

# Self-Perception of Drug Abusers and Addicts and Investigators' Perception of Etiological Factors of Psychoactive Drug Addiction

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## ABSTRACT

*The aim of this study was to compare investigators' perception of three most important etiological factors for drug addiction and drug abuse with the self-perception of heroin addicts and drug abusers who used cannabis products and/or ecstasy. The study included 207 heroin addicts (mean age, 26.7 ± 5.8 years) and 238 drug abusers (mean age, 19.3 ± 1.9 years). Each study participant selected the three most important etiological factors for drug addiction or drug abuse from the list in the Pompidou questionnaire according to his or her perception. An investigator also selected the three most important etiological factors for drug addiction or abuse according to his or her perception for each study participant. The self-selected factors were compared with those selected by the investigators. Heroin addicts most often selected hedonism as the first (n=97 [46.9%]) and the second (n=87 [42.0%]) most important factor for starting using drugs, whereas family reasons were most often selected as the third most important factor (n=58 [28.0%]). Cannabis and ecstasy abusers most frequently selected hedonism as the first (n=149 [62.6%]), second (n=128 [53.8%]), and third (n=76 [31.9%]) most important factor for starting using drugs. According to investigators' perception, family reasons were the first most important etiologic factor in both heroin addicts (n=93 [44.9%]) and drug abusers (n=144 [60.5%]). Psychological reasons were significantly more often selected as the first most important factor for heroin addiction than for cannabis or ecstasy abuse by both participants and investigators (P<0.001 for both). Also, according to investigators' perception, the lack of knowledge was significantly more frequent as the second most important factor in heroin addicts than in cannabis or ecstasy abusers (55 [26.6%] vs 19 [8.0%], respectively; P<0.001). Drug addicts and drug abusers considered hedonism the most important reason for starting drug use, whereas investigators considered family reasons to be the primary reason. Both factors seemed to play the crucial role in the development of both drug addiction and drug abuse.*

**Key words:** addiction; addicts; etiology; psychoactive substances

## Introduction

Drug addiction is defined as a behavioral problem associated with abuse of psychoactive substances, which have damaging effects on the body and/or cause subjective problems<sup>1</sup>. Drug addiction is a spreading problem in many countries, with an increasing trend especially from the 1960's onwards<sup>2-4</sup>. The number of addicts in Croatia has almost tripled within the last decade of the 20th century, increasing from 1/1000 population in 1991 to 2.7/1000 in 1999<sup>5</sup>. In 2002, the number of addicts per 1000 population was 3.7<sup>6</sup>. According to the Croatian Institute of Public Health, of 6668 persons treated for addiction in

2005, 1770 were newly discovered addicts and 44% of them were addicted to opiates<sup>7</sup>. From 1976 to 2005, there were 19.276 addicts treated in Croatia<sup>7</sup>. Taking into account non-registered addicts and their mortality rates, addiction rate in Croatia in 2005 was approximately 4.3/1000 population<sup>7</sup>.

Etiological factors that lead to drug addiction may be grouped into three main categories: individual, family, and social factors<sup>8,9</sup>. Individual risk factors include problems in the development of identity and finding a social

role outside the family, curiosity, and wish to escape the reality usually perceived as too restrictive<sup>9,10</sup>. Depressive, neurotic, aggressive, sadomasochistic, sociopathic, and emotional and psychosexually immature personality characteristics are also considered important risk factors for drug abuse. Biological aspects, which vary from person to person, explain physical addiction and tolerance to drugs as a consequence of brain adjustment to exogenous opiates.

Research into psychosocial basis of addiction confirmed the importance of the family as an etiologic factor in drug abuse<sup>10–12</sup>. Family problems (e.g. financially difficult situation) and dysfunctional family relations are also considered important risk factors<sup>13,14</sup>. Parents and close family members are the primary role models for the child and they pass on the child their behavior, communication patterns, attitudes, and system of values toward others and oneself<sup>9,10</sup>. Poor quality of family life in preadolescent age is the main risk factor for drug use<sup>15</sup>, and addiction is often considered a sign of dysfunctional family<sup>9</sup>. According to the National Institute of Drug Abuse (NIDA), the lack of consistent family supervision and care is one of the most important etiological factors of addiction<sup>16</sup>. Research has shown that strong emotional ties between the child and parents have a protective function from drug abuse<sup>16</sup>. Parental drug abuse and child abuse are also risk factors for drug abuse in adolescence<sup>17</sup>.

Among social factors, bad influence of the street or friends as well as the feeling of boredom and emptiness have been reported as the most frequent reasons for young people to reach for drugs<sup>18,19</sup>. Overall socioeconomic situation in a country may also contribute to drug abuse, especially in developing countries, such as Columbia, Burma, and Bolivia, where drug production represents an important source of income for the population. High unemployment rate among youth, lack of structure and leisure-time activities, and shorter working hours may also contribute to the development of addiction. In short, due to its obviously complex etiological background, addiction should be investigated from an interdisciplinary point of view<sup>20–21</sup>.

We performed a thorough literature search but could not identify a study that compared self-perception of drug addicts and abusers with investigators' (objective) perception of etiological factors leading to drug addiction and abuse. The goal of this paper was to compare investigators' perception of three most important etiological factors for drug addiction and drug abuse with the self-perception of heroin addicts and drug abusers who used cannabis products and/or ecstasy.

## Participants and Methods

### Participants

The study included 445 individuals aged between 15 and 47 years (mean age,  $22.7 \pm 5.6$  years) who entered an addiction treatment program either for drug addiction or drug abuse between January 1, 1998 and December 31,

2002. Men to women ratio was 7 to 1 (391 or 88% were men). Participants were divided into two groups.

The group of drug addicts included 207 persons aged between 17 and 47 years (mean age,  $26.7 \pm 5.8$  years) who voluntarily came for outpatient treatment of heroin addiction. There were 177 (85.5%) men and 30 women (14.5%) in this group. The mean duration of heroin addiction was  $8.9 \pm 6.2$  years (range, 2–21 years). Almost two-thirds of heroin addicts were aged between 22 and 29 years.

The group of drug abusers included 238 persons (214 men and 24 women) in the outpatient treatment program who experimented with or used cannabis products and ecstasy. As many as 229 (97%) of them were referred to outpatient treatment for psychoactive drugs abuse by a county district attorney's office in accordance with Croatian laws<sup>22,23</sup>. Their mean age was  $19.3 \pm 1.9$  years (98.7% were aged between 15 and 24). Over 98.3% of drug abusers used cannabis and 68% used ecstasy.

The three investigators were medical doctors with 3–8 years of experience in addiction treatment (6.3 years on average). The male physician evaluated 162 participants, one female physician evaluated 162, and the other female physician evaluated 121 participants.

### Instruments

We used a standardized Pompidou questionnaire<sup>24</sup>. It is a form recommended by the Council of Europe Pompidou Group for keeping records on addicts with the International Classification of Diseases – 10th Revision (ICD10) diagnosis code of F11-F19<sup>25</sup>. The questionnaire consists of 55 questions (+ 4 questions referring to identification data and site/institution of treatment). Participants responded to all questions, but only answers to the questions No. 5–20 were analyzed for the purpose of this study because they contained basic data on the treatment, socio-demographic characteristics, type of drugs used, reasons for starting experimenting with drugs (participant's opinion; question No. 45), and major etiologic factor for addiction (investigators' opinion; question No. 46). The questions No. 45 and 46 were multichoice questions where the respondent had to select, in decreasing order of importance, three out of 10 most important etiologic factors.

Participants were either filling out the questionnaire themselves under the supervision of investigators or they responded to the questions read by the investigators who filled out the questionnaire for them. Before entering the study, all participants were informed about the purpose of the survey and the method. Through an informative conversation, the investigators tried to motivate the participants to provide as accurate and reliable answers as possible. The participants could choose one or more answers from those offered in the list or provide their own answer, which was then entered into a designated space.

## Method

Since the questionnaire was standardized, there were no additional questions. The first etiological factor was the factor that the investigator or participant considered the most important for starting psychoactive drug abuse, with the second and the third factor following the decreasing order of importance. The participants could choose the three most important reasons for drug abuse from the following list: (a) the wish for self-assertion (to show off); (b) peer or partner influence; (c) family problems; (d) school problems; (e) psychological reasons (depression, neurosis, or adolescent insecurity); (f) boredom; (g) fun; (h) curiosity; (i) lack of knowledge about possible detrimental consequences; and (j) no answer or does not know. The participants could choose the same factor as the first, second, or third reason for starting drug abuse.

The investigators also selected three most important reasons for drug abuse in decreasing order of importance for each participant. They were not filling the questionnaires in the presence of participants. The list of etiological factors that the investigators could choose from included (a) family pathology (family break-up, alcoholism, and so on); (b) inadequate upbringing in a »normal family« (unresolved separation crisis, communication disorders); (c) influence of microsocial environment (peers, partner) not mitigated by the family; (d) stress (tragic events, serious failures in life, serious illness); (e) verified PTSD; (f) primary psychological disorders, depression, or personality disorder (biological or psychological predisposition); (g) hedonism as a life philosophy; (h) lack of knowledge or overestimating self-control; and (i) no answer or does not know.

For the need of data analysis, factors were grouped as follows: (a) family-related (family pathology; disrupted family; alcoholism; inadequate upbringing in a »normal family«; unresolved separation crisis; or communication disorders), (b) social (social relationships, peer or partner influence, problems in school, or influence of microsocial environment not regulated by the family), (c) psychological (wish for self-assertion, depression, neurosis, adolescent insecurity, verified PTSD, personality disorder, tragic events, failures in life, or serious illness), (d) hedonism (boredom, fun, or curiosity), (e) lack of knowledge (lack of knowledge about possible detrimental consequences or miscalculated his/her self-control), and (e) lack of knowledge or no answer.

## Statistical analysis

Data were presented as frequencies and percentages and analyzed with Pearson's  $\chi^2$  test. Statistical analysis was performed with statistical software SPSS v. 11 (SPSS Inc., Chicago, IL, USA), with significance level set at  $P < 0.05$ .

## Results

### Participants' self-perception of reasons for psychoactive drug abuse

*The first most important factor.* The largest number of participants in both groups chose hedonism as the first most important reason for starting psychoactive drugs abuse (Table 1). Psychological and social reasons were the second and third most frequently selected factors, respectively, in the group of heroin addicts, whereas their order of frequency was reverse in the group of drug abusers. Significantly more heroin addicts than drug abusers chose psychological reasons as the first most important factor to start using drugs ( $P < 0.001$ ; Table 1). Family reasons were selected by 13% of heroin addicts and 9% of drug abusers, thus being the fourth factor in the order of frequency, whereas lack of knowledge was the least frequent in both groups.

*The second most important factor.* Hedonism was most frequently selected as the second most important reason for drug abuse in both heroin addicts and drug abusers (Table 1). In the group of heroin addicts, social and psychological reasons were in the second and third place in

**TABLE 1**  
ETIOLOGIC FACTORS FOR PSYCHOACTIVE DRUG USE IN ORDER OF IMPORTANCE: SELF-PERCEPTION OF HEROIN ADDICTS AND DRUG ABUSERS

Etiologic factors in the order of importance	No. (%) of participants		P*
	addicts	abusers	
First			<0.001
family	26 (12.6)	22 (9.2)	
social	25 (12.1)	38 (16.0)	
psychological	50 (24.2)	19 (8.0)	
hedonism	97 (46.9)	149 (62.6)	
lack of knowledge	3 (1.5)	1 (0.4)	
no answer or does not know	6 (2.9)	9 (3.8)	
Second			0.081
family	28 (13.5)	17 (7.1)	
social	46 (22.2)	38 (16.0)	
psychological	21 (10.1)	28 (11.8)	
hedonism	87 (42.0)	128 (53.8)	
lack of knowledge	13 (6.3)	11 (4.6)	
no answer or does not know	12 (5.8)	16 (6.7)	
Third			0.022
family	58 (28.0)	49 (20.6)	
social	22 (10.6)	32 (13.5)	
psychological	14 (6.8)	25 (10.5)	
hedonism	48 (23.2)	76 (31.9)	
lack of knowledge	21 (10.1)	23 (9.7)	
no answer or does not know	44 (21.3)	33 (13.9)	
Total	207 (100.0)	238 (100.0)	

\* $\chi^2$  test.

order of frequency, respectively. In the group of drug abusers, psychological reasons were the second, and social reasons the third most frequently selected factors. Family reasons were in the fourth place in both groups. There were no significant differences between heroin addicts and drug abusers in their selection of the second most important reason to start using drugs ( $P=0.081$ ; Table 1).

*The third most important factor.* As the third most important factor to start using drugs, family reasons were the first and hedonism was the second most frequent choice in the group of heroin addicts, whereas in the group of drug abusers, the situation was reversed: hedonism was the most frequently chosen factor, whereas family problems were the second most frequently selected factor (Table 1). Social reasons were in the third place in the order of frequency in both groups (Table 1). Significantly more drug abusers than heroin addicts selected hedonism as the third most important etiologic factor ( $P=0.022$ ; Table 1).

According to the self-perception of both groups of participants, hedonism was the most important first, second, and third reason to start using psychoactive drugs. Psychological and social factors were also important in

the beginning of drug abuse, but not as much as hedonism. Family reasons were frequently chosen only as the third most important factor. Lack of knowledge about detrimental effects of psychoactive drugs in both groups was often selected only as the third most important factor.

#### *Investigators' perception of etiologic factors for starting psychoactive drug use*

*The first most important factor.* According to the investigators' perception, family reasons were the most frequently selected as the first most important etiologic factor to start using drugs in both groups -Table 2, whereas hedonism was the second most frequently selected factor. Psychological reasons and social factors were in the third place in order of frequency for heroin addicts and drug abusers, respectively. Psychological reasons were more frequently selected for heroin abusers, whereas social factors were more frequently selected for drug abusers ( $P<0.001$ ; Table 2). In comparison with self-perception, lack of knowledge was slightly more frequent as the first most important factor according to investigators' perception (3 vs 14, respectively).

According to the investigators' perception, there was a significant difference between heroin addicts and drug abusers in the primary etiological factor for using drugs ( $P<0.001$ ; Table 2).

*The second important etiologic factor.* In the group of addicts, the first three factors selected as the second most important reasons for starting drug abuse, in decreasing order of frequency, were lack of knowledge, family reasons, and social reasons (Table 2). In the group of drug abusers, the reasons selected as the second most important factors, in decreasing order of frequency, were family reasons, hedonism, and lack of knowledge (Table 2). Lack of knowledge and psychological factors were selected as the second most important factor significantly more often for heroin addicts than for drug abusers ( $P<0.001$ , Table 2).

*The third important etiologic factor.* Social reasons were most frequently selected by the investigators as the third etiologic factor in both groups, although significantly more often for heroin addicts than for drug abusers ( $P<0.001$ ; Table 2). The second most frequently selected factor was lack of knowledge and the third one was the family factor for both heroin addicts and drug abusers – Table 2.

#### *Comparison of participants' self-perception and investigators' perception of etiologic factors for drug abuse*

Participants self-perception of the first three reasons for starting psychoactive drug abuse differed from the investigators' perception. Investigators selected family reasons as the first most important factor more often than heroin addicts did, whereas heroin addicts selected hedonism -Tables 1 and 2.

Drug abusers listed hedonism as the first most important factor more frequently than investigators did, whereas investigators selected family reasons as the first most important factor more often than drug abusers did.

TABLE 2

ETIOLOGIC FACTORS FOR PSYCHOACTIVE DRUG ABUSE IN THE ORDER OF IMPORTANCE: INVESTIGATORS' PERCEPTION

Etiologic factors in the order of importance	No. (%) of participants		P*
	addicts	abusers	
First			<0.001
family	93 (44.9)	144 (60.5)	
social	19 (9.2)	38 (16.0)	
psychological	38 (18.4)	15 (6.3)	
hedonism	43 (20.8)	33 (13.9)	
lack of knowledge	14 (6.8)	6 (2.5)	
no answer or does not know	0 (0)	2 (0.8)	
Second			<0.001
family	53 (25.6)	100 (42.0)	
social	41 (19.8)	46 (19.3)	
psychological	24 (11.6)	14 (5.9)	
hedonism	34 (16.4)	57 (24.0)	
lack of knowledge	55 (26.6)	19 (8.0)	
no answer or does not know	0 (0)	2 (0.8)	
Third			0.011
family	27 (13.0)	41 (17.2)	
social	96 (46.4)	74 (31.1)	
psychological	15 (7.3)	16 (6.8)	
hedonism	19 (9.2)	40 (16.8)	
lack of knowledge	46 (2.2)	57 (24.0)	
no answer or does not know	4 (1.9)	10 (4.2)	
Total	207 (100.0)	238 (100.0)	

\* $\chi^2$  test

Heroin addicts chose hedonism as the second most important factor more often than investigators did, whereas investigators selected lack of knowledge more often than heroin addicts did ( $P < 0.001$ ). For drug abusers, investigators thought that the second most important factor were family reasons, whereas drug abusers selected hedonism.

As the third most important etiologic factor in heroin addicts, investigators selected social factors, lack of knowledge, and family reasons more often than heroin addicts did, whereas heroin addicts selected family reasons and hedonism more often than investigators did Tables 1 and 2. For drug abusers, investigators selected a social factor as the third most important reason more frequently than drug abusers did, whereas drug abusers selected hedonism. As the third most important factor, lack of knowledge was the second most frequently selected reason by investigators, who selected it more often than drug abusers, did Tables 1 and 2.

## Discussion

Our results showed that, according to the self-perception of heroin addicts, the first and second etiologic factor for starting psychoactive drug use was hedonism, whereas family reasons were the third most important factor. According to investigators' perception, family reasons were the first most important etiologic factor, lack of knowledge was the second, and social reasons were the third etiologic factor for starting drug abuse in heroin addicts. According to self-perception of drug abusers, hedonism was the first, second, and third most important factor; according to investigators' perception, family reasons were the first and second most important factor in drug abusers, whereas social reasons were the third.

Investigators perceived family reasons as the most important factor for starting drug abuse in both heroin addicts and drug abusers, whereas heroin addicts and drug abusers though it was hedonism. Investigators also thought that lack of knowledge was the second most important reason in heroin addicts to start using drugs.

Heroin addicts in our study were significantly older than drug abusers. The average age of drug addicts in Croatia in 2005 was 27.4 years<sup>7</sup>, which corresponds with the average age of heroin addicts in our study as well as study reported by Haasen et al.<sup>26</sup>. In our study, men prevailed in both groups, which is in accordance with previous research conducted in Croatia, which found drug abuse to be more frequent among men than among women<sup>27,28</sup>. The study by Haasen et al.<sup>26</sup> also produced similar findings.

Obvious disproportion in the perception of etiologic factors between the participants and investigators in our study could be a result of addicts' inability to assess critically their family relationships. If we accept investigators' perception as »objective«, then it is obvious that family plays the most important role as an etiologic factor for starting drug abuse. These results are in line with previous findings<sup>11,12,26,29,30</sup>. Quality of family relation-

ships is an extremely influential factor<sup>27,28</sup>. Reduced parental presence, poor relationship with one of the parents, poor relationship between the parents, and either lenient or very strict parents were all found to be risk factors for drug abuse<sup>15,27,28</sup>. Ivandić's<sup>13</sup> findings also confirmed the importance of family in the development of drug addiction. Also, parental authoritarian as well as permissive behavior may be risk factors for child's drug abuse<sup>30</sup>. According to Sakoman<sup>31</sup>, too liberal, too protective, and broken-up families do not provide a healthy environment for a child to grow up. Similar results were obtained by German investigators analyzing a group of addicts of Turkish origin<sup>26</sup>. The highest number of children experimenting with drugs can be found in families in which family members frequently fight<sup>32</sup>.

Investigators in our study often perceived psychological factors as the first or second most important factor leading to drug abuse in the group of heroin addicts. This finding is concordant with the data of Croatian Institute of Public Health, which show that many treated addicts (opiate as well as non-opiate drug addicts) are also diagnosed with specific personality disorder (ICD-10 diagnosis F60). Mental disorders and alcohol-induced behavioral disorders are the second most frequent diagnoses in treated drug addicts, whereas depression is the third<sup>7</sup>. Difficult childhood, pronounced timidity, nighttime bed-wetting, and nighttime fears in childhood have also been associated with later experimenting with drugs<sup>32</sup>. Research has shown that in drug addicts' families of origin, psychiatric diseases, suicides, and attempted suicides are more often present than in other families<sup>13,30</sup>.

The most important etiologic factor according to the self-perception of our participants was hedonism. More and more authors indicate hedonism as the main life philosophy in increasing number of drug users<sup>30</sup>. The value system where hedonism, egoism, and self-preoccupation are the most important is a risk factor for drug abuse and addiction, as well as positive attitude toward drugs, misconception about drugs, and poor awareness of the negative consequences of drug use<sup>27,28</sup>. Ljubotina et al.<sup>28</sup> found that 39% of adolescents in the city of Zagreb took cannabis products at least once in their life, whereas 9% of them took ecstasy. In their study, risk factors included delinquency, learning difficulties, tendency to hedonism, and poor family cohesion. Authors concluded that many adolescents had tried drugs, but only a few developed addiction. Similar study was conducted in Croatia by Malatestinić et al.<sup>33</sup>, who found that over one-third of adolescents in Primorje-Gorski Kotar County had previous or current experience with cannabis, whereas a small number had experience with opiates. They found negative peer influence and lack of activities in leisure time to be the strongest predictors of drug abuse and addiction<sup>33</sup>.

Peer influence during adolescence is especially strong<sup>34</sup>. When combined with other factors, it may lead to drug abuse<sup>31</sup>. In the study by Grubišić et al.<sup>35</sup>, adolescents reported they consumed drugs because their friends did, for relaxation, fun, and pleasure. Other studies found that the most frequent reasons to start using drugs, as

reported by addicts, were curiosity and peer pressure, whereas the expected drug effects and solidarity with friends were the most important reasons to continue using drugs<sup>9,31</sup>. Occasional use of drugs does not necessarily lead to addiction. Often, young people who occasionally use drugs stop using them even without any expert help<sup>6</sup>.

In recent years, research into causes and risk factors of addiction in Croatia has intensified. Glavak et al<sup>36</sup> analyzed family influence, marital status of parents, socioeconomic status, and subjective perception of family relationships as possible risk factors for development of addiction. According to their results and results of similar studies<sup>5,13</sup>, addicts come from incompetent families and families with a higher socioeconomic status more often than individuals who do not have addiction problems<sup>13</sup>. According to these authors, a rejecting and emotionally cold mother is the most important etiologic factor for development of addiction. Grella et al<sup>12</sup>, on the other hand, found that addiction problems were more frequent in families of lower economic status.

Lack of knowledge in addicts in our study holds a seemingly surprising second place; it is obviously more frequent than what is generally thought<sup>31</sup>.

There are several limitations to our study. Participants' self-perception and investigators' perception of possible etiologic factors for drug abuse are both based on subjective assessment and therefore open to bias. Fur-

thermore, each participant was assessed by only one investigator while the level of inter-rater consistency in their assessment of etiologic factors had not been established. Therefore, we have to take into account possible differences between the investigators in their perception of etiologic factors when interpreting our results. Nevertheless, our sample was quite large and results we obtained were in accordance with previous research, which speaks in favor of their reliability.

In conclusion, we showed differences between investigators and drug addicts and abusers in their perception of etiologic factors of drug abuse and addiction. Our results have confirmed that addiction is a multicausal problem<sup>10</sup>. As family and hedonism have been shown as the two most important risk factors for drug addiction and abuse, preventive actions should be directed at empowering the family and organizing counseling on drug abuse for children and parents. According to professional opinion, knowledge about possible negative consequences of psychoactive drug abuse is the most important preventive factor. Introducing educational topics and programs through education of educators and teaching material in schools, as well as including mandatory undergraduate and graduate courses on addiction prevention, will increase the level of knowledge and sensitivity of society to the problem of drug addiction and abuse.

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## ETIOLOŠKI ČIMBENICI OVISNOSTI I UPORABE PSIHOAKTIVNIH DROGA TEMELJEM SAMOPROCJENE ISPITANIKA I PREMA PROCJENI PROCJENJIVAČA

### SAŽETAK

Cilj je bio ispitati i usporediti tri najvažnija etiološka čimbenika ovisnosti i uporabe (konzumacije) psihoaktivnih droga temeljem samoprocjene ispitanika i prema procjeni procjenjivača. U istraživanju je sudjelovalo 207 heroinskih ovisnika (prosječna životna dob  $26,7 \pm 5,8$  godina) i 238 povremenih konzumenata droga (prosječna životna dob  $19,3 \pm 1,9$  godine). U skupini konzumenata bili su konzumenti derivata kanabisa (234; 98,32%) i Ecstasy-a (4; 1,68%). Svaki od ispitanika odabrao je tri najvažnija etiološka čimbenika prema dijelu standardiziranog i prihvaćenog Pompidou upitnika. Čimbenici su grupirani u skupine: obiteljski, socijalni, psihički, hedonizam i neznanje. Prvi etiološki čimbenik definiran je kao onaj koji je po procjeni istraživača i/ili sudionika bio najvažniji za početak zlorabe psihoaktivne tvari, drugi je manje važan, a treći je najmanje važan u slijedu od tri bitna čimbenika. Ispitivači su u razgovoru s ispitanicima, odredili redosljed čimbenika. Zatim su uspoređeni odgovori ovisnika, konzumenata i ispitivača. Heroinski ovisnici su najčešće odabrali hedonizam kao prvi (n=97; 46,9%) i drugi (n=87; 42,0%) etiološki čimbenik svoje ovisnosti, a kao treći čimbenik su odabrali obiteljske razloge. Konzumenti marihuane i ecstasy-a kao najčešći i najvažniji etiološki čimbenik su odabrali hedonizam na prvom (n=149; 62,6%), drugom (n=128; 53,8%) i trećem (n=76; 31,9%) mjestu. Po procjeni ispitivača obiteljski razlozi su prvi etiološki čimbenik kod heroinskih ovisnika (n=93; 44,9%) i konzumenata (n=144; 60,5%). Prema procjeni ispitivača i prema mišljenju ispitanika psihološki razlozi su češći etiološki čimbenik kod ovisnika nego kod konzumenata, razlika je statistički značajna ( $P < 0,001$ ). Također, sukladno procjeni ispitivača nedostatak znanja o učincima sredstava ovisnosti je značajniji etiološki čimbenik kod heroinskih ovisnika nego kod konzumenata marihuane i ecstasy-a [55 (26,6%):19(8,0%);  $P > 0,001$ ]. Heroinski ovisnici i konzumenti marihuane i ecstasy-a kao najvažniji etiološki čimbenik svog ponašanja navode hedonizam, dok ispitivači kao najvažniji etiološki čimbenik ocjenjuju njihovo obiteljsko stanje. Držimo da oba čimbenika, i hedonizam i obiteljski čimbenici igraju važnu ulogu u razvoju ovisništva odnosno upotrebi marihuane i ecstasy-a.