

## Abstract

**Objective:** The aim of this research was to conduct a content analysis on addiction prevention educational packages related to Welfare Organization based on addiction prevention components. **Method:** A qualitative research method and content analysis based on Shannon entropy model were used for the conduct of this study. The statistical population of the study included all educational packages of addiction prevention belonging to Welfare Organization and the sample of the study consisted of Addiction Prevention Package, Life Skills (1), and Life Skills (2). **Results:** The results showed that self-awareness and empathy have received the highest attention and decision-making and problem-solving are ranked in the next places in the content of addiction prevention package. On the other hand, effective communication, creative and critical thinking, teaching about drugs, and coping with stress have received the minimum attention in the content of the package. In book of Life Skills (1), decision-making, problem-solving, effective communication, and teaching about drugs have been assigned the highest attention whereas coping with stress, emotions management, creative and critical thinking, self-awareness, and empathy have been given the lowest voice. In book of Life Skills (2), the highest attention has been paid to decision-making, problem-solving, self-awareness, empathy, and effective communication while the lowest attention has been given to creative and critical thinking, teaching about drugs, coping with stress, and emotions management. **Conclusion:** Given that some components of addiction prevention have not been given enough attention, their inclusion into educational packages will make an effective contribution to the improvement of knowledge in the target population.

**Keywords:** addiction prevention, primary prevention, content analysis, Welfare Organization

# Content Analysis of Educational Packages of Addiction Prevention Pertaining to Welfare Organization

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## Introduction

Addiction is one of the most critical problems of human societies, which not only causes problems in various aspects of physical health, but also brings about many social consequences to the consumer and his/her friends and relatives (Moal, & Koob, 2007; Mc Lellan, Chalk, & Bartlett, 2007). Therefore, the link between addiction and social issues is a two-way relationship. On the one hand, addiction brings the society into stagnation and decay; on the other hand, it is a phenomenon that is rooted in social, economic, cultural, and educational issues of society (Moboobi Manesh, 2003). In recent years, the world has been facing staggering statistics about the incidence of drug abuse prevalence at the community level at large and in the young and adolescent population in particular. Due to the long-standing concerns about the harmful pharmaceutical, social, legal, sanitary, and economic effects of drug abuse, the world is now witnessing a new urgency and need to further develop preventive strategies for fighting against drug addiction (Amari, Pasha Sharifi, Hashemian, & Mirzamani, 2011).

Over the years, it has been proven that the most effective and newest treatment methods of addiction will be accompanied by a high rate of relapse because the pathogenic environment undermines any progress that can be made in the treatment of addicts. In such an environment, drugs and substances are readily accessible, and there is a social network of friends that support substance abuse and cause its continuity. Hence, prevention provides a logical framework for psychosomatic and physical immunization. The basic premise of preventive strategies is that prevention of substance abuse is easier, less costly, and more effective than treatment (Younesi & Mohammadi, 2006). Because of the costs and the individual, social, and economic harms of substance abuse, it is necessary to use more cost-effective treatments and opt for early prevention. Based on research findings, medical, psychological, and social interventions are currently among the most important interventions for drug abuse disorders (Mc Kay, 2007). Nevertheless, in recent years, different approaches and techniques have been considered to treat substance abuse and prevent its relapse, one of the most important of which has been the effectiveness of life skills training in addiction prevention. Through life-skills training, one can make an important figure of him/herself in a group or community and meet the need for respect in addition to the establishment of healthy and friendly relationships with peers and other people (Herbert et al., 2005, Kopelowicz, Liberman, & Zarate, 2006). Over the course of fifty years since the development of the first prevention program, various strategies and programs have been introduced to prevent drug abuse (Botvin, Griffin, & Williams, 2001). One of the effective methods of addiction prevention is to inform various groups of people about the risks and harmfulness of drug use. If any person knows and believes in the adverse effects of drug use on his/her physical and mental health and occupational functioning, s/he may be less likely to do so. On the other hand, the main reason for addiction in some

people can be referred to as their inability to cope with the difficulties and problems of life. Unfamiliarity with appropriate coping methods brings fragility and leads one to take refuge in addiction. Thus, training some skills can lead to an increase in the strength of people's defense mechanism against their tendency to addiction. Rickson & Erwin (1999) argue that prevention and consciousness based on change in attitudes and the increase of knowledge and awareness of the community are very effective in the reduction of the harms and dangers of these drugs; in addition, the improvement of individuals' psychological capabilities can be very effective (Amini, Rostami, & Khodabandehlou, 2011).

Young people's unfamiliarity with basic skills in life is one of the factors effective in individuals' tendency to drug abuse (Botvin, Griffin, Diaz, & Fill-Williams, 2004). Therefore, the focus of prevention programs in recent years has been on skills training. Various studies have been done on the effects of psychological interventions, including those aimed at preventing and reducing the tendency toward drug use. To exemplify, one can refer to the study of the content analysis of school prevention programs in terms of consciousness-raising about the biological and behavioral consequences of drugs (Bruckner et al., 2014); the study of the effectiveness of school-based drug addiction prevention programs about general social and emotional skills (Ariza et al., 2013); the integration of life skills in drug prevention programs for the further improvement of attitudes, subjective norms, perceived behavioral control, and life skills (Huang et al., 2012); investigation of high school students' attitudes towards narcotics in order to provide information about narcotics (Tahiri, Gashi, Lsmajli, & Muja, 2012); presentation of various mindfulness-based educational programs to provide information about the harms caused by drug use (Younesi & Mohammadi, 2006; Cuijpers, 2002); trainings based on social influence model in order to resist against peer pressure and the non-normative nature of drug use (Dishion, Kavanagh, Schneiger, Nelson, & Kaufman, 2002); Change in Attitudes, self-assertiveness and Immunization (Ghorbani & Fatehizadeh, 2004; Carroll, 2000); Skills Training (Tarimian & Mehryar, 1989; Speath, Weichold, Rainer, & Wiensner, 2010); the integration of social influence model and enhanced ability (Yang, Liu, Zeng, Yi, Ji, & Zeng, 2008). Matsumoto, Chiba, Imamura, Kobayashi, & Wada (2011) also examined the possible impact of intervention using self-training books among drugs addicts and found that the use of workbook leads to an increase in addicts' awareness of the problems caused by drug dependence.

Several studies have shown that life skills training is effective in changing attitudes and increasing individuals' awareness about the side effects of substance abuse (Taremlian, Mahajooi, Khademi Ashkzari & Asadbeigi, 1999; Ghaderi Dehkordi, 2000; Farmani, Moazedian, Hosseini Al-Madani & Bahrami, 2011). Kakaia (2010) also concluded that social skills training leads to the reduced addictiveness and addiction potential in adolescents.

Different pieces of research suggest that life skills training is effective in problem-solving knowledge, self-awareness skills, self-monitoring, coping skills, and reality assessment skills (Turner, 2008), psychosocial competence, school motivation, and the reduction of alcohol consumption (Wenzel, 2009). In the same way, life skills training is essential for the development of decision-making skills, accountability, interpersonal skills, ethical behavior, and social skills (Astroth, 1996). Boyd (1991) showed that the individuals who had learned life skills outperformed their counterparts in terms of self-knowledge, teamwork, communication, and decision-making. Social decision-making skills are among the components of life skills; hence, the training of this skill contributes to the promotion of the mental health of substance abusers (Elias, & Kress, 1994). In addition, other studies have shown that life skills training and problem-solving skills lead to a reduction in attitudes toward drug use, alcohol consumption, and cigarette smoking (Botvin & Griffin, 2005; Zollinger, 2003; Connor, & Abram, 2001; Mott, & Haurin, 2006; Marilyn, 2005; Watson, Gordon, Stermac, Kalogerakos, Steckley, 2003).

In the Comprehensive Document on the Prevention of Addiction (2011), the programs and tasks of the organizations involved with the prevention of drug addiction have clearly been identified. One of the effective organizations in this regard is the Welfare Organization of the country. The Welfare Organization is considered as an empowering and contributing arm for addiction prevention and also for meeting the objectives of the Comprehensive Document on the Prevention of Addiction (2011). This organization seeks to prevent drug addiction through the planning and implementation of various educational programs. The Welfare Organization, as one of the main custodians of the program for the prevention of addiction, has taken measures to improve the practices of rehabilitation centers for addicts, and more importantly, has developed the first National Program for Prevention, Treatment and Rehabilitation of Substance Abuse, which can play a major role in this case. From among the initiatives of the Welfare Organization on prevention, one can refer to the design and implementation of community-based programs. In these programs, three main areas, namely urban and rural neighborhoods, educational centers, and working environments have been categorized as small communities. These plans are implemented with an emphasis on the promotion of health, control of risk factors, and strengthening of the protective factors through stakeholder participation in all the program steps.

The Welfare Organization makes the most of the content and packages available in these educational programs, the most important items of which include the educational package for the prevention of substance abuse, life skills (1), and life skills (2). Research conducted in the field of drug prevention has shown that educational interventions are effective in the prevention of substance use. However, there is a significant controversy over the effectiveness and value of different training and educational approaches. Hence, the identification and

evaluation of these approaches and their strengths and weaknesses can contribute to the assignment of higher attention to the selection of educational approaches as the center of prevention programs. In this way, it is desired to select the approaches and methods that are most effective. It is notable that the educational content and the learning of these educational programs are of significant importance and the effectiveness of the target population is largely influenced by them. In this regard, the content of many educational packages has not been studied; therefore, this research attempts to examine the intended packages through content analysis method. The content analysis of these packages indicates the shortcomings of the content in each of the programs. Therefore, with the revelation of these shortcomings, efforts will be made to eliminate them, to take more effective measures in order to prevent addiction, and to design and develop the training packages required in this field. According to the above-mentioned points, this research aims at answering the question that to what extent the content of the package and educational books has paid attention to the components of addiction prevention?

## **Method**

### **Population, sample, and sampling method**

The research method was descriptive and content analysis. The statistical population of this study includes the educational packages of the welfare organization that have been used to prevent addiction in educational courses and curricula. Three preventive educational packages of addiction, including the educational package for the prevention of substance abuse (for spouses), life skills training (1), and life skills training (2) were chosen via purposive sampling method. A holistic sampling method was considered and the sample analysis unit included the pages (sentence, question, activity, and image).

In scientific texts, there are many methods for analyzing the data obtained from the content analysis and the frequency of components is the basis of all these methods. These methods have their own particular mathematical problems that reduce the reliability of the results. One of the methods free of the problems in content analysis is Shannon Entropy Method, which is based on the theory of systems (Izadi, Salehi Omran, Fathi Vajargah, Abedini Beltork, 2010). Therefore, Shannon Entropy Method has been used in this study. According to this method, the content of prevention packages of the Welfare Organization has been classified based on six components and 45 indices. At first, the content was run based on the components and indices in the form of frequency and based on the data in the frequency table. To this end, the following steps were performed respectively.

In the first stage, the data of table frequencies matrix were obtained using formula (1).

$$P_{ij} = \frac{f_{ij}}{\sum_{i=1}^m f_{ij}} \quad (i=1, \dots, n; j=1, \dots, m) \quad (1)$$

In the second stage, the information load of each component was calculated using formula (2) and was placed in the corresponding columns.

$$E_j = -k \cdot \sum_{i=1}^m [P_{ij} \cdot \ln(P_{ij})] \quad (i=1, \dots, m) \quad k=1/\ln m \quad (2)$$

In the third stage, the coefficient of importance of each component was calculated using their information load and based on formula (3). Each component that has a higher information load contains a larger importance coefficient ( $w_j$ ).

$$w_j = \frac{E_j}{\sum_{j=1}^n E_j} \quad (3)$$

$p$  = Normalized data,  $F$  = frequency of component,  $i$  = the  $i$ th index,  $j$  = the  $j$ th index,  $n$  = the  $n$ th component,  $m$  = the  $m$ th component

In terms of the validity of components and indices of the content analysis, theoretical and empirical backgrounds, as well as the relevant and accessible sources, were used. These sources were also used to select the components and indices of the concept of addiction prevention. This method has been used in many studies, including Azadi (2011), Mohammadi et al. (2008), Yarmohammadi Vassel et al. (2010), Hemmati Alamdarloo & Shojaee (2005), and Amari et al. (2011). After the initial identification of components and indices, they were offered to six experts and officials affiliated with addiction prevention affairs for the investigation of the face validity content validity of them. Then, their corrective comments were applied and, finally, six components and 45 indices were selected. The six components include education on drugs (6 indices), self-awareness skills and empathy (9 indices), effective communication skills and interpersonal relationships (9 indices), coping skills with stress and emotions (6 indices), decision-making and problem-solving skills (9 indices), and critical thinking skills (6 indices).

In terms of the reliability, three assessors were asked to code a portion of the addiction prevention content in accordance with the previously defined components. In other words, the classification stability had been defined; therefore, the easiest way to determine the reliability of the coders and calculate the reliability coefficient is as follows (Delavar, 2004).

$$CR = \frac{\text{The agreed – upon components}}{\text{Total component}}$$

Since there is no rational criterion for judging the reliability coefficients in content analysis, scholars have accepted the cut-off value of 60 percent as the criterion (Izadi et al., 2010). The following steps were taken to calculate the reliability based on the formula.

At first, three parts of the Welfare Organization's addiction prevention packages were randomly selected and, then, three of the coders were asked to count the six components and 45 indices in each lesson. The rate of agreement for educational packages was obtained as follows.

Educational addiction prevention package: (supportive structures for preventing addiction and the related injuries), CR = 0.91; Life Skills book (1): (communication elements), CR = 0.88; Life Skills book (2): (how to control our anger), CR = 0.78.

## Results

In this study, training packages of welfare organization were analyzed quantitative based on six components: prevention of addiction (drug training, skills, self-awareness and empathy, effective communication skills and interpersonal communication skills to deal with stress and excitement, decision-making skills and problem solving, critical and creative thinking skills). To do this, the sum of frequencies in terms of each component in the training packages was prepared. Then, the table data based on the first stage of entropy method for data were normalized. Secondly, the amount of time the information was obtained table data and index data was calculated significance.

**Table 1: Frequency, sum of frequency, Load factor, Importance factor of information and analysis of sample components and indicators**

<i>Components</i>	<i>Index</i>	<i>Addiction prevention package</i>				<i>training Life Skills (1)</i>				<i>Life Skills (2)</i>			
		<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>	<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>	<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>
<b>and training about the drug</b>	1. referring to the effects of harmful substances	321				117				36			
	2. negative attitudes toward drug	13				8				2			
	3. reasons of tendency to substance use	92	619	0.594	0.161	0	25	0.334	0.215	2	47	0.342	0.157
	4. drug training	118				0				3			
	5. The phenomenon of addiction	19				0				3			
	6. stages of addiction	56				0				1			
<b>Self-awareness and empathy</b>	1. patience and tolerance	38				3				12			
	2. emotional support from friends	41				0	56	0.253	17	0	108	0.472	0.217
	3. awareness of their own emotional states when discomfort and sadness	7	161	0.592	0.25	0				10			
	4. Understand their own emotional states	2				2				40			
	5. sympathy from friends	9				5				46			

**Table 1: Frequency, sum of frequency, Load factor, Importance factor of information and analysis of sample components and indicators**

<i>Components</i>	<i>Index</i>	<i>Addiction package</i>				<i>prevention training</i>				<i>Life Skills (1)</i>				<i>Life Skills (2)</i>			
		<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>	<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>	<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>	<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>
Decision-making and Coping with stress and excitement Effective communication and interpersonal problem-solving	6. keep calm in critical condition	13				0				0							
	7. Knowing their own strengths and weaknesses	8				1				0							
	8. overcome difficult conditions	15				45				0							
	9. relying on their ability to solve difficult problems and new	28				0				0							
	1. comfortable about speaking in public	7				0	140	0.36	0.23	1	87	0.447	0.206				
	2. Easier to communicate with others and submit it	68				0				5							
	3. Participate in social activities	10		0.387	0.104	0				44							
	4. proactive in communicating with strangers	0				134				8							
	5. The importance of helping others	0	90			0				7							
	6. hard to interact with strangers-on	0				0				0							
	7. feeling embarrassed after the flawed objects and goods purchased	2				2				2							
	8. The importance of the issue that happens to others	2				4				0							
	9. Having normal behavior in the presence of new people	1				0				20							
	1. Strategies to overcome anger for no reason	5				1	0	0	0	4	66	0.382	0.176				
	2. Do not use tranquilizers during stress	10		0.672	0.17	0				14							
	3. No damage to objects and people in anger	38	104			0				7							
	4. overreact showing the small problems	1				0				41							
	5. overcome the pressure without getting angry	13				0				0							
	6. anxiety easily	37				0				0							
	1. Decisions on important matters	3				15				0							
	2. The support of friends in problem solving and decision-making and feedback	41	90	0.678	0.183	3	119	0.382	0.246	0	4	0.533	0.241				
	3. to consider the aspects and consequences before making any decision	21				64				1							



**Table 1: Frequency, sum of frequency, Load factor, Importance factor of information and analysis of sample components and indicators**

<i>Components</i>	<i>Index</i>	<i>Addiction prevention training Life Skills (1)</i>				<i>Life Skills (2)</i>			
		<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>	<i>Frequency</i>	<i>sum of frequency</i>	<i>Load factor</i>	<i>Importance factor</i>
<i>Creative and critical thinking</i>	4. Personal work in extreme conditions without seeking help from others	1				4			2
	5. Lack of negligence in decision-making	3				16			1
	6. Review and compare different points of view when making decisions	9				4			0
	7. determination to get things done	1				1			0
	8. individual decisions rather than others	0				0			0
	9. Failure to feel helpless in dealing with problems	11				12			0
	1. The ability to test and compare new ways of doing things	1				1	0	0	0
	2. applying their ideas and ways of doing things	0	17	0.45	0.122	0			0
	3. pleasure of thinking about complex issues	0				0			1
	4. The ability to change, to improve often works	5				0			2
	5. Check with reasonable means available methods work	10				0		s	22
	6. Enjoy the work layout that allows people to try new ways of doing things	1				0			1
	<b>Total</b>	108				342			338

As it can be seen in the table, the highest coefficient of importance to arrange the elements of self-awareness and empathy, decision-making and problem solving, effective communication and interpersonal, and learning about drugs and lowest, respectively, related to components of coping with stress and excitement and creative thinking is critical. Most packages abuse prevention training and life-skills books (1) and life skills (2), respectively, according to most components have addiction prevention. In relation to drug training, self-awareness and empathy and coping with stress and excitement of the most and least amount of attention and frequency of the training package abuse prevention and life skills book (1).

In connection with the components of effective communication and interpersonal and decision-making and problem-solving highest and lowest amount of attention and frequency of in the book of life skills (1) and life skills

(2).As well as creative and critical thinking in relation to most and least according to the order book of life skills (2) and life skills (1).Overall, the findings of the analysis show that the amount due to each of the components abuse prevention training in the training packages welfare organization is different, in general, it can be concluded that the content of training packages welfare organization to some components of the prevention of addiction is less or not at all have been focused.

### **Discussion and Conclusion**

In the content analysis of the educational packages of the Welfare Organization, the frequency of 1761 cases was observed from among the total of 353 pages on the concepts of addiction prevention education. These cases have been distributed in six general concepts, namely education on drugs, self-awareness skills and empathy, effective communication skills and interpersonal relationships, coping skills with stress and emotions, decision-making and problem-solving skills, and critical thinking skills.

The findings of this study are in some parts consistent with the results of the research conducted by Ariza (2013), Huang (2012), Turner (2008), Boyd (1991), where it has been found that life skills training leads to the improvement of the skills of self-awareness and empathy, which can be effective in preventive behaviors of substance abuse. On the other hand, the current research findings are inconsistent with those of the studies carried out by Kopelowice et al. (2006), Herbert et al. (2005), Dishion et al. 2002), Astroth (1996), Boyd (1991), Samari & Lali Faz (2005), who concluded in their research that life-skills training improves communication skills and social acceptance and this can be effective in predictive behaviors of substance abuse.

The component of coping with stress and emotions is an effective constituent in education and prevention. The availability of stress in the living environment is inevitable and it is also necessary for mental development. However, what may lead to the incidence of the illness is the inability to cope with severe degrees of stress that appear as physiological and psychological responses (Azadi, 2010). This kind of approach in response to stress makes people vulnerable to addiction and leads them to turn to drug addiction. Based on empirical bases, this part of the research results is inconsistent with the results of research reported by Tate et al. (2008), Mofat (1998) where it has been revealed that life tensions, the maintenance of relaxation and calmness, and self-efficacy are believed to be the predictors of the reuse of drugs. Based on the content of the book of Life Skills (1), this part has been neglected.

Based on theoretical foundations, if one becomes aware of the dangers of drug abuse, s/he changes his/her attitudes towards it, and ultimately changes his/her behavior and avoids it (Mohammadi, 2010). Therefore, teaching about substances is one of the most effective components of prevention. However, according to the results obtained in the content of Life Skills (2), the component

of education about substances has received the least attention after creative and critical thinking. This finding is inconsistent with the research findings obtained by Bruckner et al. (2014), Tahiri (2012), Matsumoto (2011), Cuijpers (2002), Farmani et al. (2011), Taremian et al. (1999), Ghaderi Dehkordi (2000), Younesi & Mohammadi (2006) who found that what is happening in high schools on addiction prevention is a statement of the consequences of drug use and education on it. The teaching of problem-solving and decision-making skills is effective in reducing positive attitudes toward drugs. Based on experimental results, this part of the research results is consistent with the research findings reported by Turner (2008), Watson et al. (2006), Mott, & Haurin (2006), Botvin (2005), Marilyn (2005), Zollinger (2003), Botvin (2002), Conner & Abraham (2001), Astroth (1996), Elias & Kress (1994), Boyd (1991), Bahrami et al. (2012). These studies have shown that the component of decision-making and problem-solving skill is one of the effective components of prevention and, thereby, its learning and education help people choose the best possible solution and alternative in coping with problems and difficulties.

Overall, the results of this study indicate that some of the components of the addiction prevention training have either been neglected or not considered at all; thus, it is recommended to consider these components, and include them in educational packages in order to contribute to their effectiveness and improve their training. It is recommended that the researchers who are interested in the prevention of drug addiction identify each component of the drug prevention education as a separate and independent research.

Since experts and officials of the Welfare Organization are the main and influential factors in the educational process, it is suggested that further research be conducted on the necessity of familiarizing them with the methods and foundations of the addiction prevention education. In the same way, the proportions of the distribution of the components related to addiction prevention should be observed in different parts of the text and in the questions of the educational package of addiction prevention. In addition, images and photos, especially new and more attractive images should be used. Due to the fact that the present study has focused only on informal education in the area of addiction prevention, the generalization of these results to other education programs is not readily possible. Hence, it is recommended that similar research be carried out on educational packages in other organizations, such as the Ministry of Education, the Ministry of Health and Medical Education.

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