



UNIVERSITI PUTRA MALAYSIA

**FACTORS INFLUENCING RELAPSE AMONG MALE ADOLESCENT
OPIUM ADDICTS IN KERMAN, IRAN**

**SAMIRA GOLESTAN
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By

SAMIRA GOLESTAN

**Thesis Submitted to the School of Graduate Studies, University Putra Malaysia,
in Fulfilment of the Requirements for the Degree of Master of Science**

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Abstract of thesis presented to the Senate of University Putra Malaysia in fulfilment
of the requirement for the degree of Master of Science

**FACTORS INFLUENCING RELAPSE AMONG MALE ADOLESCENT
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April 2010

Chairman: Haslinda Binti Abdollah, PhD

Faculty: Human Ecology

This study was designed to determine factors influencing relapse among male adolescent opium users. The main purpose of this study was to examine the relationship between family factors, environmental factors and also individual factors (self-esteem and life skill) on relapse in male adolescence opium users. The specific objectives of the study were: first, to describe the profile characteristics of male adolescents opium users, second is to examine the relationship between family, environmental and individual factors (self-esteem and life skills) on relapse in male adolescent opium users and third to identify which factors contribute most to relapse in male adolescent opium users in Kerman.

A quantitative research method was employed. The total population of the study included all opium addicted adolescents between the ages of 13 to 20 who had



relapsed. In this study the available population identified was the opium addicted adolescents between the ages of 13 to 20 who at least once had relapsed after treatment and was referred to rehabilitation centres in 2009 in Kerman.

Two hundred twenty six male adolescent opium addicts between the ages of 13 to 20 years who suffered relapse after treatment in Kerman participated in this study. This study measured four dimensions, used to measure the factors influencing relapse which include family factors, environment factors as well as individual factors, namely self-esteem and life skills. Information for this study was derived from self-administered questionnaires.

Descriptive analysis and inferential statistics such as Pearson Correlations Coefficient test and Stepwise Regression were used to examine the relationship between family factors, environmental factors and individual factors (self-esteem and life skills) with relapse and also to identify which factors contribute the most to relapse.

Descriptive statistics were used to describe the level of respondents' personal background, as well as to describe the key study variables: family factors, environmental factors, individual factors and relapse. The findings indicated that 48.7% of the respondents regarded family factors as highly important in their relapse and also 46% showed high effects of environmental factors on their relapse as well as the findings revealed that a majority of the respondents (76.5%) indicated a low level of individual factors (self-esteem) and 78.8% showed a low level of life skills. Furthermore, 56.6% of the respondents had relapsed after treatment. The findings from correlations showed that, there were significant correlations between three



factors with relapse in adolescents. That is a significant moderate positive relationship between family factors and relapse ($r=.315$, $p<0.01$), and a significant moderate positive relationship between environmental factors and relapse ($r=.323$, $p<0.01$) were observed. In addition, there were significant moderate negative relationships between individual factors; i.e. self-esteem and relapse ($r= -.328$, $p<0.01$) and life skills and relapse ($r= -.453$, $p<0.01$).

Lastly, stepwise Regression analysis indicated that approximately 37 percent ($R^2=.370$) of the variance in relapse was predicted by the family factors, environmental factors and individual factors (self-esteem and life skills). According to the result, the largest beta coefficient was individual factor (life skills). The results of Stepwise Regression analysis showed that life skills contributed significantly to predicting relapse ($\beta= .337$, $p<.05$).

These findings were supported by relevant literature and were also consistent with the literature of previous research. Additionally, these findings were supported by two approaches, namely self-help and empowerment approaches, which are based on that, self help groups and social workers are an integral part for opium addicted adolescents after treatment to assist them in an effort of relapse prevention. This study proposed some solutions to prevent relapse after treatment in adolescents. The opium addicted adolescents should be: helped to manage high risk situations and able to improve their self-esteem through intervention of self-help groups and social workers and able to develop assertiveness to manage peer pressure and to make a right choice in friendship. In addition, should be helped to develop life skills, to increase their abilities and to adjust sober situations. Parents should be helped in their

roles to support their adolescents during treatment and be informed on high risk situations.



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sebagai memenuhi keperluan untuk ijazah Master of Sains

**FAKTOR-FAKTOR YANG MEMPENGARUHI TINGKAH LAKU
KEMBALI MENAGIH DADAH DALAM KALANGAN REMAJA YANG
MENAGIH DADAH OPIAT DI KERMEN, IRAN**

Oleh

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Kajian ini telah dirangka untuk mengenalpasti faktor yang mempengaruhi tingkah laku kembali menagih dadah dalam kalangan remaja lelaki yang menagih dadah opiat. Objektif utama kajian ini ialah untuk mengenal pasti perkaitan antara faktor Keluarga, faktor Persekitaran dan faktor Individu (penghargaan diri dan kemahiran hidup) dengan tingkah laku kembali menagih dadah dalam kalangan remaja lelaki yang menagih dadah opiat. Objektif khusus kajian ini ialah: pertama, untuk menerangkan ciri profil remaja lelaki yang ketagih dadah opiat; kedua, mengkaji perkaitan antara faktor Keluarga, Persekitaran dan Individu (penghargaan diri dan kemahiran hidup) dengan tingkah laku kembali kepada menagih dadah dalam kalangan remaja lelaki yang menagih dadah opiat; dan ketiga, mengenal pasti faktor yang paling menyumbang kepada tingkah laku kembali kepada menagih dadah dalam kalangan remaja lelaki yang ketagih dadah opiat di Kerman.



Kajian ini ialah sebuah kajian kuantitatif yang menggunakan soal selidik sebagai instrumen kajian. Populasi kajian ini meliputi semua remaja yang ketagihan dadah opiat berumur antara 13 hingga 20 tahun yang mengalami tingkah laku kembali kepada menagih dadah. Dalam kajian ini, populasi yang dikenal pasti ialah remaja yang ketagihan dadah opiat berumur 13 hingga 20 tahun yang telah mengalami tingkah laku kembali kepada menagih dadah sekurang-kurangnya sekali selepas menerima rawatan dan telah mendaftar kepada pusat pemulihan pada tahun 2009 di Kerman.

Seramai dua ratus dua puluh enam remaja lelaki yang mengalami penagihan semula selepas menerima rawatan telah terlibat dalam kajian ini. Empat dimensi telah digunakan untuk mengukur faktor yang mempengaruhi tingkah laku kembali kepada menagih dadah iaitu faktor Keluarga, faktor Persekitaran dan faktor Individu yang terdiri daripada penghargaan diri dan kemahiran hidup.

Analisis deskriptif dan statistik inferensi seperti Pekali Korelasi Pearson dan Regresi Berganda telah digunakan untuk mengkaji perkaitan di antara faktor Keluarga, faktor Persekitaran dan faktor Individu (penghargaan diri dan kemahiran hidup) dengan tingkah laku kembali kepada menagih dadah dan juga untuk mengenal pasti faktor yang paling menyumbang kepada tingkah laku kembali kepada menagih dadah.

Analisis deskriptif telah digunakan untuk menerangkan latar belakang peribadi responden, dan juga untuk menerangkan pembolehubah kajian: faktor Keluarga, faktor Persekitaran, faktor Individu dan tingkah laku kembali kepada menagih dadah. Hasil kajian menunjukkan bahawa 48.7% daripada responden menganggap faktor Keluarga sebagai faktor penting yang menyumbang kepada berlakunya tingkah laku

kembali kepada menagih dadah; 46% daripada responden menunjukkan kesan tinggi faktor Persekitaran terhadap tingkah laku kembali kepada menagih dadah, dan majoriti (76.5%) responden menunjukkan faktor Individu (penghargaan diri) memberi kesan yang rendah dan sebanyak 78.8% menunjukkan kesan kemahiran hidup yang rendah. Tambahan pula, 56.6% daripada responden telah kembali kepada menagih dadah selepas mendapat rawatan. Keputusan daripada korelasi menunjukkan bahawa, terdapat korelasi signifikan di antara ketiga-tiga faktor dengan tingkah laku penagihan semula dalam kalangan remaja. Terdapat perkaitan sederhana positif yang signifikan antara faktor keluarga dan penagihan semula ($r=.315$, $p<0.01$), dan perkaitan sederhana positif yang signifikan antara faktor Persekitaran dan penagihan semula ($r=.323$, $p<0.01$). Tambahan pula, terdapat perkaitan sederhana negatif yang signifikan antara faktor Individu; (penghargaan diri) dan penagihan semula ($r= -.328$, $p<0.01$) dan (kemahiran hidup) penagihan semula ($r= -.453$, $p<0.01$).

Akhir sekali, hasil analisis Regresi Berganda mendapati sebanyak 37 % ($R^2=.370$) ubahan dalam penagihan semula dapat diterangkan secara bererti oleh faktor Keluarga, faktor Persekitaran dan faktor Individu (penghargaan diri dan kemahiran hidup). Berdasarkan keputusan yang diperolehi, pekali beta yang terbanyak ialah faktor Individu (kemahiran hidup). Hasil analisis Regresi Berganda menunjukkan bahawa kemahiran hidup menyumbang secara signifikan kepada jangkauan kembali kepada menagih dadah ($\beta= .337$, $p<.05$).

Hasil kajian ini telah disokong dengan sorotan kajian yang relevan dan juga konsisten dengan sorotan kajian lepas. Tambahan pula, kajian ini disokong oleh dua

pendekatan, iaitu pendekatan bantu diri dan pemberdayaan, yang menyatakan kumpulan bantu diri dan pekerja sosial sebagai penting kepada remaja ketagihan dadah opiat selepas mendapat rawatan, untuk membantu mereka dalam usaha mencegah penagihan semula. Kajian ini juga mengemukakan beberapa cadangan untuk menangani tingkah laku kembali kepada menagih dadah dalam kalangan remaja, selepas mendapatkan rawatan. Remaja yang ketagihan dadah opiat harus: dibantu untuk mengawal situasi berisiko tinggi dan berupaya meningkatkan penghargaan diri melalui intervensi daripada kumpulan bantu diri dan pekerja sosial, dan berupaya meningkatkan keazaman untuk mengawal tekanan rakan sebaya dan untuk membuat pilihan yang tepat dalam persahabatan. Ibu bapa perlu dibantu dari segi peranan mereka untuk memberi sokongan kepada para remaja semasa dalam tempoh rawatan serta perlu dimaklumkan tentang situasi berisiko tinggi.

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I would like to dedicate this study to all the people who suffer from opium addiction who taught me so much about the obstacles of this problem.



APPROVAL

I certify that a Thesis Examination Committee has met on 19 April 2010 to conduct the final examination of Samira Golestan on her thesis entitled "Factors Influencing Relapse among Male Adolescent Opium Addicts in Kerman, Iran" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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DECLARATION

I hereby declare that the thesis is my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously, and is not concurrently, submitted for any other degree at University Putra Malaysia or at any other institutions.

SAMIRA GOLESTAN

Date: 19 April 2010



TABLE OF CONTENTS

	Page
ABSTRACT	ii
ABSTRAK	vi
AKNOWLEDGMENTS	x
APPROVAL	xi
DECLARATION	xiii
LIST OF TABLES	xvi
LIST OF FIGURES	xvii
1 INTRODUCTION	1
1.1 Introduction	1
1.2 Statement of the Problem	4
1.3 Significance of the Study	9
1.4 Objectives of the Study	10
1.5 Research Hypothesis	11
1.6 Theoretical Framework	11
1.6.1 Social learning theory	11
1.6.2 Coping mechanism	19
1.7 Conceptual framework	27
1.8 Definitions of key terms	29
1.9 Organization of the Study	33
1.10 Scope and Limitation of the Study	34
1.11 Chapter summary	34
2 LITERATURE REVIEW	36
2.1 Introduction	36
2.2 Review of related Literature	37
2.2.1 Relapse	37
2.2.2 Effects of family factors on relapse	42
2.2.3 Effects of environmental factors on relapse	51
2.2.4 Individual factor and their effects on relapse	56
2.2.5 Adolescent Development	62
2.3 Chapter summary	65
3 METHODOLOGY	66
3.1 Introduction	66
3.2 Research design	66
3.3 Location of the study	68



3.4	Instrumentation and Measurement	68
3.4.1	Family factors	69
3.4.2	Environmental factors	69
3.4.3	Individual factors (Self-esteem)	70
3.4.4	Individual factors (life skills)	71
3.5	Population of the study	72
3.6	Sample of the study	72
3.7	Sampling procedure	75
3.8	Procedure and Data collection	77
3.8.1	Data collection	78
3.9	Pilot study	78
3.9.1	Reliability and Validity of the instrument	80
3.10	Data Analysis	83
3.11	Chapter summary	84
4	RESULTS AND DISCUSSION	86
4.1	Introduction	86
4.2	Descriptive findings	87
4.2.1	Demographic analyses	87
4.2.2	Key study variables	89
4.3	Testing Hypothesis	92
4.3.1	Relationship between Family factors, Environmental factors, Individual factors (Self-esteem and Life skills) and Relapse	92
4.3.2	Stepwise Regression Analysis	97
4.4	Discussion	101
4.5	Chapter Summary	105
5	SUMMARY, CONCLUSION AND RECOMMENDATIONS	107
5.1	Introduction	107
5.2	Summary of the findings	107
5.3	Implications	110
5.4	Recommendations for Future Research	114
5.5	Conclusion	115
5.6	Chapter Summary	116
	APPENDICES	129
	BIODATA OF STUDENT	143
	LIST OF PUBLICATIONS	144



LIST OF TABLES

Table	Page
3.1 Sample procedure	76
3.2 Cronbach's Alpha Values –Short Form	82
4.3 Frequencies and Percentages of Respondent's Demographic Background	88
4.2 Frequencies and Percentages of Respondent's Background characteristics	89
4.3 Frequencies and Percentages of key Variables	92
4.4 Pearson Correlation test between Independent Variables and Relapse	97
4.5 Model Summary of Stepwise Regression Analysis	98
4.6 Anova	99
4.7 Stepwise Regressions between Independent variables and the level of Relapse	100
4.8 Summary of Objectives, Hypotheses, Test, and related result	101



LIST OF FIGURES

Figure	Page
1.1 Map of Iran	3
1.2 Theoretical Framework of the study	26
1.3 Conceptual Framework	28

CHAPTER 1

INTRODUCTION

1.1 Introduction

Nowadays addiction is not a novel phenomenon and has always affected the fate of nations around the world, in fact it is a very complicated and worldwide problem (Mokri, 2002). Drug addiction has threatened societies more than anything else (A. O. Deborah, 1995).

Addiction as the most evil phenomenon of the present century threatens life, economy and families and societies (Youth at the United Nations, 2006). In fact, drug addiction is a big social and personal problem which influences not only the mind and body of the addict but also the health of a society concerning social, economical, political and cultural issues (Farjad, 2000). Orang (1995) states that in comparison with other materials except food, drugs have been very easily entered into the people`s lives. Addiction to drugs produces serious and dangerous physical damages such as contagious diseases like AIDS, and hepatitis as well as major social and economical problems such as an increase of addiction related crimes like theft, murder, poverty, begging (Mokri, 2002).

These days adolescent drug use is a problem all over the world (Mental Health Touches, 2006). Unfortunately the adolescents who are under the pressure of problems and hardships of life and negligence are most vulnerable to addiction (Farjad, 2000). These days, human's mind and body is influenced by different kinds

of offences. In other words, adolescents should manage lots of problems among which addiction ranks the highest and paves the way for other offences (Azizi, 2004). United Nations announces that about 25 percent of the addicts in Asia and Eastern Europe are under the age of 20 (Youth at the United Nations, 2006). In South Africa 80 percent of burglaries and robberies are related to drug and most of the suspects arrested are between 12 and 17 years of age (Drakenstein Police Service, 2006).

Unluckily, the percentage of addiction among adolescents is increasing (Farjad, 2000). Using drugs among adolescents slowly becomes more ordinary in everyday life (Mokri, 2002). One of the developmental stages in human life is adolescence. As a result, using drugs during adolescence has an effect on the physical, emotional, spiritual and social well-being and development of the adolescent (Gouws, Kruger, & Burger, 2000). Adolescent drug use can be threatening and even fatal and may cause juvenile delinquency and developmental problems. It will have a negative impact on their future professions and social skills as well (Mental Health Touches, 2006).

In recent decades, using drugs has become a fatal social phenomenon in Iran, causing prevalent social, psychological, family, and economic disaster (Mokri, 2002). Furthermore, the rise of using drugs has led to the quick emergence of infectious diseases, such as (HIV) and Hepatitis (Mokri, 2002). Substances used among adolescents is widespread in Iranian communities, schools and families (Azizi, 2004). According to Azizi (2004), drug use among Iranian adolescents is increasing, and is related to a multitude of problems. He stated that in Iran the main factor causing addiction in people especially the adolescents is originated from economical

problems, family problems, unemployment, availability of drugs, and environmental problems. 45 percent of drug addicts in Iran are under the age of 20 (Azizi, 2004).

Afghanistan stands first in the world regarding planting, and smuggling of drugs. This country was the main distributor of drugs in the year 2003 (Azizi, 2004). As figure 1.1 shows, Iran is neighboring a country of the greatest poppy and natural drugs country, Afghanistan which produces about 3000 tons of drugs each year (Farjad, 2000). One of the main factors for the widespread use of drugs in Iran is its vicinity with the golden crescent producing narcotics, Afghanistan and Pakistan (2000). Kerman is the biggest province in Iran and is located near the border of Iran and Afghanistan. Since this province is situated on the route of world drug transit, drug is easily accessible (Ziaaddini, 2005).



Figure 1.1: Map of Iran

The increase in adolescent drug abuse has raised the request for treatment of drug addicted adolescents. Many detoxification programs have been implemented in recent years. Though a lot of attempt has been done in this regard, a high relapse still exists (Razzaghi, Rahimi, Hosseini, Madani, & Chatterjee, 1999). This research is going to address factors that influence relapse among male adolescent opium addicts in Kerman.

1.2 Statement of the Problem

Drug addiction is a persistent relapsing disorder (O'Brien & McLellan, 1996; Yahyavi & Ronald, 2009). Relapse is a common widespread suffering due to a variety of drug abuse including alcohol, nicotine (tobacco), heroin, opium. Relapse to drug addiction is a complicated phenomenon that is influenced by individual, environmental, social, and family elements (Hunt, Bamett, & Branch, 1971; Marlatt & Gordon, 1985).

The percentage of addiction among adolescents is increasing recently, that is drug using mostly starts during the second decade of one's life (Azizi, 2004). This was one of the reasons why among other possible choices the participants that were selected as the samples of the study included adolescents. Although drug abuse in adolescent is increasing, the demand for treatment of drug addicted adolescents is also increasing (Westhuizen, 2007). In spite of the attempts that have been made in recovery process, unfortunately about 2/3 of opium addicts return to drug in just less than one year (Kaplan, 1997). According to statistics, 78 percent of adolescents relapsed after they stopped using drugs after six months (Gorski, 2001). Such high relapse percentages among opium addicts have also been reported in Iran



(Mohamadi, 2006; Ahmadi *et al.*, 2003; Momtazi, 2010; Saeed, 2000). Research has proved successful results of many different treatments; however, high relapse rates are still typical across all classes of drug abuse (Hunt et al., 1971; Marlatt & Gordon, 1985).

Accordingly, relapse is a common issue among male adolescents in the world (Ahmadvand, 2001; Ghahramanloo, 2000; Gordon, 2003; Van Der Westhuizen, 2007). In Iran, male adolescents are more at risk of drug use than female adolescents because females are more powerfully monitored by their parents (Ghahramanloo, 2000; Mohamadi, 2006; Ahmadi *et al.*, 2003). However, when this monitoring is weak, the probability that they will become involved with deviant peers, and also their involvement with drugs rises (Ziaaddini, 2005). The reason why the subjects were selected from among male adolescents was that the majority of adolescents who relapse include males rather than females. Based on previous findings, 95% of these individuals relapse after treatment (Momtazi, 2010, Mohamadi, 2006). One of the reasons behind this can be attributed to the fact that in comparison to female adolescents males usually experience a lower degree of parental control and supervision in Iran.

Adolescents have a tendency toward using drug that is after all easily available. The most commonly used substances in Kerman are opium and its residue (Saeed, 2000). Iran has the highest rate of opium addiction per capita in the world and Kerman has the highest rate of opium users in Iran (UNODC, 2005). Data suggested that the prevalence of opium in Kerman was 22.5%. In comparison to other types of addictive drugs, this is the highest percentage. The second most widespread addictive

substance is alcohol to which only 9.6 % of Iranian adolescents are addicted (Ahmadi *et al.*, 2003). This may be due to religious beliefs in the Iranian families most of which are Muslims and regard wine and other alcoholic drinks as non-halal or forbidden. Therefore, as it can be clearly observed, addiction to opium is a more serious problem than to other substances. The percentage of adolescents who use this type of drug was about 32% in Iran (Iran Drug Control Headquarters, 2008).

Although a lot of attempt were done by Iranian national drug control headquarters to abandon the use of drug, unfortunately the percentage of those who are involved in drugs is still increasing especially among male adolescents in Kerman (Saeed, 2000).

A need for further research in this field and a deeper understanding of the drug abuse adolescent who has relapsed after treatment is felt. Usually the recovery processes are not done completely and just attend to the physical dimension by detoxification neglecting the important factors such as; individual, social, cultural, economic, environmental and family factors. Since after detoxification the addicts return to their family and society, we cannot expect a perfect quit without considering these factors carefully (Ghorbanhosseini, 1990).

A review of literature reveals the obvious need for social research about the relapse after treatment in adolescents drug use (Youth at the United Nations, 2006). Dennis and McGeary (2000) called for further research in this field. Westhuizen (2007) declared that more research are needed in order to improve services in relation to relapse among addicted adolescents. Fourie (2006) agrees that there is a specific need for research concerning the aftercare needs for adolescents, in order to extend suitable services in this regard. As a result, better understanding of factors associated



with relapse is significantly required to help develop new treatment methods and reduce the high rates of relapse after detoxification. Research shows that it does not really matter how much time and budget are spent on rehabilitating addicts. If such a rehabilitation is not persistent relapse is inevitable in 90 % of the cases (Gorski, 2001).

Previous studies in this area have all been conducted in Europe, and in Iran there were a few studies on relapse among adolescents. Therefore, a study of the roots of relapse in individuals at this age group seems absolutely necessary. Based on the discussion above that shows the high level of addiction among adolescent male addicts in Kerman, the researcher recognized a need for research in this field. This research examines factors associated with relapse for opium addicted male adolescent with regard to three factors (family factors, individual factors, and environmental factors). A combined examination of family factors, individual factors and environmental factors in relation to relapse is important, because these variables have not previously been considered together in one single study, taking relapse among adolescents into account. Other researchers have looked at one or two of these variables (Liddle *et al.*, 2001; T. Q. Miller & Volk, 2002; Ramirez *et al.*, 2004; Razani, 2000; Ziaaddini, 2005), but none of these studies combined the variables to provide an extensive and multidimensional view of relapse within adolescents' especially Iranian adolescents' populations.

According to Brandt and Dleport (2005), Terblanche and Verner (1999) and Deborah (2009), among the factors leading to relapse in adolescents, the family, environmental and individual factors have been recognized as the most significant