboodi (2014) stated that the percentages of students who had experienced smoking, tobacco use, alcohol drinking, and opium at least once during life were 28.1, 46.8, 11.6, and 5.6, respectively, and the rates of consumption in them were 11%, 36.6%, 6.8%, and 3.2% in the last 12 months. In addition, the age of taking the majority of drugs was between 10 and 16 years old and the prevalence of drug use among boys was more than that of female students. Ansari, Ansari Moghaddam, & Mohammadi (2016) investigated the prevalence of substance abuse and its related factors in tobacco smokers and concluded that 53% of tobacco users smoked it in groups. The ages of the first tobacco experience in boys and girls were 17.1 and 21.2 years, respectively. The prevalence of general

drug use was 70.4%. The use of tobacco in groups was 2.03%, was 2.27% for those living in a single house, and was 3.7% in university students. Moreover, boys smoked tobacco 3 times as much as other substances.

Nowadays, the identification of the factors related to substance dependency and planning on the control of addiction and reduction of the number of addicts and increased awareness of these patients are among the priorities of each country. Considering the significant growth in the number and variety of drugs over the past years, the availability of new and up-to-date information on the epidemiology of addictive disorder can help to plan targeted and effective strategies to reduce this global disaster. In addition, few studies have focused on the prevalence of drug use and alcohol consumption among university students. By studying the prevalence of drug use, it is possible to become aware of its possible causes and design the programs that can maintain and improve the health of students and the health of the community. Therefore, the present study was conducted to investigate the prevalence of drug use and alcohol drinking in students of Urmia University.

Method

Population, Sample, and Sampling Method

The present study was a descriptive cross-sectional one. A total of 37,500 students of Azad (13,000 students), State (16,000 students), and Payame Noor universities (8,500 students) in the city of Urmia constituted the statistical population of this study in the academic year of 2017-18. To determine the sample size, the Cochran formula was used, based on which the sample size was estimated to be 380 people. In this research, 450 sample units were selected by cluster random sampling method since it was attempted to ensure an adequate final sample size due to possible losses of participants over time. In this method, firstly, a number of faculties were selected randomly from the Azad, State, and Payame Noor universities via simple random method. Then, a number of disciplines in different levels of education were selected from each faculty via simple random sampling method. However, only some disciplines were randomly selected from Payame Noor University because of the lack of any faculties. Given the varying number of disciplines in different universities, the disciplines were generally combined and divided into four groups, including humanities and physical education, basic sciences, agricultural and paramedics, engineering, and art and urban planning. Prior to the data collection, the participants were assured about observing the principles of confidentiality of personal information and group analysis.

Instrument

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): This test was developed by the World Health Organization (1998) and contains eight phases, each of which consists of a number of columns. The substance that

this question evaluates include tobacco, alcohol, marijuana, cocaine, amphetamines, tranquillizers, hallucinogenics, inhalants, and opiates. The scoring of eight phase is different. Some phases are scored as yes/no formats, while others are scored one three-point or five-point Likert scales. The ones obtaining a score from 0 to 3 do not need any treatment, those obtaining a score from 4 to 26 need short-term interventions, and the ones receiving a score above 26 need specialized assessment and treatment. The concurrent validity of the risk continuum was 0.76, that of lifetime consumption was 0.93, that of tobacco products equaled 0.88, and that of alcohol drinking equaled 0.82. The reliability of the test in different countries has been reported higher than 80% and the reliability coefficients of specific substances were as follows: tobacco: 0.80, alcohol: 0.84, marijuana: 0.86, cocaine: 0.93, amphetamines: 0.84, tranquillizers: 0.89, hallucinogenics: 0.77, inhalants: 0.93, and opioids: 0.94 (Humeniuk, & Holmwood, 2011). Hooshyari, Sadrosadat, & Sadrosadat (2013) reported a desired criterion validity for the continuum of risk for drug use and pattern of consumption, and the severity of dependency and also a desired diagnostic validity for separating the high-risk group from the low-risk. They also reported the total reliability Cronbach's alpha and those of the subscales to range from 0.95 to 0.99. In this study, the total reliability was obtained equal to 0.86 using Cronbach's alpha.

Results

In this research, 450 questionnaires were distributed among students of Azad, State, and Payame Noor universities, out of which 5 incomplete questionnaires were returned and 9 questionnaires were not returned even after follow-up. Thus, the participation rate in research was 96.89% and analysis was done on 436 questionnaires. The descriptive statistics of demographic characteristics are presented in Table 1.

Table 1: Descriptive Statistics of Demographic Variables of the Sample Group

Variable	*Category*	*Frequency*	*Percentage*
Gender	Male	276	63.30
	Female	160	36.70
Age range (year)	18-21	141	32.24
	22-25	204	46.79
	26-29	40	9.17
	30-33	35	8.03
	Above 33	16	3.67
Academic program	Associate's	6	1.38
	Bachelor's	317	72.71
	Master's	87	19.95
	Ph.D.	26	5.96

Table 1: Descriptive Statistics of Demographic Variables of the Sample Group

Variable	*Category*	*Frequency*	*Percentage*
University type	Azad	141	32.24
	State	199	45.64
	Payame Noor	96	22.02
Marital status	Married	62	14.22
	Single	374	85.78
Department	Humanities and Physical Education	178	40.83
	Engineering	133	30.50
	Basic Sciences, Agricultural, and Paramedics	67	15.37
	Art and Urban Planning	58	13.30

Descriptive statistics of the prevalence of cigarette smoking, alcohol drinking, and drug use among students in Urmia Universities are presented in Table 2.

Table 2: Prevalence of Smoking, Alcohol Drinking, and Drug Use among Students of Urmia Universities

Substance	*Frequency*	*Percentage*
Cigarette	155	35.55
Alcohol	69	15.82
Drugs	71	16.28

In order to investigate the prevalence of smoking, alcohol drinking, and drugs based on gender among students in Urmia Universities, Chi-square test was used, as presented in Table 3.

Table 3: Chi-square Test Results Examining the Prevalence of Smoking, Alcohol Drinking, and Drug Use based on Gender

Substance	*Variable*	*Category*	*Consumption*	*Percentage*	*No consumption*	*Percentage*	*χ2*	*Sig.*
Cigarette	Gender	Male	122	44.20	154	55.80	24.57	0.0005
		Female	33	19.41	137	80.59		
Alcohol	Gender	Male	57	20.65	219	79.35	13.15	0.0005
		Female	12	7.50	148	92.50		
Drugs	Gender	Male	52	18.98	224	81.12	2.62	0.14
		Female	21	13.12	139	66.88		

As it has been shown in Table 3, smoking and alcohol drinking were significantly different between males and females (P <0.001). According to descriptive statistics, smoking and alcohol consumption in boys are more

prevalent than those in girls. In order to investigate the prevalence of smoking, alcohol drinking, and drug use based on age among students in Urmia universities, Chi-square test was used and its results are presented in Table 4.

Table 4: Chi-square Test Results Examining Prevalence of Smoking, Alcohol Drinking, and Drug Use based on Age Groups

Substance	*Variable*	*Category*	*Consumption*	*Percentage*	*No consumption*	*Percentage*	*χ2*	*Sig.*
Cigarette	Age range (year)	18-21	45	39.91	96	68.09		
		22-25	74	36.27	130	63.73		
		26-29	19	47.50	21	52.50	3.46	0.33
		30-33	12	34.29	23	65.71		
		Above 33	5	31.25	11	68.75		
Alcohol	Age range (year)	18-21	17	12.06	124	87.94		
		22-25	35	17.16	169	82.84		
		26-29	11	27.50	29	72.50	6.50	0.09
		30-33	13	37.14	22	62.86		
		Above 33	4	25.00	12	75.00		
Drugs	Age range (year)	18-21	20	14.18	121	85.82		
		22-25	38	18.72	165	81.28		
		26-29	7	17.95	32	82.05	2.17	0.53
		30-33	4	11.43	31	88.57		
		Above 33	2	12.50	14	87.50		

Different age groups were not different from each other in terms of smoking, alcohol drinking, and drug use ($P > 0.05$). In order to investigate the prevalence of smoking, alcohol drinking, and drug use among students in Urmia Universities, Chi-square test was run and its results are presented in Table 5.

Table 5: Chi-square Test Results Examining the Prevalence of Smoking, Alcohol Drinking, and Drug Use based on Academic Program

Substance	*Variable*	*Category*	*Consumption*	*Percentage*	*No consumption*	*Percentage*	*χ2*	*Sig.*
Cigarette	Academic Program	Associate's and Bachelor's	121	37.46	202	62.54	1.58	0.25
		Master's and Ph.D.	34	30.09	79	69.91		
Alcohol	Academic Program	Associate's and Bachelor's	57	17.65	266	82.35	2.26	0.18
		Master's and Ph.D.	12	10.62	101	89.38		
Drugs	Academic Program	Associate's and Bachelor's	58	17.96	265	82.04	1.06	0.37
		Master's and Ph.D.	15	13.27	98	86.73		

As it has been shown in table 5, students in different academic programs were not different from each other in terms of smoking, alcohol drinking, and drug use (P> 0.05). In order to investigate the prevalence of smoking, alcohol drinking, and drug use in married and single students of Urmia universities, Chi-square test was used and its results are presented in Table 6.

Table 6: Chi-square Test Results Examining the Prevalence of Smoking, Alcohol Drinking, and Drug Use based on Marital Status

Substance	*Variable*	*Category*	*Consumption*	*Percentage*	*No consumption*	*Percentage*	*χ2*	*Sig.*
Cigarette	Marital status	Married	19	30.64	43	69.36	0.75	0.47
		Single	136	36.36	238	63.64		
Alcohol	Marital status	Married	8	12.90	54	87.10	0.46	0.57
		Single	61	16.31	313	83.69		
Drugs	Marital status	Married	10	16.13	52	83.87	0.003	1.00
		Single	63	16.84	311	83.16		

As it has been shown in table 6, married and single students were not different from each other in terms of smoking, alcohol drinking, and drug use (P> 0.05). In order to investigate the prevalence of smoking, alcohol drinking, and drug use among students of Urmia universities based on academic faculties, Chi-square test was used and its results are presented in Table 7.

Table 7: Chi-square Test Results Examining the Prevalence of Smoking, Alcohol Drinking, and Drug Use based on Academic Faculties

Substance	*Variable*	*Category*	*Consumption*	*Percentage*	*o consumptio*	*Percentage*	*χ2*	*Sig.*
Cigarette	Academic faculties	Humanities and Physical Education	43	24.16	135	75.84	32.47	0.001
		Engineering	65	48.87	68	51.13		
		Basic Sciences, Agricultural, and Paramedics	16	23.88	51	76.12		
		Art and Urban Planning	31	53.45	27	46.55		
Alcohol	Academic faculties	Humanities and Physical Education	20	11.24	158	88.76	13.06	0.004
		Engineering	25	18.80	108	81.20		
		Basic Sciences, Agricultural, and Paramedics	7	10.45	60	89.55		
		Art and Urban Planning	17	29.31	41	70.69		
Drugs	Academic faculties	Humanities and Physical Education	22	12.36	156	87.64	24.36	0.001
		Engineering	25	18.80	108	81.20		
		Basic Sciences, Agricultural, and Paramedics	5	7.46	62	92.54		
		Art and Urban Planning	21	36.21	37	63.79		

As it has been shown in table 7, there was a significant difference between students of different academic faculties ($P<0.001$). According to the descriptive statistics, it can be stated that the prevalence of smoking, alcohol drinking, and drug use among students of the Art and Urban Development is more than that of students in other faculties of Urmia universities.

Discussion and Conclusion

The results showed that the prevalence rates of smoking, alcohol drinking, and drug use were 35.55%, 15.82%, and 16.28%, respectively. The prevalence of smoking was higher than that of alcohol drinking and drug use. In line with these research findings, Jia et al. (2018) reported that the incidence of smoking in South African university students was 13.2% higher than other drugs. Nanavati, & Herlitz (2017) reported that the prevalence of smoking in American university students was 13%, which was higher than other drugs. Gorji, & Bakrani (2006) reported that the prevalence of smoking and tobacco use was much higher than that of alcohol drinking, hashish use, opium use, ecstasy pills, heroin, and

crystal. In another study, Taromian et al. (2013) concluded that tobacco use was ranked first among the various types of drugs and it was followed by cigarette smoking and alcoholic drinking. To interpret these findings based on the study carried out by Mohammadkhani, & Rezayi Jamalouyi (2016), it can be argued that many people turn to cigarette smoking and tobacco use to cope with stress and negative emotions and use tobacco and cigarette as an instrument to alleviate their negative emotions, such as anxiety. In addition, cigarette and tobacco smokers cannot tolerate unpleasant conditions in stressful situations, and their sensitivity to psychological and emotional distress leads to cigarette smoking and tobacco use for the regulation of their cognitive experiences. Other explanations for this forbidding are related to the easy access to drugs, affordability of drugs, and social incentives for drug use among young people and students. In fact, they have to accept the conditions of the group in order to have social relationships and effective communication with peers and to be accepted in the community. In many cases, the use of legal substances, such as cigarettes is the condition of acceptance in the groups. The important thing is that cigarette smoking is an input for the use of other illegal substances.

Another finding of this study showed that the prevalence of smoking and alcohol drinking among male students was more than that in female students of Urmia universities. However, the prevalence of drug use between them did not differ. Consistent with this finding, Nanavati, & Herlitz (2017) reported that 62% of the hallucinogens users were males and 38% were females. Dehghani et al. (2010) stated that the prevalence of drug use in men was higher than that of women. In another study, Taromian et al. (2013) reported that the consumption of all types of drugs in boys was higher than that in girls. Similarly, Ahmadi et al. reported that the prevalence of drug use among male students was more than that in female students. Ansari et al. (2016) also concluded that boys have a chance three times more than girls to tend to different substances. According to Fajani, Janghorbani, & Khosravi (2015), the higher prevalence of drugs in males may be due to the greater freedom of men in the family and community, their dare and easier access to the mentioned drugs, and their higher psychological pressures. The lower prevalence of drug use in women may be due to families' precise control of women's communication and behavioral patterns and specific cultural perceptions of acceptable social behaviors for women in Iran. Another possible reason for the high the prevalence of smoking and alcohol consumption in boys is that the society confirms the use of these substances by men than by women and the use of these substances by women is viewed to be more immoral than that in men. As a result, men turn to cigarette and alcohol consumption with less fear of verbal and non-verbal punishment than women. To explain this finding regarding the non-significant difference in substance use (other than cigarettes and alcohol) between men and women, it can be argued that women's social networks have become diverse due to the growth of technology and their drug use tendency has increased. Unmet expectations, accumulated anger, and

worry about future, which are relatively big problems, put women, like men, at risk. It can be argued that men and women act differently in coping with challenges. Men tend to smoke and alcohol in the face of stress and partial tensions, and women are less likely to use these substances. However, both of them act similarly in the face of general stresses and tensions and both turn to other substances (other than cigarettes and alcohol). As a result, there is a difference between men and women in terms of smoking and alcohol drinking while there is not such a difference in terms of drug use. However, both of them act similarly in the face of general stresses and tensions and both turn to other substances (other than cigarettes and alcohol). As a result, there is a difference between men and women in terms of smoking and alcohol drinking while there is not such a difference in terms of drug use.

Other findings of this study showed that the prevalence of smoking, alcohol drinking, and drug use among students in Urmia universities did not differ from each other based on age. In other words, the prevalence of smoking, alcohol drinking, and drug use existed in the students within the age range of 18 to 21 years to the same extent as in other age ranges, i.e. 30 to 300 years old and above 33 years old. A possible explanation for these results is that the likelihood of consumption at an early age increases the likelihood of continued consumption and converting it into abuse and dependence. Therefore, there is no difference between the percentage of smokers, alcohol drinkers, and drug users based on age. This requires special attention and sensitivity in order to prevent and reduce drug use by teaching in lower levels and screening from the first and second grades of high school and before entering the university. One of the strengths of any drug prevention program is to prevent drug use and stop those taking drugs for the first time.

Moreover, the results of this study showed that the prevalence of smoking, alcohol drinking, and drug use is not different among different faculties of Urmia universities. This finding is consistent with those of the studies conducted by Ahmadi et al. (2014) where it was revealed that the vast majority of university students taking drugs have reported the start of drug use in the first or second periods of high school or elementary school period. The increase in the number of substance abuse and the decline in the age of consumption has put the society in a crisis, 15-16-year-old students contain the largest number of industrial drug users, and about 1.2% of second period high school students take drugs (Zeinali, Vahdat & Hamednia, 2007). To account for the similarity of the prevalence of smoking, alcohol drinking, and drug use in different academic programs, one may refer to the reduced age of drug use and its persistence in the subjects. Most of the students are likely to experience drug use before entering the university and during the school year. Based on this finding, attempts should be made to control drug use before converting to substance abuse, and this should begin from schools.

In addition, the results showed that the prevalence of smoking, alcohol drinking, and drug use was not statistically different between single and married students of Urmia universities. Inconsistent with this finding, Nanavati, & Herlitz (2017) reported that 62% of the single subjects were drug users. In another study, Dehghani et al. (2010) concluded that the prevalence of drug use in single males was higher than that in married ones. Ansari et al. (2016) also reported that living in a house with single flatmate(s) increases the chance of consumption of other substances in tobacco users. To interpret the higher prevalence of smoking, alcohol drinking, and drug use in single students compared to married students based on Ansari et al.'s findings (2016), it can be argued that single persons tend to have more freedom than married ones. Most single individuals tend to smoke cigarette and tobacco after becoming independent and living in a single house or student dormitory and, consequently, they turn to other substances, as well. This doubles the need to justify and educate students who are to live far away from the family.

Other findings showed that the prevalence of smoking, alcohol drinking, and drug use among Urmia University students differs according to academic faculties. In other words, the prevalence of smoking, alcohol drinking, and drug use in students from the Faculty of Art and Urban Development was greater than that of other faculties in Urmia universities. In line with this finding, Kordmirza et al. (2003) reported that the prevalence of drug use among students in arts is higher than that among students of humanities, engineering, and medical sciences. Also, Gorji, & Bakrani (2006) reported that smoking, alcohol drinking, and tobacco use in engineering students were more than those in students of basic science and agriculture. To explain these findings, it can be argued that in addition to common factors, such as depression, stress, anxiety, shyness, etc., that provide the grounds for drug use; motivations, such as the experience of the world of trance and the creative expression of emotions, feelings, and affects are also at play. Taking celebrities in various fields of writing, music, cinema, and painting as role models can be the backbone of this attitude. The wrong belief in this regard is that the creation of art works is the result of the trance occurring in the latent layers of the inner body and this increases art and urban planning students' tendency towards drug use.

Overall, the current findings showed that the prevalence of smoking, alcohol drinking, and drug use is relatively high. Moreover, the prevalence of smoking and alcohol consumption among male students and the prevalence of smoking, alcohol drinking, and drug use among students in the faculty of art and urban planning were higher. In this line, there was no difference between married and single students in terms of the prevalence of smoking, alcohol drinking, and drug use. Therefore, the results indicate that gender and academic faculty are affected by common patterns of drug use and have put students at risk of drug use. These results revealed the need to review strategic policies by authorities and planners. Consequently, it is suggested that authorities and planners should pay attention

to the role and importance of effective variables in the prevalence of smoking, alcohol drinking, and drug use and, accordingly, should to design and implement programs to reduce the prevalence of consumption.

The most important limitation of this research was the limited academic disciplines and programs in some universities, especially Payame Noor University, which prevented comparing the results based on academic disciplines and programs. Moreover, since the present study was conducted on students from Azad, State, and Payame Noor universities of Urmia, it is necessary to exercise caution in generalizing the findings. Therefore, it is suggested that this research be conducted in other universities and students of other cities and its results be compared with those of this study. Another suggestion of this research is to conduct comparative studies between different disciplines and different programs where it is required to select larger universities with more academic disciplines and programs in order to achieve this goal. Also, for large-scale decision-making and planning, more research with larger populations should be carried out. Undoubtedly, counselors can identify students at risk of substance and alcohol abuse, or drug and alcohol abusers and provide appropriate strategies to inform them of the consequences of substances and alcohol. In this way, they can help students solve their psychological problems or refer to centers of psychological services. Given the higher prevalence of cigarette smoking than drug use and alcohol drinking in universities, it is imperative to take preventive measures primarily about cigarettes in campus environments and then, respectively, to take some measures on substance use and alcohol drinking. Another suggestion is that authorities and planners improve the economic and social contexts of students and their families by providing effective and practical solutions, such as life skills training, communication skills training, social skills training, etc. in the prevention of substance use and alcohol drinking or treatment of the abuse of these substances.

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