

Abstract

Objective: Persistence in treatment means long-term and non-slip periods of drug use abandonment, and shows the degree of individuals' resistance to the disadvantages and problems associated with the elimination of drug dependence. The purpose of this research is to investigate the comparative role of religious and spiritual orientations in sustained drug abandonment in Kashan city. **Method:** This research is a comparative-integrative study that falls within the domain of applied research in terms of purpose. The statistical population of this study in the qualitative section includes three groups of addiction therapists and researchers, individuals with successful withdrawal attempts, and their families; and, in the quantitative section, the population of this study consists of the patients who had recovered from addiction in 2018 in Kashan. Through stratified random sampling method and purposive sampling method, 31 people in the qualitative section and 343 ones in the quantitative section were selected as sample units. Semi-structured interviews and a combination of Pargament and Allport's standard questionnaires and a researcher-constructed questionnaire were used for data collection. Then, the collected data were analyzed using SPSS, LISREL, and MAXQDA software. **Results:** The results in the field of sustained drug abandonment showed that the religious and spiritual orientations of patients in three areas affect the process of addiction treatment. The scope of religious/therapeutic functions (trigger and motivational therapy, achieving mental relaxation, denial of self-centeredness, perception of spiritual flow of life, changing the source of value verification, self-control therapy), the scope of religious/therapeutic requirements (limiting the participation of collective rituals, avoiding religious ritualism), and purification tool (religious group therapy). In the analytic aspect, structural equation modeling has shown that the effect of religious and spiritual orientations on sustained drug abandonment is direct and relatively strong. Model fit indices showed that the collected data support the conceptual model well. **Conclusion:** Strong religious orientations contribute to the individual's improvement of spiritual health and the reduced mental and psychological problems; and leads the individual able to have strong coping with staying in the process of addiction abandonment and to prevent any slip into addiction.

Keywords: sustained drug abandonment, religious/ spiritual orientations, religious/therapeutic functions, religious/ therapeutic requirements

Comparative-Integrative Investigation of the Role of Religious and Spiritual Orientations in Drug Sustained Abandonment in Kashan City

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Introduction

Every society, in line with its own structure, suffers some problems whose effects should be necessarily solved or mitigated; to this end, obtaining a deep, accurate, and scientific understanding is required. Some of these problems are more widespread and more harmful to societies and are therefore known to the public as "social issues". The term social issue is used for the situations, processes, social settings, and attitudes that are often considered undesirable, negative, and threatening to personal interests or values, such as social cohesion, discipline and order, ethical standards, the stability of social institutions, economic welfare or individual freedom (Mo'ayedfar, & Sattar, 2009). This situation is not only in contradiction with the values of a large number of citizens in the community, but also it is believed that it must be changed (Robbington, & Weinberg, 2011). The identification of a phenomenon or subject, such as a social issue requires that this phenomenon has an objective reality in the form of a social and political system, has an outbreak, and has consequences and complications while addiction has all these characteristics (Naghdi, Reza'ea, & Zandi, 2015). The results of National Survey of Values and Attitudes in Iran have shown that addiction has been referred to as one of the most important social issues from Iranians' perspective after unemployment and inflation. In fact, addiction is a phenomenon in which the society's ability to organize and maintain the existing order is eliminated, the normal function of social life is undermined, brings about structural changes in the economic, social, political, and cultural system of a community (Naseri, Mohammadi, & Douleh, 2013).

According to the latest statistics released by the Drug Control Headquarters (2017), about 2,800,000 Iranian citizens have been infected with addiction and the rates of addiction and relapse to addiction are experiencing an increasing trend despite the extensive measures already taken to prevent and reduce drug use and relapse. Addiction relapse has a great impact on the individuals and the society. A person who relapses into drug use after returning to addiction abandonment may feel guilty, frustrated, embarrassed, and angry. Frequent relapses cripple everyday activities and reduces self-esteem, accountability, and efficiency. Consequently, the family is affected negatively, family problems are resumed, family members' distrust of the addicted member is heightened, and the next withdrawal gets more difficult. Family respect is lost and the family foundation is undermined and shaken (Golestani, 2008). Ongoing efforts to treat this group of citizens are always at play and it has been tried to direct addicted patients to some kind of "sustained abandonment", which is a positive process that involves the lack of relapse to drug use in some states: not increasing the dose of drug use relative to the past, not taking new substances during the withdrawal process and discontinuing drug use, performing behaviors that signal one's recovery and reluctance to the reuse of drugs, and the person's non-relapse to addiction (Mogharab, Rezvani, & Mahmoudirad, 2004). Sustainability in treatment refers to prolonged and non-slip periods of drug use abandonment (Keshavarz et al.,

2014), and shows one's level of resistance and endurance to the disadvantages and problems associated with the elimination of drug dependence.

Patients' religious and spiritual orientations are among the most important issues that make people's attitude towards drug use negative, extend tendency to drug use withdrawal, and have an effective role in the sustained drug abandonment. Research suggests that religious attitudes and beliefs and spiritual practices are associated with reduced psychological stress and prevention from high-risk behaviors, such as smoking, alcohol drinking, and drug use. The results of a study carried out by Yousefi Afrashteh et al. (2015) indicate that spirituality, along with changing the friendship atmosphere, family support and acceptance, familiarity with the successful experiences of drug use abandonment, and participation in the community and motivating environments, has an effective role in the sustainability of drug use abandonment. Naghibi, Ash'ari, Rostami & Hosseini (2015) showed that strengthening the spiritual dimensions of life increases mental health, reduces mental disorders, decreases tendency to drug use, and continuity of the addiction treatment. In this domain, the research evaluations conducted by Mohammadkhani, Yeganeh, & Karimpour (2015) have shown that religious orientation is an effective coping method against deviant behaviors due to its important influences on people's lives; therefore, one can control the risk of deviant behaviors, such as addiction by reinforcing the spirit of controlling these deviant behaviors. Similarly, Nadimi (2015) showed that this social institution can influence drug use and recovery from it through the establishment of an ethical order, and can also consolidate people's moral obligations and prevent them from drug use by providing specific moral guidance and rules for self-control (such as the refusal to drug use). In the same way, Sadeghian, & Sadeghian (2016) investigated the effect of religious beliefs and Islamic education on the prevention and treatment of addiction among young people and concluded that religious beliefs are a firm basis and support for the people of society in the face of problems, sufferings, hardships, and deprivations of life and can be a massive and comprehensive backbone to deal with a variety of high-risk behaviors, such as addiction.

According to Kulhara et al. (2009), coping strategies and problem-solving techniques can act as adaptive functions in the abandonment and continued treatment of addiction by means of spirituality. Yong et al. (2009) conducted a research on women with drug abuse and showed that one of the factors leading to effectiveness of addiction treatment is the promotion of spirituality in patients; on the other hand, the weakening of spiritual aspects of humans contributes to the onset of drug use. Yonker, Schnabelrauch, & DeHaan (2012) acknowledged that religion reduces the rate of drug use through the management of stress and life sufferings. Moscati, & Mezuk (2014) suggested a reverse relationship between drug use and religiosity. In sum, the evaluation of existing research findings in this area shows that the majority of existing studies have a theoretical and statistical tendency; about half of these studies have focused on the

relationship between religion and religious orientations and addiction in a purely theoretical manner, but statistically and quantitatively. In addition, in the most of these studies, the "addiction tendency" and "addiction prevention" variables have been found to be correlated with religiosity and religious orientations and, thereby, the topic of sustainable treatment has been neglected. Therefore, due to the importance and influence of religious and spiritual orientations, this research is aimed at investigating the comparative-integrative role of religious and spiritual orientations in drug sustained abandonment in Kashan City.

Method

Population, Sample, and Sampling Method

This research is a comparative-integrative study that falls within the domain of applied research in terms of purpose. The statistical population of this study in the qualitative section includes three groups of addiction therapists and researchers, individuals with successful drug use withdrawal attempts, and their families; and, in the quantitative section, the population of this study consists of the patients who had recovered from addiction in 2018 in Kashan. Through stratified random sampling method and purposive sampling method, 31 people in the qualitative section and 343 ones in the quantitative section were selected as the sample units. Through purposive sampling method, 10 experts in the field of therapy and research, including sociologists, psychologists, psychiatrists, physicians, and drug abandonment counselors; 14 people with successful drug abandonment attempts (a lean period between 8 and 156 months); and 7 family members of this group of parents, i.e. their brothers and spouses were selected as the sample units in the qualitative section proportionate to the subject area, access, and response rate of the statistical population. In the quantitative section, 343 recovered addicts were selected through random stratified sampling method.

Procedure

In this study, the data have been collected through a semi-structured interview. The questions used in this research have been raised in several main areas: "What role have religious beliefs and spiritual orientations played in patients' treatment process? What are the functions of religion and religious beliefs for patients during the process of drug addiction abandonment? How do religious mechanisms accompany the process of drug addiction abandonment? What are the dimensions of patients' religious participation during the course of drug addiction abandonment?" The configuration of these questions has changed during interviews and according to the target groups under study. Each interview lasted about 35 to 60 minutes and the conversation was recorded. The transcriptions of interviews were then evaluated using MAXQDA software; and open coding, axial coding, and selective coding, which are commonly used in grounded theory, were employed. In the initial coding, 37 open codes were extracted from interview analysis. Then, based on the content, they were

categorized in the main categories and, eventually, the axial categories in combination with codes were extracted and placed around one central core, i.e. sustained drug abandonment after a theoretical refinement. In order to increase the validity of codes and categories, three elements of Guba and Lincoln's credibility, transferability, and confirmability were used. In a quantitative dimension, a qualitative survey method was used to test the extraction model in the qualitative section of the questionnaire. The instrument used to measure religious and spiritual orientations was a mixture of Allport's spiritual orientation scale and Pargament's theory of religious coping. In order to measure sustained drug abandonment, a 3-item researcher-constructed questionnaire with the contents addiction abandonment, duration of cleanliness, and sustainability/non-sustainability of treatment has been employed. To determine the validity and reliability of the questionnaire, formal validity (judgment based on expert opinion) and Cronbach's alpha method were used. The internal consistency of Allport's internal spiritual orientation scale has been reported equal to 0.71 and 0.74 through Cronbach's alpha and retest methods, respectively (Shafi'ea, et al, 2012). The reliability of this scale in the research has also been estimated by calculating Cronbach's alpha and retest coefficients where the values of 0.82 and 0.79 were reported, respectively. The reliability and validity of this test in external studies, more than 140 studies (Trimble, 1997), has been reported to be high and acceptable (Partov, 2015). The concurrent validity of Pargament's religious coping scale in different studies has been evaluated where the correlation between the scores derived from the concurrent use of the two scales was obtained equal to 0.6. To assess the reliability of this test, Cronbach's alpha has been used where the coefficients of 0.86 and 0.65 have been obtained for the subscales of positive religious coping and negative religious coping, respectively. This result was consistent with the results of the study done by Pargament (2004) (Shahsavari, & Ahmadi, 2016). In this research, formal validity and expert opinion on the items were used for assessing the validity of both spiritual orientation scale and sustained drug abandonment scale; and Cronbach's alpha coefficients were calculated for all three scales of Allport's internal spiritual orientation scale, Pargament's religious coping scale, and Sustained Drug Abandonment Scale where the reliability of the three scales was obtained larger than 0.70. For data analysis, SPSS software and LISREL software were used.

Results

The qualitative results of this research in the field of sustained abandonment and treatment indicate that patients' religious and spiritual orientations in ritual aspects affect the three domains in the process of addiction treatment. The first one is the field of religious functions, which refers to the functions that adherence to principles and teachings of religion and reliance on religion can bring in the course of addiction treatment. The second domain is the

religious/therapeutic requirements that refer to some religious restrictions in the field of addiction treatment. The third domain is the clean tool, which shows the ways in which patients' faith and religious beliefs are improved to enhance their spirit for treatment as well as self-confidence and psychological empowerment.

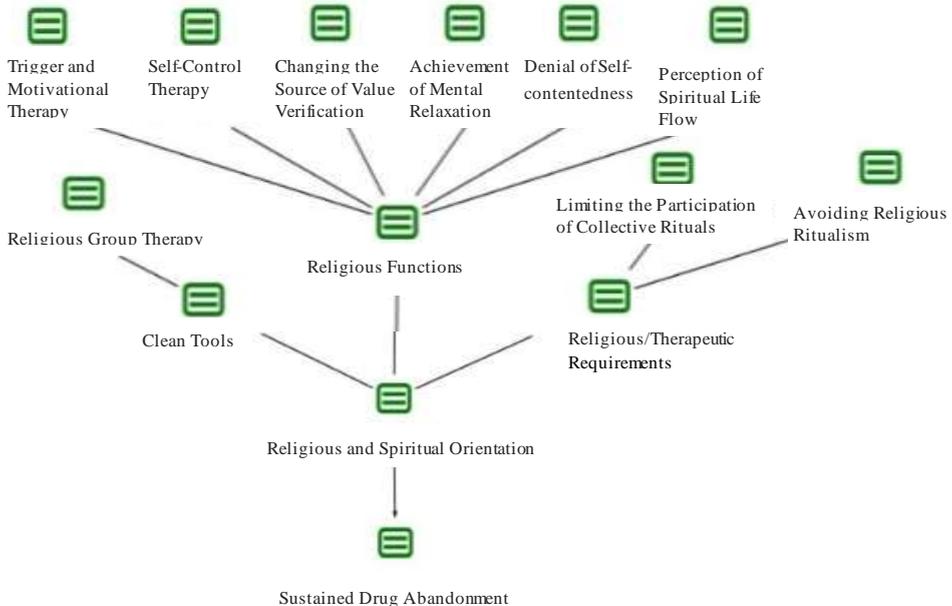


Fig.1: Functions, Requirements, and Tools Contribution to Sustained Drug Abandonment in the Field of Religious and Spiritual Orientation

One of the sources that addicted patients rely on and try to withdraw from addiction is religious, spiritual, and divine forces. Just at the moment when addicted patients are disappointed in everything and everybody and reach the sense of disability and disability arising from drug use, when they do not see any way to the future and break down all the bridges behind them and consider no human saviors for themselves; they resort to religious and spiritual forces. In fact, they are strong believers to these forces and refer to them as superior forces. Belief in and interaction with this invisible force not only guarantees their inner calmness, but also leaves them free to compensate for the past and return to life. In this regard, the first functional role of the religious and revelation forces is to move patients towards the start of the abandonment process because they believe that the strongest force beyond the force of the drug use is the force of superior power that can provide the basis for the elimination of consumption. "Many of abandonment attempts by these individuals have begun in religious meetings; for example, the individual has promised a more powerful person, such as Imams, to stop it, or do not take drugs in many religious occasions." (Bolandi, Health Network Expert), "What does human beings do when they feel unable?"

They kneel and cry and asks for help from God. I also knelt down and cried. We believe that only God's power is greater than narcotics." (Taher, 120 months of being clean). "In general, in terms of drug use abandonment and the whole life affairs, if God does not exist, the man will be incomplete. One must find help from God. I was really bored after 20 years of drug use, I would say, I'd spend the rest of my life using drugs. I saw a sprinkling of God's power, followed it, found that we were sleeping and silent, God is awake, He takes our hands, and he will help us more than other persons"(Abbas, 8 months of cleanliness). "When there is hope in God, my heart is encouraged, my father says, thank God that I could be clean today, and he prays for all of us while eating on the napkin" (ex-addict's child, 36 months being clean).

From among the most obvious gaps that are observed among patients during abandonment, spiritual gap plays an important role. In other words, a person needs something that can help him/her avoid loneliness if s/he wants to be able to experience a sustained process of drug use abandonment. Such a person needs to treat his/her self-centeredness by sticking to a religious force beyond him/herself. The non-establishment of this relationship between him/her and a superior spiritual force that has the power to present a pattern of good life to guide his/her biological processes has led him/her to self-centeredness. In the first phase, this self-centeredness, which is observed in all aspects of life, should be treated. S/he should know that "claims around the self" have made him/her addicted and his/her efforts to get rid of addiction have not proved fruitful. S/he must learn that s/he needs to stick to a superior force to free him/herself from self-contentedness and abandon addiction. However, in the first months of drug addiction abandonment, these people do not have much faith in God as their spiritual power, and they regard God as one of the main causes of their addiction. They do not understand the connection with superior forces and believe that "If God did not want, we would not be addicted". For this reason, they are initially looking for their superior force among objective entities, and this superior force in the first months of drug addiction is a counselor and guide that helps them withdraw from addiction. "Patients are people who actually see only the appearance of life, so they do not know what's going on. The spiritual gap and a lack of a conscious relationship with superior force, which is God, is very important. It is also crucial to admit that their greatest lacking is the spiritual gap. Since they have not been able to establish a relationships with a superior power, they have become self-centered entities: I myself can, I myself know, I myself wanted, I myself want. They gradually learn that we cannot, we do not know, we are not aware. When they learn this, they will look for a superior force and this entity become their friend during the first three months to the first six months." (Madani Nejad, Counseling Therapist). "Many industrial drug consumers arrive at a state of nihilism, they feel that God does not love them and, thereby, they do not carry out religious practices. When these people know

that they have God even if they are rejected by all people, they will not turn to drugs anymore"(Kadkhodayi, Health Center expert).

Addiction abandonment requires such an internal and mental relaxation, some part of which can be obtained with a heartfelt belief in a superior force. When a sick person attaches him/herself to this spiritual force and conceives of that force as his/her main proponent, s/he will try to adjust his/her life to that force and to resort to that force in the face of any problem. This leads to the development of psychological and mental calmness in the patient. "When somebody has trust and confidence in God, s/he will find the power of heart and tranquility and will feel that God has given him/her this tranquility and that s/he is dear to God. These are effective in drug abandonment." (Bolandi, Health Network expert). "A person who is religious and believes in God is treated better than others because belief in God, religion, and everything else, or a superior force makes the person mentally prepared, calms his/her heart, makes him/her think that s/he is the one there is one entity that gives him/her a hand and does not stop supporting him/her." (Jamali, Therapist).

Religious beliefs and attachments, while being a source of peace and strength for patients, can affect and change their attitudes, values, and beliefs. In many cases, it is observed that addiction patients seek to prove themselves to others and try to show their value to others and obtain the implicit approval of others, and this, in turn, leads to drug use. However, if a person has strong religious beliefs and gives these religious values a top priority in his/her life, s/he can rely on these values to change his/her source of approval from consumer friends to the superior force where s/he is no longer required to prove him/her by taking drugs. In addition, changing the source of value to religious sources protects the person from intentional mental and physical harm that is visible in drug use. For example, in Islamic religion and according to the principles and outlines of the religious values that govern it, one is not entitled to harm his/her own body and soul and others' body and soul. Therefore, focusing on spiritual values can provide the grounds for changing the value system in such a way that the individual will not seek an external source to confirm him/herself: "Addressing the religious affairs affects addicts' values, the addict no longer needs to be considered a worthwhile person by seeking approval from another person in the park; in fact, s/he sees God's approval more valuable. Thus, she does not need to receive other people's approval and, thereby, s/he does not get oriented to addiction." (Manayi, Psychiatrist).

Religious and spiritual orientations provide grounds for self-control because the individual always feels a superior power observing his/her acts (s/he imagines him/herself as being watched by a superior force at any given moment), and each step that s/he takes is evaluated on the basis of ethical standards. These beliefs are reflected in the period of consumption and the person does not violate a series of red lines to prepare drugs: "In addition, the person sees his/her encounter with addiction in a religious framework, s/he becomes a police officer

of him/herself." (Manayi, Psychiatrist). "Anyone who believes in God and holds some religious beliefs will feel that there is one who can oversee his/her actions and s/he can achieve his/her goal by trusting that entity. Surely, this person will be more successful." (Kadkhodayi, Clinical Psychologist). However, right now in the clean period, when I look, I feel the presence of God in all the moments of my life, i.e. in pain and sickness, sorrow, and joy. God is present in my troubles. Perhaps I had been destined to experience failure so that a more dangerous event would not hit me. Sometimes when I look at the problems that have occurred in my life, I see that God either gives me a trigger or wants me to change my career. Maybe if something else had happened to me, I would have experienced addiction relapse. In this situation, God will provide me with a barrier to keep me alert so that I will not come back again to the illness. God has a strong presence in my life, when I get distanced from God, I feel helpless, I feel false autonomy, and I feel I want to prove something, but I do not have the required means. My drug use in thousands of times relates to my unbelief and atheism." (Vahid, 36 Months being Clean).

Many humanitarian issues and problems in the course of daily life are dealt with in various ways, or remain at play. The perception of these issues by addicted patients and their positive interpretation of these issues not only makes them mentally ready to go for drug abandonment, but also guarantees the sustainability of the abandonment. In other words, the religious devotion to divine forces have positive effects on the patients who are in the process of drug use abandonment and provide the grounds for the prosperity of life and their maintenance in physical treatment and mental health: "I would say, oh God, is it possible that I can take this order, that embargoes on wood would be lifted and I can take the order. I thought about it and went to the workshop, I took even a multi-level order. Again, the salesman called me to send me wood with the previous money. In these objective cases, I have touched God very much." (Seyyed Masoud, 10 Months being Clean). "If you believe in God, he will make everything solved for you like my situation. I did not think at all that everything would be okay, it would seem like a miracle." (Vahid, 10 Months being Clean).

Religious/ Therapeutic Requirements: 1- Reduced Participation in Collective Rite: Although participation in this ritual is effective in the pursuit of addiction abandonment and, in this way, the individual maintains his/her communication links with the superior force and, thereby, can show more resistance and tolerance to drug use temptations and cravings; however, participation in various religious ceremonies has been prohibited by many medical professionals, especially in the first months and years after addiction abandonment. The reason for this is that, on the one hand, the individual tries to put him/herself in a state of trance for better participation in this ceremony and showing better image of him/herself in the mourning ceremony or joy in order to approach more and more the spiritual state. On the other hand, they provide the conditions for drug use in

vigilant nights before and after the ceremony. In a series of months such as Muharram and Ramadan, these patients are forbidden to attend religious ceremonies at least in the early years of drug addiction abandonment: "In the field of treatment, a series of months of the year are pests of drug addiction treatment. For example, during the month of Muharram or Ramadan, many patients resign treatment of experience slip, as in the month of Muharram, the vigilantes at nights after the ceremonies, or the rituals of ceremony, and the margins of religious ceremonies are an obstacle to addiction treatment. For example, we see that our patient in Kashan city has been clean for several months, but during the month of Muharram, after keeping vigilant at nights and following the ceremonies, s/he experienced some sort of slip. In addition, during the holy month of Ramadan, AHYA nights make people experience slip. Some call Imam Hussein in a drunken state. These are the margins of addiction treatment." (Jamali, Therapist).

2. Avoiding religious ritualism: These patients often have a physical and psychological weakness and own a high degree of craving and temptation, and are unable to tolerate physical stress arising from fasting and psychological stress caused by the strict observance of daily religious practices, such as prayers. These religious practice may orient them to addiction relapse. Therefore, advisers and specialists in the field of addiction treatment often recommend that the physical and psychological weaknesses of patients should be considered in the implementation of these religious rites and religious ritualism should be avoided at these times, as far as possible: "Hunger for patients causes anger and stress; for this reason, we have been told not to fast for two or three years. We are not fasting now." (Ali, 18 Months being Clean).

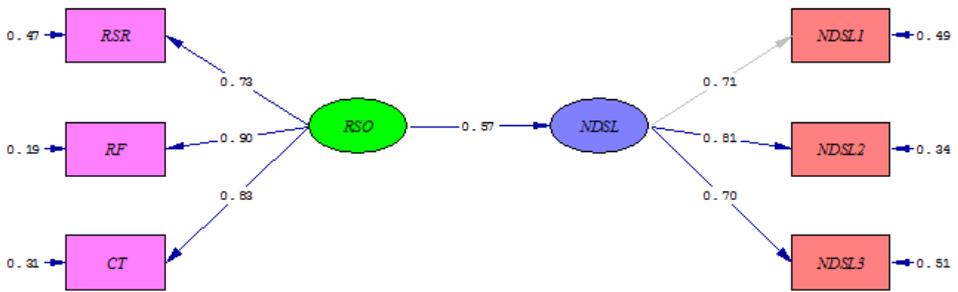
Clean tool: 1. Group religious therapy: Addicted patients do not have an appropriate understanding of religious and spiritual affairs in the early days and months of addiction abandonment process and, thereby, they will not receive any religious and spiritual consultation with open arms. For this reason, one of the most effective mechanisms for understanding spiritual issues and promoting religious beliefs in them is participation in group therapy sessions. Group sessions and the pieces of advice received from these groups, along with the tangible benefits that bring to these patients, all strengthen religious and spiritual dimensions and, as a result, psychological morale in patients is enhanced and it helps them continue treatment. Since the spiritual and religious advice and counseling received in these therapeutic sessions are guided by counselors and are presented in the language of patients, they are found more effective and are welcomed by addicts to a larger extent: "In groups, we strengthened our spiritual dimension, and identified our defects." (Ali, 18 Months of being Clean). "In the meetings, only the name of God was at play. From the beginning, you can sense spirituality and tranquility from the prayers which are filed with the name of God. Now I myself have a strong belief that my current purity and cleanliness is the God's will and I am owed to God." (Reza, 48 Months being Clean). "In group

therapies, the issue of religion and God enters in many steps, which shows that the individual cannot do it alone, but s/he can with the help of God." (Bolandi, Health Network Expert).

LISREL software was used to test the model and evaluate the extracted indices. The model has been reported with standardized coefficients in chart (1) and has been presented in the case of significant coefficients in chart (2); the input variables are presented in Table 1.

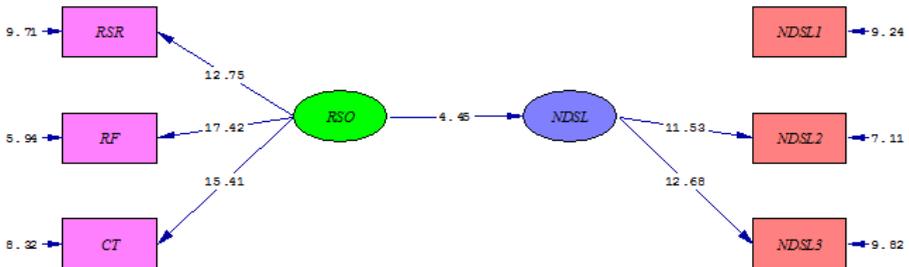
Table 1: Variables Entered in the Model

<i>Observed variables</i>	<i>Abbreviation</i>	<i>Variable</i>
Religious and Spiritual Orientation		
Religious Functions Clean Tool <i>NDSL1</i> , <i>NDSL2</i>	RSO	Religious and Spiritual Orientation
	NDSL	Drug Sustained Abandonment



Chi-Square=13.55, df=8, P-value=0.00000, RMSEA=0.076

Chart 1: The Impact Model of Religious and Spiritual Orientation on Sustained Drug Abandonment (Standard Mode)



Chi-Square=13.55, df=8, P-value=0.00000, RMSEA=0.076

Chart 2: The Impact Model of Religious and Spiritual Orientation on Sustained Drug Abandonment (Significant Mode)

The results of the structural equation modeling of the effect of religious and spiritual orientation on the sustained drug abandonment are presented in Table 2.

Table 2: Structural Equation Modeling of the Effect of Religious and Spiritual Orientation on Sustained Drug Abandonment

<i>Independent latent variables (or ζ variables)</i>	<i>Dependent latent variables (or η variables)</i>	<i>Standard coefficients</i>	<i>Sig.</i>
Religious and spiritual orientation	Sustained drug abandonment	0.57	4.45

Since the significance factor ($t = 4.45$) in the above model was not in the range of $(-1.96 - 1.96)$, it can be argued that religious and spiritual orientation has a significant effect on sustained drug abandonment. According to the effect size ($\beta = 0.57$), it can be claimed that religious and spiritual orientation had a direct and relatively strong effect on sustained drug abandonment. In other words, with an increase in religious and spiritual orientation the stability of other variables, the amount of sustained drug abandonment will also increase.

Table 3: Fit indices of Structural Equation Modeling

<i>Fit index</i>	<i>Abbreviation</i>	<i>Value</i>	<i>Desired limit</i>	<i>Interpretation</i>
Chi square ratio to degree of freedom	χ^2/df	1.693	<3	Desired
Goodness of fit index	GFI	0.96	>0.90	Desired
Adjusted goodness of fit index	AGFI	0.93	>0.90	Desired
Normed fit index	NFI	0.94	>0.90	Desired
Comparative fit index	CFI	0.92	>0.90	Desired
Root mean squared error	RMSEA	0.076	<0.08	Desired

As it can be observed, according to the fit indices, the data are well supported by the conceptual model; in other words, the research model enjoys a desired goodness of fit.

Discussion and Conclusion

The results of this study showed that religious and spiritual orientations have several functions in sustained drug abandonment. Spirituality enhances individuals' inner ability and helps them find their position in their lives when faced with extreme stress. In addition, spirituality equips them with some kind of mental relaxation, which is a prerequisite for moving away from addiction. Social support resulting from religion has a highly negative effect on psychological stresses and leads to positive functions in the human immune system. In addition, one's greater engagement in a supportive religious context, the development of this sense of religious support and the individual's reliance on the source of supportive relationships (i.e., God), belief in being loved by God, and receipt of spiritual support in this way all increase self-esteem and improve health and, thereby, addiction treatment gets accelerated and facilitated. This is so because the supportive force in the difficult process of drug abandonment is a highly powerful spiritual force that doubles one's capabilities

and potential to get rid of problematic issues, such as addiction. Spirituality increases the ability to adapt and resist problems, create meaningful lives, and receive more social support among the individuals under recovery (Wong & Yau, 2010). Accordingly, it leads to mobility and motivation for treatment of addicted patients. Moreover, the perception of the spiritual streams of life and the continuous presence of religious power in the patients' lives as well as the self-control resulting from this perception are powerful inhibitors to addiction relapse. Additionally, the development of patients' spiritual beliefs and faith in the process of addiction abandonment, along with the negation of the self-centeredness already formed in the course of drug use not only increases their tendency to superior forces (religious ones), but also leads to the alteration of their source of value confirmation. Therefore, patients no longer seek to confirm themselves through drug use and this prevents intentional physical and mental harm, such as drug use relapse in future. Religious/ therapeutic functions have also been mentioned in other studies conducted by Yousefi Afrashteh et al. (2015), Naghibi et al. (2015), Mohammadkhani et al. (2015), Sadeghian, & Sadeghian (2016), Kulhara et al. (2009), Yonker et al. (2012), and Moscati, & Mezuk (2014).

On the other hand, new findings of this study suggest that addicted patients need to adhere to some of the religious/ therapeutic principles and tenets that are largely related to religious rituals when they are in the process of addiction abandonment. In other words, participation in some ritual ceremonies and collective religious events need them to keep vigilant and nights and spend much energy and time in order to better organize these events. Therefore, such events not only make the person away from the course of sustained abandonment, but also provide the conditions for the use of narcotics. Therefore, limited participation in such events is a requirement for addiction treatment. The weak body and subtle spirit of these patients in the early stages of drug addiction abandonment make them unable to observe religious standards, such as fasting and saying multi-prayers; and patients' obsession with doing these acts may lead to psychological and mental disturbances and, ultimately, drug use. Therefore, although strong religious beliefs and spiritual orientations and, in general, the spiritual health are necessary to initiate the treatment and motivate this process, in practical and religious aspects, medical advisers and therapists' recommendations and prescriptions, as well as, the statements made by the patients under study are the treatment limitations that should be assigned more credit. Finally, group therapy based on religious principles is one of the tools that can lead to sustained drug abandonment. Treatment methods based on group therapy reconsider one's behavior in the past and restore it, assign value to the individual as a member of society, raise his/her beliefs and adherence to norms and ethical, religious, and spiritual beliefs, create some kind of comprehensive awareness of the addiction issue, provide religious and spiritual dimensions required for addiction abandonment, reduce his/her internal tensions, and

provide a platform for returning to society and linking with others. The teachings of the religious and spiritual principles and adherence to those spiritual forces that are necessary for the sustainability of the treatment are more readily performed in these groups because these teachings are presented in the patients' language by the individuals who have experienced both their pain and the abandonment process. In the quantitative section, the empirical assessment of the extracted model was done via structural equation analysis software and it was revealed that religious and spiritual orientation has a significant effect on the sustained drug abandonment. With regard to the standard effect coefficient of this variable, which equal 0.57, it can be argued that religious and spiritual orientation has a direct and relatively strong impact on sustained drug abandonment. In other words, with an increase in religious and spiritual orientation the stability of other variables, the amount of sustained drug abandonment will also increase. The fit indices of the model indicated that the data supported the conceptual model very well and, thereby the research model enjoyed a desired goodness of fit.

In general, a strong religious orientation often involves a sense of meaning in relation to life and values, a sense of holiness in life, a more balanced understanding of the value of materialistic items, a belief in the improvement of the world, hope for God's mercy in solving problems, and trusting God regarding the bad and good consequences of life. This is associated with the promotion of the individual's spiritual health and helps with the reduction of his/her mental and psychological problems and more effective coping. It causes the individual to be more capable of staying in the process of addiction abandonment and of preventing relapse into addiction. The spiritual well-being of people in a community is a prerequisite for the dynamism, prosperity, and success of that community and contributes to the sustained and desirable treatment of many problems, such as addiction. In this regard, the following suggestions are presented in the light of the current research findings:

1. The institutionalization of the topic of "religious psychotherapy" and the mental restoration of addicted drug addicts with an emphasis on promoting values of cleanliness as well as physical and mental health in religious sources and the teachings of divine religions

2. Development of interactive programs and media clips about the role of religion and spiritual beliefs in changing undesirable behaviors (such as addiction) with the centrality of popular groups and influential religious figures in therapeutic currents

3. Promotion of the awareness of citizens, especially addicted families, about the religious requirements, such as avoidance of ritualism and limiting ritual participation during the process of addiction abandonment; and expansion of patients' participation in group therapy sessions, such as narcotic anonymous (N.A.) groups.

Reference

- Golestani, F. (2008). Effectiveness of group therapy based on *stages of change in relapse prevention in male drug addicts in Kerman*, *Quarterly Journal of Research on Addiction*, 8 (2), 83-104.
- Keshavarz, M., Ghamrani, A., Bagherian, M., & Reza'ea, A. (2014). The predictive role of addicts' spiritual orientation and their families' psychological burden in the survival of addiction treatment, *Journal of Research in Behavioural Sciences*, 12(1), 144-153.
- Kulhara, P., Chakrabarti, S., Avasthi, A., Sharma, A., Sharma, S. (2009). Psycho educational intervention for caregivers of Indian patients with schizophrenia: A randomized-controlled trial. *Acta Psychiatr Scand.* 119(6):472-83.
- Mo'ayedfar, S., & Sattar, P. (2009). A meta-analysis of studies on social issues in Iran, *Journal of Applied Sociology*, 36, 135-150.
- Mogharab, M., Rezvani, M., & Mahmoudirad, G. (2004). Factors Affecting Addiction Relapse from the Perspective of Addicts Referring to Imam Reza Psychiatric Centers in Birjand, *Journal of Mazandaran University of Nursing and Midwifery Sciences*, 4 (6-7), 61-6.
- Mohammadkhani, S., Yeganeh, T., & Karimpour, K. (2015). The role of religious orientations and self-control in the prediction of drug addiction potential, *Journal of Health and Care*, 17 (3), 248-259.
- Moscato, A., Mezuk, B. (2014). Losing faith and finding religion: religiosity over the life course and substance use and abuse. *Drug and alcohol dependence*; 136:127-134.
- Nadimi, M. (2015). The role of religion and religious institutions in the prevention of substance abuse, *Quarterly Journal of Social Health and Addiction*, 2 (6), 63-90.
- Naghdi, A., Reza'ea, M., & Zandi, F. (2015). Investigating the Social Factors Affecting the Success of Addiction Withdrawal in Group (Case Study: NA Men in Nourabad City), *Quarterly Journal of Social Development*, 9 (3), 7-28.
- Naghbi, A., Ash'ari, S., Rostami, F. & Hosseini, H. (2015). The Relationship between Spiritual Health and Mental Health in Methadone Maintenance Treatment Patients (MMT), *Journal of Health Research in Community*, 1 (3), 61-69.
- Naseri, S., Mohammadi, F., & Douleh, M. (2013). Factors Affecting Addiction in Women, *Journal of Women and Culture*, 4 (16), 83-94.
- Partov, M. (2015). The role of religious orientation and socioeconomic status in the moral judgment evolution of adolescent students, *Journal of Applied Issues of Islamic Education*, 1 (1), 11-38.
- Rubington, E., & Weinberg, M. S. (2011). *The study of social problems: Seven perspectives*, translated by Rahmatollah Sedigh Sarvestani, Tehran: University of Tehran.
- Sadeghian, H., & Sadeghian, F. (2016). *The Effects of Religious Beliefs and Islamic Education on the Prevention of Addiction in Youth*, 5th National Conference on Psychology, Social Consultation, and Social Work, Islamic Azad University, Khomeyni Shahr, Isfahan.
- Shahsavari, Z., & Ahmadi, R. (2016). Investigating the relationship of religious coping and spiritual happiness with mental health in women, *Islamic Research Journal of Women and Family*, 4 (7), 55-72.
- Wills, T.A., Yaeger, A.M., Sandy, J.M. (2003). Buffering effect of religiosity for adolescent substance use. *Psychology of Addictive Behaviors*. 17(1): 24-31.

- Wong, K.F., Yau, S.Y. (2010). Nurses' experiences in spirituality and spiritual care in Hong Kong. *Appl Nurs Res*; 23(4): 242-4.
- Yong, H., Hamann, S., Borland, R., Fong, G., Awang Romar, M., et al. (2009) Adult smokers' perception of the role of religion and religious leadership on smoking and association with quitting: A comparison between Thai Buddhists and Malaysian Muslims. *Social Science & Medicine*; 69:1025-1031.
- Yonker, J.E., Schnabelrauch, C.A., DeHaan, L.G. (2012). The relationship between spirituality and religiosity on psychological outcomes in adolescents and emerging adults: A meta-analytic review. *Journal of adolescence*; 35(2):299-314.
- Yousefi Afrashteh, M., Amiri, M., Morovvati, Z., Baba-Amiri, M., & Cheraghi, A. (2015). Supporting Factors for the Sustained Drug Abandonment: A Qualitative Study, *Journal of Qualitative Research in Health Sciences*, 4 (3), 280-289.