



Assessment of Readiness for Drug Treatment Among Addicts Residing in the Al-Sadiq Al-Tayeb Association in Jerusalem

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Doi: 10.21608/jasep.2024.382244

استلام البحث: ٢٠٢٤/ ٥ / ١٩

قبول النشر: ٢٠٢٤/ ٦ / ٢٢

Aloush, Majed & Tubasi, Awni & Rimawi, Omar (2024). Assessment of Readiness for Drug Treatment Among Addicts Residing in the Al-Sadiq Al-Tayeb Association in Jerusalem, *Arab Journal of Educational and Psychological Sciences*, AIESA, Egypt, 8 (41), 763 – 784.

<http://jasep.journals.ekb.eg>

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Abstract:

Background: The focus of this study is to explore readiness for drug treatment among individuals with addiction issues at the Al-Sadiq Al-Tayeb Association in Jerusalem.

Methods: A descriptive approach was employed, involving a sample of 105 individuals who provided informed consent. The Socrates Scale, a tool assessing motivation for change in drug-taking behaviors, was used to measure readiness for treatment. This tool has shown high validity and reliability, as evidenced by its Cronbach's alpha coefficient.

Results: Statistical analyses indicated significant differences in readiness for treatment based on social status, with divorced individuals exhibiting the highest levels of readiness, followed by married and single individuals. Employment status was also a significant factor, with unemployed participants being more ready for treatment than their employed counterparts. Furthermore, ease of access to drugs was correlated with increased readiness for treatment. The type of substance abused also affected readiness, with cocaine users showing greater readiness than cannabis users.

Conclusions: These findings highlight the complexity of readiness for treatment and suggest the need for a tailored intervention approach to improve rehabilitation efforts. These results underscore the importance of considering social status, employment status, ease of access to drugs, and the type of substance abused when developing treatment strategies.

Keywords: Readiness for treatment, Drug addiction, Rehabilitation, Motivation for change.

المستخلص:

الهدف: تركز هذه الدراسة على استكشاف الاستعداد للعلاج من المخدرات بين الأفراد الذين يعانون من مشاكل الإدمان في جمعية الصديق الطيب بالقدس.
المنهجية: تم استخدام المنهج الوصفي، شمل عينة من ١٠٥ أفراد قدموا موافقة مستنيرة. استُخدم مقياس سقراط، وهو أداة لتقييم الدافع للتغيير في سلوكيات تعاطي المخدرات، لقياس الاستعداد للعلاج. أظهر هذا الأداة صلاحية وموثوقية عالية، كما يُثبت ذلك معامل ألفا كرونباخ.

النتائج: أشارت النتائج الإحصائية إلى وجود فروقات معنوية في الاستعداد للعلاج بناءً على الحالة الاجتماعية، حيث أظهر الأفراد المطلقون أعلى مستويات من الاستعداد، يليهم المتزوجون والعزاب. كانت الحالة الوظيفية أيضاً عاملاً مهماً، حيث كان المشاركون العاطلون عن العمل أكثر استعداداً للعلاج من نظرائهم الموظفين. بالإضافة إلى ذلك، كانت سهولة الوصول إلى المخدرات مرتبطة بزيادة الاستعداد للعلاج. كما أثر نوع المادة المستخدمة على الاستعداد، حيث أظهر مستخدمو الكوكايين استعداد أكبر من مستخدمي القنب.

الاستنتاجات: تسلط هذه النتائج الضوء على تعقيد الاستعداد للعلاج وتشير إلى الحاجة إلى نهج تدخل مخصص لتحسين جهود التأهيل. تؤكد هذه النتائج على أهمية الأخذ بعين الاعتبار الحالة الاجتماعية، والحالة الوظيفية، وسهولة الوصول إلى المخدرات، ونوع المادة المستخدمة عند تطوير استراتيجيات العلاج.
الكلمات المفتاحية: الاستعداد للعلاج، إدمان المخدرات، التأهيل، الدافع للتغيير.

Introduction:

Drug addiction is one of the most significant health and social challenges worldwide, affecting not only individuals but also the entire social and economic fabric. This issue poses challenges in public health and the legal system (Chiu, et al., 2010). This study aimed to understand the factors influencing readiness for change and treatment in individuals with drug addiction. Drug addiction, a complex public health issue, impacts individuals and communities worldwide. Substance addiction is defined as the pathological use of substances that leads to risky behaviors or continued use despite social, psychological, occupational, or health problems (Adamson and

Akindele, 1994; Gureje et al., 2007; NIDA, 2014; Onifade et al., 2011; Broussard, 2016). Understanding and assessing the factors that motivate addicts to seek and be ready for treatment are crucial, as research shows that readiness for change and motivation for recovery are essential for the success and sustainability of treatment (DiClemente et al., 2004; Miller and Rollnick, 2012). We hypothesize that multiple psychological, social, and cultural factors influence this readiness, and these factors vary according to the variables of the current study.

Treatment readiness encompasses understanding the psychological and behavioral factors that motivate individuals to seek and commit to treatment. This includes early problem recognition and contemplation of change (Prochaska and DiClemente, 1983). Research shows that substance addiction has extensive physical, psychological, mental, emotional, social, and economic impacts (Iorfa et al., 2018; Ruwan et al., 2016). These wide-ranging effects complicate the treatment process, making the assessment of treatment readiness a critical step in the recovery journey. Motivation and a desire for change are key to successful treatment outcomes, as studies have shown that a lack of these elements often leads to failure in initiating, continuing, or committing to treatment (Friedman et al., 1994; Carney and Kefalas, 1995). Recent research has indicated variations in the willingness to use treatment facilities among people who inject drugs (PWIDs) in various countries, including France, Tanzania, Australia, Iran, and Scotland (Donadille et al., 2022; Masunga, et al., 2022; Marshall et al., 2022; Khezri, et al., 2021; Trayner et al., 2021). These variations underscore the importance of considering cultural, social, and economic contexts when assessing treatment readiness.

Several studies have explored the factors influencing readiness and motivation for drug addiction treatment. For instance, Burrow et al. (2019) demonstrated that taking concrete steps toward change, such as reducing drug use posttreatment, is necessary among American Hispanic adolescents. Mobasher et al. (2017) highlighted the effectiveness of group therapy with incentives to enhance readiness for change among patients addicted to multiple substances. Jones et al. (2021) focused on the psychological readiness required for transitioning from opioid substitution treatment to withdrawal and heroin abstinence, highlighting the importance of self-efficacy beliefs in predicting opioid abstinence. Furthermore, Singh et al. (2019) reported that comprehensive treatments that involve combination of pharmacological and psychosocial interventions were more effective at fostering the desire to quit drug use. Additionally, various studies emphasize the need to design therapeutic interventions tailored to individual patient characteristics, such as social status and personal differences, in patients with substance use disorders, both with and without attention deficit hyperactivity disorder (Flores-Garcia et al., 2020; Slepecky et al., 2018; Almodovar Fernandez et al., 2019).

The topic of readiness for drug treatment and the impact of diverse variables have been extensively addressed in related research. Shahrabadi et al. (2020) reported a significant correlation between social status, particularly being unmarried, and increased readiness for treatment. Other studies, such as those by Farabee (1998) and Prendergast (2002), observed a positive relationship between employment and improved treatment outcomes, indicating the role of employment in preventing relapse. Similarly, Atkinson et al. (2003), Sahker et al. (2019), and Rumrill and Bishop (2023) highlighted the beneficial impact of employment on individuals' psychological

state and recovery outcomes. Moreover, Richardson et al. (2012) and Rongli et al. (2021) presented the intricate relationship between employment and treatment outcomes, emphasizing the significance of meaningful and satisfying employment in supporting recovery.

A study by Opsal et al. (2019) revealed that individuals who are mandatorily admitted to treatment exhibit lower motivation for change than those admitted voluntarily. In other research, such as the study by Hori et al. (2012), differences were identified in the age of onset of use and the first contact with treatment among patients dependent on cocaine and cannabis. Shaharabadi et al. (2020) noted that the type of drug substance did not significantly affect readiness for treatment. Furthermore, Lichenstein et al. (2023) and Levin et al. (2006) found differences in motivations and the severity of dependence among users of various substances. Collectively, these studies provide a comprehensive understanding of the factors influencing readiness for drug treatment, encompassing aspects such as social status, employment, the method of admission to treatment, and the type of substance used.

Study Procedures

Purpose and Scope: This study aims to develop insights that can aid in enhancing the support and care provided to people with drug addiction, particularly in settings such as the Al-Sadiq Al-Tayeb Association. More effective therapeutic methods are needed to improve the health and social status of individuals affected by drug addiction. The focus is on analysing individual differences and understanding how various factors impact people addicted to drugs based on the specified study variables.

Methodology and Hypothesis: A descriptive approach was employed in the study, using a questionnaire tailored to the

exploratory nature of the research. The proposed hypothesis is as follows: There are no significant differences at the significance level of $\alpha \leq 0.05$ in the assessment of readiness for drug treatment among people with drug-related diseases residing in the Al-Sadiq Al-Tayeb Association, in accordance with the study variables.

Participants: Participants were selected from among people with a history of drug addiction residing in the Al-Sadiq Al-Tayeb Association using a convenience sampling method. A total of 105 participants were included. Demographically, the participants were categorized into four groups according to marital status (single, 36.2%; n=38; married, 40.0%; n=42; divorced, 23.8%; n=25) and employment status (employed, 55.2%; n=58; unemployed, 44.8%; n=47). Concerning the ease of obtaining drugs, 73.3% (n=77) of the participants reported it as easy, whereas 26.7% (n=28) found it difficult. Regarding the type of drug used, 50.5% (n=53) of the participants used cocaine, while 49.5% (n=52) used cannabis. Table 1 illustrates the distribution of the study sample.

Table 1: Distribution of the Study Sample According to Study Variables

| Variables | Levels | Frequency | Percent % |
|---------------------|------------|-----------|-----------|
| Marital status | Single | 38 | 36.2 |
| | Married | 42 | 40.0 |
| | Divorced | 25 | 23.8 |
| Employment Status | Employed | 58 | 55.2 |
| | Unemployed | 47 | 44.8 |
| Ease of Drug Access | Easy | 77 | 73.3 |
| | Difficult | 28 | 26.7 |
| Material Type | Cocaine | 53 | 50.5 |
| | Hashish | 52 | 49.5 |

Study Tools: This study utilized the Socrates Scale of Therapeutic Readiness, a widely used measure for assessing a

client's motivations to change their drug-taking behavior. This scale comprises 19 items divided into three subscales, recognition, ambivalence, and taking steps, reflecting an individual's awareness, uncertainty, and behavior related to drug use. Typically, applied in adult treatment samples, this scale was developed by Miller & Tonigan in 1996 and has been employed in various studies and diverse communities (Jason, et al., 2019; Fauziah, 2010; Myers, et al., 2016; Lillie, et al., 2020). The responses in the study were recorded using a five-point Likert scale. To categorize average response scores, class length was calculated using the formula (maximum - minimum)/number of categories, resulting in approximately 1.33 (i.e., (5 - 1)/3). Consequently, response levels were classified as low (1 to <2.33), medium (2.34 to <3.67), or high (3.68 to 5).

Validity and Reliability of the Tool: The tool's validity was confirmed by calculating Pearson's correlation coefficient for the questionnaire items against the total tool score, which showed statistical significance across all items. The tool's reliability was established through the Cronbach's alpha equation, with a value of 0.93 for the drug therapeutic readiness scale.

Statistical analysis: Data processing involved calculating arithmetic means and standard deviations for each item after questionnaire collection. Statistical analyses, including the t test, one-way ANOVA, Pearson's correlation coefficient, and Cronbach's alpha, were also conducted using SPSS, version 23.

Analysis:

This section outlines the methods used to interpret data collected from 105 participants at the Al-Sadiq Al-Tayeb Association. Tables were designed to clearly display various demographic information and drug use patterns. Statistical tests such as 'T' tests and one-way ANOVA, along with Pearson's

correlation coefficient and Cronbach's alpha, were employed to examine statistically significant relationships and differences. These analyses aim to provide a deeper understanding of the factors influencing treatment readiness and aid in the development of effective addiction treatment strategies.

Table 2: Analysis of variance (ANOVA) assessing the level of readiness for addiction treatment based on marital status.

| Variables | Marital Status | N | M | SD | F value | p value |
|--------------|----------------|----|------|------|---------|---------|
| Recognition | Single | 38 | 2.28 | 0.52 | 4.86 | 0.01 |
| | Married | 42 | 2.75 | 1.14 | | |
| | Divorced | 25 | 2.96 | 0.91 | | |
| Ambivalence | Single | 38 | 2.85 | 0.74 | 4.74 | 0.01 |
| | Married | 42 | 3.09 | 1.01 | | |
| | Divorced | 25 | 3.51 | 0.54 | | |
| Taking Steps | Single | 38 | 2.45 | 0.73 | 1.68 | 0.19 |
| | Married | 42 | 2.74 | 1.08 | | |
| | Divorced | 25 | 2.88 | 1.06 | | |
| Total | Single | 38 | 2.47 | 0.49 | 3.91 | 0.02 |
| | Married | 42 | 2.82 | 1.03 | | |
| | Divorced | 25 | 3.04 | 0.81 | | |

Table 2 presents the results of the analysis of variance (ANOVA) assessing the level of readiness for addiction treatment based on marital status. Significant differences were observed ($F = 3.91$, $p = 0.02$). The divorced individuals exhibited the highest readiness for treatment ($M = 3.04$, $SD = 0.81$), followed by the married individuals ($M = 2.82$, $SD = 1.03$) and, finally, the single individuals ($M = 2.47$, $SD = 0.49$). These findings suggest that marital status may influence the level of readiness for addiction treatment, with divorced individuals showing the highest levels of readiness.

Table 3: Comparative analysis of readiness for drug addiction treatment by employment status

| Variables | Employment Status | N | M | SD | t value | p value |
|--------------|-------------------|----|------|------|---------|---------|
| Recognition | Employed | 58 | 2.36 | 1.02 | -3.51 | .00 |
| | Unemployed | 47 | 2.96 | 0.70 | | |
| Ambivalence | Employed | 58 | 2.79 | 0.88 | -4.71 | .00 |
| | Unemployed | 47 | 3.49 | 0.63 | | |
| Taking Steps | Employed | 58 | 2.36 | 1.00 | -3.89 | .00 |
| | Unemployed | 47 | 3.05 | 0.79 | | |
| Total | Employed | 58 | 2.45 | 0.91 | -4.48 | .00 |
| | Unemployed | 47 | 3.11 | 0.57 | | |

Table 3 shows statistically significant differences in the level of readiness for addiction treatment based on employment status. There are notable differences in overall readiness for addiction treatment between employed and unemployed individuals. Specifically, employed individuals exhibit a significantly lower level of readiness ($M = 2.45$, $SD = 0.91$) than unemployed individuals ($M = 3.11$, $SD = 0.57$) ($t = -4.48$, $p < 0.01$).

Table 4: Comparative analysis of readiness for drug addiction treatment by ease of drug access

| Variables | Ease of Drug Access | N | M | SD | t value | p value |
|--------------|---------------------|----|------|------|---------|---------|
| Recognition | Easy | 77 | 2.66 | 0.88 | 0.56 | 0.24 |
| | Difficult | 28 | 2.54 | 1.07 | | |
| Ambivalence | Easy | 77 | 3.21 | 0.77 | 1.87 | 0.11 |
| | Difficult | 28 | 2.82 | 0.99 | | |
| Taking Steps | Easy | 77 | 2.81 | 0.90 | 2.39 | 0.17 |
| | Difficult | 28 | 2.27 | 1.05 | | |
| Total | Easy | 77 | 2.84 | 0.75 | 1.70 | 0.04 |
| | Difficult | 28 | 2.48 | 1.00 | | |

Table 4 shows the results of a comparative analysis assessing the level of readiness for addiction treatment in

relation to the ease or difficulty of obtaining drugs. Statistically significant differences were observed ($t = 1.70$, $p = 0.04$), indicating that individuals who find it easy to obtain drugs generally exhibit greater levels of readiness for treatment ($M = 2.84$, $SD = 0.75$) than do those who find it difficult ($M = 2.48$, $SD = 1.00$). These findings suggest that the ease or difficulty of obtaining drugs may influence the level of readiness for addiction treatment.

Table 5: Comparative analysis of Readiness for Drug Addiction Treatment by Material Type

| Variable | Material Type | N | M | SD | t value | P value |
|--------------|---------------|----|------|------|---------|---------|
| Recognition | Cocaine | 53 | 2.92 | 0.87 | 3.40 | 0.00 |
| | Hashish | 52 | 2.33 | 0.91 | | |
| Ambivalence | Cocaine | 53 | 3.29 | 0.82 | 2.34 | 0.02 |
| | Hashish | 52 | 2.91 | 0.84 | | |
| Taking Steps | Cocaine | 53 | 2.98 | 0.87 | 3.46 | 0.00 |
| | Hashish | 52 | 2.35 | 0.97 | | |
| Total | Cocaine | 53 | 3.02 | 0.74 | 3.62 | 0.00 |
| | Hashish | 52 | 2.46 | 0.84 | | |

Table 5 displays the results of a comparative analysis assessing the level of readiness for addiction treatment based on the type of drug substance, categorized into cocaine and Hashish. Cocaine users exhibited significantly greater levels of readiness for treatment ($M = 3.02$, $SD = 0.74$) than did Hashish users ($M = 2.46$, $SD = 0.84$) ($t = 3.62$, $p < 0.01$). These findings suggest that the type of drug substance can significantly influence the level of readiness for addiction treatment, with cocaine users demonstrating greater readiness than Hashish users.

Discussion of Results:

The study revealed statistically significant differences among various groups concerning the level of readiness for addiction treatment. Notably, divorced individuals rank highest

in this readiness, aligning with the findings of Shahrabadi et al. (2020), who highlighted the increased optimism of unmarried people in starting a new life. This may be attributed to divorce possibly acting as a catalyst for life reassessment and an increased desire for change. Married individuals come in second in terms of readiness, suggesting that marriage might offer stability that encourages seeking treatment, albeit not as strongly as in divorced individuals. Conversely, single individuals rank lowest in readiness, possibly due to a lack of external motivators such as family obligations or social pressures.

Interestingly, the results indicate that unemployed individuals demonstrate a greater level of readiness for addiction treatment than their employed counterparts. These findings contrast with previous research by Farabee (1998), Prendergast (2002), and Atkinson et al. (2003), who emphasized the positive role of employment in addiction treatment, suggesting that employed individuals might be less prepared for treatment. However, these results are somewhat consistent with Sahker et al. (2019), Rumrill & Bishop (2023), and Rognli et al. (2021), who explored the impact of employment on recovery, though not directly on treatment readiness. Employed individuals may face increased professional pressure that affects their readiness for treatment. Employment can be a source of stress and may limit the time and energy available for considering and committing to treatment. Moreover, employed individuals might experience greater stigma upon acknowledging their need for treatment, possibly leading to delayed or avoided treatment seeking. In contrast, unemployed individuals might have more time for self-assessment and condition awareness, enhancing the likelihood of recognizing the need for treatment and the desire for significant life changes.

The findings also revealed significant differences between individuals who easily obtained drugs and those who found it challenging, with the former showing greater readiness for addiction treatment. This observation differs from that of Opsal et al. (2019), who suggested that addiction severity, rather than the ease of obtaining drugs, is the main predictor of continued use. Individuals with easy access to drugs might be more cognizant of addiction risks and adverse impacts, given their frequent and effortless exposure to drugs. This could lead to a broader network of drug users, increasing awareness of the need for treatment. Conversely, those in environments with easy drug access might face social pressures or challenging circumstances, heightening their awareness of their treatment needs. On the other hand, individuals struggling to obtain drugs might be less aware of addiction's impact on their lives, negatively influencing their treatment readiness.

Moreover, the study showed statistically significant differences between cocaine and cannabis users in terms of their level of readiness for addiction treatment, consistent with the findings of Horey et al. (2012), Shahrabadi et al. (2020), Lichenstein et al. (2023), and Levin et al. (2006). Cocaine's stronger effects and greater dependency likely lead to increased awareness of addiction risks, thus elevating treatment readiness. Cocaine users may be more aware of the severe health risks associated with their usage, motivating them to seek treatment. Furthermore, cocaine's association with greater social and legal stigma compared to cannabis might encourage users to seek treatment to restore their social standing or avoid legal consequences. Additionally, the greater cost and lower availability of cocaine compared to cannabis might lead to financial and logistical challenges that encourage treatment

seeking. Its serious psychological and physical effects likely heighten users' awareness of their need for treatment.

The results emphasize the importance of social and employment status in determining individuals' readiness for addiction treatment. Treatment programmes are advised to consider these factors, offering targeted support for singles and specific strategies for each employment group tailored to their unique challenges and needs. Additionally, understanding the impact of ease of drug access on treatment readiness is crucial, as it necessitates the provision of awareness and support for individuals in both scenarios. Furthermore, the results underscore the need to develop therapeutic strategies that account for the type of drug substance, variations in risk awareness, and social and legal stigma, providing tailored psychological and social support to enhance treatment readiness and outcomes.

Conclusions:

The study indicated the significant effects of social status, employment, and the ease of obtaining drugs on individuals' readiness for addiction treatment. It is observed that divorced and unemployed individuals exhibit greater readiness for treatment than their single and employed counterparts, underscoring the importance of providing targeted support for each distinct category. Moreover, the results suggest that individuals who find it easier to obtain drugs generally show greater readiness for treatment. Notably, cocaine users demonstrated greater readiness for treatment than cannabis users did. These findings emphasize the necessity of developing customized treatment programs that consider individual differences and offer appropriate awareness and support, thereby enhancing the overall effectiveness of addiction treatment.

Acknowledgements: The authors extend their sincere thanks and appreciation to all those who participated in filling out the questionnaires for the study.

Funding: No funding was received for this study.

Conflict of interest: The authors report no conflicts of interest.

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