Shahid Sadoughi University of Medical Sciences School of Public Health

Social Behavior Research & Health

Social Behavior Research & Health

Social Determinants of Health Research Center

The Role of Public Places in Increasing the Tendency to Addiction in Yazd City in 2015

Akbar Zare Shahabadi [a*], Zakieh Soleimani [a]

[a] School of Social Sciences, Yazd University, Yazd, Iran.

ARTICLE INFO

ORIGINAL ARTICLE

Article History:
Received: 15 May 2017
Revised: 18 Sep 2017
Accepted: 30 Oct 2017

***Corresponding Author:**
Akbar Zare Shahabadi

Email:
a_zare@yazd.ac.ir

Tel: +98 9133531789

Citation: Zare Shahabadi A, Soleimani Z. The Role of Public Places in Increasing the Tendency to Addiction in Yazd City in 2015. Social Behavior Research & Health (SBRH). 2017; 1(2): 108-118.

ABSTRACT

Background: Addiction is a serious threat to the health of a community, such that treatment costs and the likelihood of its high recurrence necessitate a turning point in the areas of prevention. Considering the role of public places in shaping the motives and beliefs of individuals, this research was conducted with the aim of studying the role of these places in creating a tendency toward addiction in Yazd.

Methods: Cross-sectional method was employed in this research and the statistical population consisted of citizens aged 15 - 50 years old in Yazd of which, 400 samples were selected by multistage cluster sampling and they were studied using a self-made questionnaire.

Results: The findings unveiled that there was a direct and significant relationship between the use of public places and the tendency to addiction and the highest percentage of drug distribution in parks was observed by 35.8% of respondents. Similarly, drug distribution was observed in some places such as 19% in cafés, 9.3% in coffee shops, 6.5% in gyms and 4.1% in hairdressers observed drug distribution. Locations with less damage were government-licensed and located on main streets. Also, the relationship between the family's supervision on children traveling and the unreliable trust of visitors to these places with tendency toward drug use was significant.

Conclusion: Identification of unlicensed personal service centers and outlying sites, monitoring smoking and drug use in parks and cafés and applying age restrictions and regulations in entry to these places, while paying attention to the companionship of families with their offspring are effective strategies to reduce the tendency toward addiction.

Keywords: Addiction, Public Places, Tendency, Drugs, Café, Yazd

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

Copyright: This is an Open Access article distributed under the terms of the creative commons Attribution 4.0 license (http://creativecommons.org/licenses/by/4.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Addiction and drug abuse are significant priorities of social issues in Iran. The United Nations in 1950 defined drug addiction as a gradual or acute poisoning caused by the continuous use of a drug, whether natural or combined, which is harmful to a person and society.[1]

Addiction statistics reveal that despite their differences, the number of addicts is in common in terms of increasing addicts and decreasing age of addiction in the country. According to the Ministry of Health and Medical Education, between 7.7% of people, from 5 to 7 million people in the country, have had an experience of at least one drug use.[2] In recent years, the number of drug users in the country is 2 million to 2.2 million people who use daily drugs, approved by the Anti-Drug Abuse Headquarters.[3] Also, according to the latest research, the prevalence of drug use in the population aged 15 - 64 is 2.65% and the number of consumers in this age group is 1,325,000 people,[4] which is projected to reach 5 - 7% by next year.

Addiction and drug use, in addition to financial losses, have harmful effects on the individual and social life of the community and most human lives spheres today are seriously threatened. The components of addiction consist of drug, social and legal harm and also includes delinquency.[5] It also has health outcomes,[6, 7] which increases the prevalence of mental disorders[8] and causes economic problems.[7] Incidents such as reducing the age of onset of consumption, the emergence of dangerous diseases such as AIDS, the introduction of industrial and laboratory materials (such as extraneous pills, crystal, etc.), all serve as a confirmation. In addition, this phenomenon challenges the cultural values of society, including family, trust, solidarity, social participation etc.[9]

The social and psychological consequences of addiction are clearly visible in statistics. As many as eight people have lost their lives in drug abuse during the current year.[10]

The problem of addiction becomes more complicated when it begins to spread among educated people and adolescents. According to the secretary general of the Counter Narcotics Office, 4% of students aged 16 and 17 consume the crystal at least one time to succeed in exams[11] and 1.1% of them used extraneous pills.[12] The Ministry of Science, Research and Technology announced the actual statistics of addiction in universities at about 2%.[13]

The status quo poses the question of what factors and social contexts are involved in turning young people to drugs? It must be acknowledged that the tendency towards addiction comes from social places reveals a direct relationship with people's attitudes, such as perception of the legality and extent of social acceptance of the substance, harm caused by drug use or the state of affairs and positive effects of drug use.[14] These attitudinal areas are also shaped in formal and informal social structures and environments i.e., the centers, which serve as the formative source of abusive and criminal thoughts and behaviors. The theory of criminal centers is the focus of this discussion. The term "crime center" was first used by Sherman, Garrett and Burger in 1969. This term represents a location or geographical area where crime rate is very high.[15] Clark also considers the "crime centers" as the areas where dwellers are more likely to call the police for help.[16] On the contrary, some scholars believe that criminals attempt to commit a criminal offense while doing routine work and recreation. Resultantly, it is natural that people or objects in proximity of their workplaces, resides or active within their places are more likely to be subjected to delinquency. Others consider the spatial disorder and the lack of social cohesion as the cornerstone of the formation of crime centers. Among them, "Skogan" and "Maxi Field" stated that "environmental conditions", such as the existence of abandoned buildings, ruined places, and beside it, social disturbances such as conflict and evils, or the consumption of narcotics and alcoholic beverages, persuade people to commit further delinquency in these areas. [17] In the

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

meantime, Wizbur and Ak have identified four basic concepts in the formation of corrupt crime centers:

1) Delinquency facilities such as liquor, casinos, and some apartment complexes in a geographical area;

2) Spatial features such as convenient access, lack of security and proper management;[18]

3) Criminal goals and the existence of objects which are appropriate for delinquents;

4) Too many delinquents and having sufficient motivation for criminal action.[19]

Based on the theory of crime centers, these sites are created as a result of convergence of criminals and potential victims of crime within range and it creates the maximum opportunity for crime in these areas. A good example is the presence of hotels, airports, passenger terminals, restaurants and tourist places, some commercial tourist centers, and gathering of delinquents, in most cases, massively increase crime rates.[20]

Today, young people spend most of their leisure time in the company of peers and in urban recreational places. Urban places are places that belong to the general public, they are not exclusive to a physical aspects and in fact they are meaningful in the presence of humans.[21] Oldenberg describes these places, cafés, coffee shops, bookstores, hairdressers and other such places at the heart of a community and provides a central theory that daily life should find its equilibrium in three realms of experience: living, working and social.[22]

Failure to identify risky places that pose potential damage and a general lack of knowledge towards positive attitude among humans as well as their spatial backgrounds can increase the chances of gaining roots regarding addictive tendencies. Hence, recognizing the relationship between specific locations and places with the tendency of youth to abuse drugs and recognizing the type and extent of their potential damage is a necessary issue. Considering the lack of studies in this area, further research needs to be carried out. Therefore, this study considering the importance of the impact of individuals on the surrounding environment attempted to investigate the question: how much does public places which people are associated with different motivations; like barber shops, parks, sports centers, coffee shops and etc. impact on drug addiction?

Methods

This was a cross-sectional study that examined selected samples from communities to discover the relative prevalence, distribution, and interrelationships of variables.

Given that citizens aged between 15 and 50 years, including women and men, regularly go to barber shops and parks, and some go to sports centers, cafés and coffee shops, etc. and, on the other hand, the tendency to addiction and its destructive effects are higher in this age group, these people formed the statistical society. According to the latest census in the country, this population was estimated to be 33474.[23]

In order to estimate the sample size, a sample of 50 people was selected and the data needed to estimate the dispersion of the items were collected. The level of confidence needed to judge the statistical population was based on the information obtained from sample of 95% confidence interval and finally based on the most common dispersion, according to Cochran formula with population gap of 0.05, and with acceptance of sampling error 0.05 from the statistical population, the sample size of 400 people, including the minimum error rate was estimated.

The sampling method of the current study was multistage clustering (a combination of cluster sampling and systematic sampling). The process of sampling was as followed: first, according to the general plan, Yazd was divided into 100 regions that contained blocks. Urban blocks were actually clusters, and households, i.e., the place of residence of the population of the statistical community, formed the indexing units. At this stage, clusters were randomly selected given that samples have to be subdivided into sub-samples, the minimum sample size for each class was 30

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

members[24] and taking a sample of 30% of the members was required.[25] So, in the first stage, of these 100 clusters, 33 clusters were randomly selected. In the second step, to determine the number of households in each cluster, the result of dividing 400 samples into 33 sample blocks was approximately 12, which specified the number of households in each block that should be selected systematically. In this method, initially, from the numbers 1 - 9, set a random number to begin and that number 7 was selected and the subjects or the next elements were selected according to the estimated distance until the sample was completed.[26] Since in each block 12 households should be sampled, the sample spacing was also obtained by dividing the number of cells in each block by 12 and in the final stage of the selected households, the questionnaire was completed with one of the qualified individuals in the sample group, taking into account the age distribution.

Data were gathered through questionnaires and interviews. In order to determine the reliability and validity of this questionnaire, face validity and judge's reviews' were considered, and according to their opinion, the final questionnaire was set up. In addition to the validity, the process of measurement and related tools were time-stable such that, if the measurement was repeated, the same results and values were always obtained.[27] Cronbach's alpha coefficient has been used to estimate the reliability and accuracy of the questionnaires. For this purpose, based on a sample of 50 people in the study population, the reliability coefficient for each indicator of the questionnaire was calculated using SPSS software such that, the values obtained showed acceptable alpha coefficients for the reliability of the questionnaire. The components of this questionnaire are constituted from the items of other standard or researcher-made questionnaires, which are as follows:

Addiction and drug tendency questionnaire: This self-report tool was made theoretically and graded by a Likert scale, of which in favorable cases or positive attitudes toward addiction, the responses "totally agree, agree, no idea, disagree, and totally disagree" are scored 1, 2, 3, 4, 5 respectively. Considering the numbers of items were 32. The range of persons scored in this questionnaire varied from 32 to 160 and earning a higher score indicated a high attitude toward addiction. The face and content validity, as well as the reliability of this scale, have been reported normal with alpha of 0.86.[28]

Questionnaire on the use of public places: In this questionnaire, 5 items were utilized in measuring the use of these places in a five-level spectrum (daily, several days a week, several days a month, several days a year and never) with scores of 5, 4, 3, 2 and 1, respectively. Scores ranged from 5 to 25 and higher scores represented higher use and connection with these places. The respondent also specified his observations on the distribution of drugs according to their types in each of these places, with two options, yes or no. In the following questions, the characteristics of these public places were evaluated with five dichotomous questions, with scores ranging from 5 to 10. The calculated alpha coefficient for these questions with values of 0.73 and 0.68 representeds the appropriate reliability.

Questionnaire on the use of safe places: This researcher-made questionnaire consisted of three items that measured the level of trust of a person in public places with Likert's five-choice spectrum. Scores ranged from 3 to 15 and the lower scores showed misplaced and false trust. Cronbach's alpha coefficient was 0.60.

Family surveillance surveys questionnaire: The questionnaire consisted of four items that were measured in a five-point Likert scale. Scores ranged from 4 to 20 and higher scores meant higher levels of family monitoring. The alpha coefficient of 0.70 of this questionnaire showed a good reliability.

Data were analyzed by SPSS software and for explanation and analysis of the relationship between variables; one-sample t-test, t-test, variance, Pearson and Spearman correlation test were used. A significant level of less than 0.05 indicated the

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

difference between the means, correlation, or strong relationships between the variables.

Results

Based on the findings, approximately 65% of the samples were males. In terms of education, 51% had less education than a diploma. 60.5% were married and 2% of the respondents lost their spouses (due to death or divorce). Also, 35.8% had jobs and 25.6% were students. Most of the fathers of the respondents were also self-employed 65.6%. The average age of the respondents was 32 and the average number of household members was 4; about 37% of the sample population had a deficit income or no salary or they did not have any savings.

Survey of the use of public places and the tendency towards addiction

Parks, sports and recreation halls, hairdressers, cafés, coffee houses and the likes are considered as public places and their presence on daily, weekly, monthly and annual basis was questioned. Parks and sports halls are crowded places and 22.4% and 24.3% of people use them throughout the week. Hairdressers are often visited monthly (totaling about 58% per month). Also, 9.6% of respondents use coffee shops and 12.7% use cafés on a weekly basis.

Correlation test also indicated that the rate of person's tendency towards addiction has a positive and significant correlation with the rate of use of all of these sites (P-value ≤ 0.05) and it showed that, as a rule, the more the contact and presence of a person in public places are more, the higher the tendency to consume increases. In this regard, cafés with a correlation of 0.264 and coffee shops with the value of 0.107 have the highest and lowest effect on tendency toward addiction (Table 1).

Respondents also reported their observations on the distribution of drugs in each of these locations. The results showed that the highest percentage of drug distribution in the parks was observed by 35.8% of the respondents. Distribution of drugs in gyms was observed by 6.5%, in hairdressers 4.1%, in coffee shops 9.3%, and in cafés by 19%.

The distribution of narcotics observed in each of the locations according to the traditional or industrial type was compared by Chi-square test. The result of this test showed that there was a relationship only between the cafés and the type of distributed narcotic drug (P-value ≥ 0.05) as, 8.8% of cases reported by respondents were related to traditional drugs and 3.9% were related to psychotropic drugs. According to the observations, most of the distribution of narcotic drugs was reported in parks. The highest number of psychotropic distributions has been observed in parks with 46 cases. Also, the percentages of drug use according to the type of place indicated that the percentage of addiction to drugs and psychotropic drugs in those who visited cafés was 69.4 and 10.2%, respectively, more than other places (Table 2).

Also, the use of licensed sites reduced the inclination to addiction. The test result of this hypothesis suggested that, the factor of licensing can influence the rate of people's attitude to addiction while there was no significant difference in other features of identified places. Although the rate of addiction tendency in private centers was greater than that of the government in subcultures and quarters and more than those on the main street. The result of the test of mean difference in this regard indicated that the average rate of addiction tendency among those who used licensed centers was 25.7 while the percentage of people who use the centers without permission was 34.87 (P-value ≤ 0.05) and this difference in scores was statistically significant (Table 4).

The relationship between the use of unreliable places and the lack of supervision of families with a tendency to addiction

It is assumed that the unreliable trust of visitors in these centers and the use of uncertain places and lack of proper family monitoring will increase the tendency toward addiction. The

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

result of the correlation test showed that there was a significant and inverse relationship between trust in places and family monitoring with the rate of addiction. The correlation value in this test was -0.288 and since the level of significance was less than 0.05 (P-value ≤ 0.05), it can be said that increasing the trust of the clients and the use of safe places reduced the tendency of people to addiction. There was also a negative and significant relationship between the level of family monitoring and the rate of addiction. The correlation between these two variables was - 0.277, which was statistically significant (P-value ≤ 0.05). As the level of family monitoring increased, addiction tendency decreased.

According to this result, about 18.8% of families had moderate and low supervision over the attendance of children and family members. In this regard, 10.8% of respondents stated that their families do not know where they go, according to 16.7% of the participants, families do not know their sports or educational trainer, 36% of respondents went to coffee shops and cafés with their family members less and 13.3% went to recreational places less with their family members (Table 4).

43.2% of respondents used reliable and certain sites and 23.8% used unsafe places. In this regard, 25% of respondents were less concerned with the permission of sports venues, hairdressers and schools that they visit. According to 19.6% of the respondents, the sports and recreation places they visited were less safe and 27.1% likely to be in places where authorities and their users smoked and consumed tobacco (Table 4).

The explaining of the effect of public places on the prediction of addiction tendency in the regression equation

Regression analysis showed that the variables of gender, parental supervision and the use of safe places played a fundamental role in variations of the tendency to addiction on which the use of public place with the standard beta factor of 0.18 had the greatest effect on the dependent variable and the use of secured places with a standard beta of - 0.29 had the least impact. Also, the variables of gender and parental supervision had a similar effect on the variables with a standard beta of 0.16. According to the findings, the correlation coefficient of these variables with the rate of addiction was equal to R = 0.38 and the coefficient of determination was equal to 0.414 and the adjusted coefficient of determination was 0.134., These coefficients indicated that more than 13.9% of the changes in addiction tendency in the regression equation was explained by these variables. Also, the value of F-test was found to be significant (P-value ≤ 0.05), for the significance of the independent variables on addiction tendency 12.7 with a significant level of 0.00, which showed that the regression model was linear and significant according to ANOVA test.

Table 1. Percentage and relationship of public places usage and tendency to addiction

Public places	Daily	Days in a week	Days in a month	Days in a year	Never	Tendency Toward addiction	
						R	P-value
Parks	5.8	16.6	38.9	31.2	7.5	0.156	0.003
Recreational sports halls	3.6	20.7	24.8	28.4	22.5	0.116	0.027
Barbers	2.3	5.5	50.3	31.2	10.8	0.125	0.017
Coffee shops	2.0	7.6	23.4	29.3	37.7	0.107	0.04
Cafés	4.1	8.6	10.9	19.0	57.5	0.264	0.00

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

Table 2: Percentage of observation of the type of distribution and consumption in terms of location and type of drug

Location		Frequency and percentage of drug distribution by drug type						Drug use				
		Not observed	Tradit-ional	Psych-edelic	Both / unspecified	Chi-square	P-value	Tradit-ional	Psych-otic	None	Chi-square	P-value
Park	n	366	53	46	35	3.68	0.15	41.6	6.7	51.7	29.6	0.00
	(%)	(64.3)	(14.1)	(12.3)	(9.4)							
Recreational sports halls	n	376	10	7	7	0.75	0.68	46.2	4.3	49.5	35.4	0.00
	(%)	(93.4)	(2.7)	(1.9)	(1.9)							
Barbers	n	385	7	5	3	1.6	0.44	41.9	9.7	48.4	8	0.018
	(%)	(95.9)	(1.9)	(1.4)	(0.8)							
Coffee shops	n	367	14	11	8	1.63	0.4	57.9	5.3	36.8	16	0.00
	(%)	(90.8)	(3.9)	(3.1)	(2.3)							
Cafés	n	331	32	14	23	7.04	0.03	49.4	10.2	20.4	29.4	0.00
	(%)	80.9	(8.8)	(3.9)	(6.3)							

Table 3: The characteristics of public places and the tendency towards addiction

Variable	Tendency towards addiction		
	Mean	T	P-value
Store or private location	26.8		
Part of private house	26.3	0.22	0.8
Main street	25.9		
Subcultures and quarters	29.2	1.5	0.1
Governmental place	24.1		
Private	27.8	1.7	0.07
Old centers	26.07		
New centers	26.8	0.3	0.6
With license	25.7	3.09	0.002
Without license	34.87		

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

Table 4: Distribution of respondents according to the statistics of family monitoring and the use of safe places and their relationship to addiction tendency

Items	Completely agree	Partly agree	No idea	Partly disagree	Completely disagree	Addiction Tendency	
						R	P-value
My family is aware of my recreational spots	51.4	29.8	8	6.5	4.3		
My family knows my sports or training instructor	32.1	22	22	8.1	8.6		
I always visit a coffee shop or café with a family member	22.4	17.4	17.4	12.3	23.7	- 0.277	0.000
I always go to amusement centers with my family members	44.2	31.2	31.2	7.5	5.8		
Family monitoring (Total)	62.6		18.2	19.2			
I pay attention to the permission of the sports venues, hairdressers and schools that I visit	26	17.5	31.5	14.5	10.5		
I'm sure the places of sport and recreation I visit are safe places	14.3	23.5	42.8	12.8	6.8	- 0.228	0.000
I avoid attending places where authorities and people who smoke and use tobacco are accommodated	27.9	20.6	24.4	19.1	8.0		
Use of safe places (Total)	43.2		32.9	23.8			

Discussion

According to the findings, the highest levels of drug use are in recreational areas such as parks, cafés and other refuge places. People who have more contact with public places, including parks, gyms and amusement parks, coffee shops, barber shops, cafés, are mostly at increased risk of addiction. As more than one third of addicts start at these centers and more than 50% of tobacco and drugs are consumed in these places.

Traditional drug addiction has a significant relationship with the rate of use of public places and the consumption of psychotropic substances in cafés. Cafés, parks and sports halls play a role in inducing unrealistic attitudes about drugs and psychotropic. There is a stronger correlation between the presence in the cafés and the tendency to addiction and the consumption of

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

psychotropic substances in those who visit these places is higher than in other places. Hence, cafés are the most dangerous centers in the prevalence of addiction and hairdressers had the lowest danger. Also, the percentage of narcotics distribution in parks and cafés was higher than in other places. The most evidence of drug distribution was reported with 38% in the parks and about a fifth of the population in cafés is seeing the distribution of drugs. Parks are more effective in increasing the tendency to use drugs, but drug consumers are less in the parks. Also, 5.3% of people who come to coffee shops also use psychotropic drugs but this amount is less than about 18.5% of ecstasy in young people who come to coffee shops in Tehran.[29] However, there were more than half of the people who used traditional drugs.

Most people refer to places they trust, but more than 23% go to unreliable and high-risk places. Using these places increases the tendency to use drugs. People who consumed drugs are more likely to go to places where they have less confidence. The results show that people who are addicted do not attend licensed sports venues, schools, etc. and they avoid going to places where the authorities use tobacco.

The family is an important regulatory element in reducing the risk of contact with such places. According to findings, about 20% of families do not have much control over their family members. By reducing family monitoring and communicating with public places, the risk of addiction increases and the presence of a family member in visiting places of recreation, coffee shops and cafés, the communication of families and parents with sports and educational instructors, and the family's knowledge of the places where other members and children go can have a lot of inhibitory effects on addiction.

Spatial features such as being public or private, licensed, and geographic locations (in the subculture or on the main street) can play a major role in the prevalence of addiction. As most consumers and addicts often use private and unoccupied places in subways. Other features, such as new or old house and private location or part of the house, have little effect on the addiction of the referring people.

Conclusion

A large percentage of the control group had observed the distribution of narcotics in different places, such as parks and cafés, coffee shops and sports halls such that, the need for the attention of related organizations in licensing and monitoring of these places is essential.

Given that there is a direct relationship between the tendency to addiction and physical presence in the examined places, these needs cannot be ignored. Sports, art, cinema and theater, student camps, and the provision of free facilities to low income people in the community can largely fill the existing vacancies and reduce the tendency to addiction.

Unlicensed and free centers, in particular cafés, are identified and monitored with obscure oversight. Therefore, if possible, by changing the function of these places, the necessary permissions should be given them to provide other useful, necessary, and more enjoyable services to create healthy places for fun and pleasure.

Smoking in public places such as parks, sports halls, coffee shops and cafés is prohibited by laws and fines or rewards and addicts and smokers are prevented from entering these places and these calls for a greater presence of law enforcement. Since, according to the research paper,[30] the existence of centers for monitoring and controlling crimes in urban neighborhoods has had a direct relationship with the reduction of crime in Yazd city. And on the other hand, in the areas with a smaller number of law enforcement centers in Yazd, more crimes were committed, and vice versa, in areas with more law enforcement agencies, committing crimes is less. Therefore, it is necessary that the police with dispersal and presence, especially in parks with subtle controls, identify the distribution of

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

narcotics and direct drug addicts to camps and rehabilitation centers.

Age restrictions are imposed on coffee shops and cafés and parks and teenagers go to these centers with one of their family members. Sports and recreation halls will only register the children under the age of twenty with the consent of the parents.

Conflicts of Interest

The Authors declare that there is no conflict of interest in this work.

Acknowledgments

This paper is extracted a research project with the same title, commissioned by the Anti-Narcotics Council of Yazd Province in 2015. The research license was obtained from the Counter Narcotics Headquarters. Information about the subject and objectives of the research was provided to the participants and informed consent was obtained, commitment to privacy and the lack of the use of information and their responses was provided.

Authors' Contribution

Conceptualization, A.Z.Sh. and Z.S.; Methodology, A.Z.Sh.; Software, Z.S.; Validation, A.Z.Sh.; Formal Analysis A.Z.Sh. and Z.S.; Project Administration, A.Z.Sh.; Data Curation, Z.S.; Writing - Original Draft, A.Z.Sh. and Z.S.; Writing - Review & Editing, A.Z.Sh. and Z.S.; Visualization, A.Z.Sh.; Supervision, A.Z.Sh.; Project Administration, A.Z.Sh.

References

1. Sotudeh H. Social pathology (sociology of deviations).7th ed. Tehran: Avayeh Nour Publication; 2001. P: 191-192
2. Tafreshi H. Addiction statistics in Iran. Razi. 2011;23(2):144-151.
3. Ministry of Health. There are 2,200,000 permanent addicts with daily intake in the country. Available at: URL: http://www.asriran.com/fa/news/233286. Accessed September 24, 2012.
4. Iran Drug Control Headquarters. The creation of 7 drug addiction camps. Available at: URL: http://yon.ir/JmZy7. Accessed June25, 2013
5. Georgian B. Drug and delinquency. Journal of Medical, Legal, Criminology and Neurology. 2001;6(19):75-82.
6. Çırakoğlu OC, Işın G. Perception of drug addiction among Turkish university students: Causes, cures, and attitudes. Addictive Behaviors. 2005;30(1):1-8. https://doi.org/10.1016/j.addbeh.2004.04.003
7. Wright S, Klee H. Violent crime, aggression and amphetamine: What are the implications for drug treatment services?. Drugs: Education, Prevention and Policy. 2001;8(1):73-90. http://doi.org/10.1080/09687630124890
8. Shahabpour Arbab M. Comparison of the frequency of psychiatric disorders in addicts and normal people. [Doctorate Thesis]. Iran. Zahedan University of Medical Sciences, Faculty of Medicine; 2005. [Persian]
9. Jahangiri P, Gholamzadeh Na. Reviewing the relationship between societal control and tendency toward drug abuse among the youth. Societal Security Studies. 2011;26:129-155.
10. The Islamic Republic News Agency (IRNA). Eight people fall victim to drug abuse every day. Available at: URL: http://www.irna.ir/fa/News/81372304. Accessed November 1, 2014.
11. Iranian Students' News Agency (ISNA). Iran's addicts are more than Afghanistan. Available at: URL: http://www.shahrekhabar.com/analysis/1399363140018219. Accessed May 6, 2014.
12. Iranian Students' News Agency (ISNA). 63 percent of addicts are married. Available at: URL: http://www.isna.ir/news/95071409196/. Accessed Oct 6, 2016.
13. Iranian Students' News Agency (ISNA). The actual statistics of addiction were announced in universities. Available at: URL:http://www.ghatreh.com/news/nn1804469. Accessed Feb 16, 2013.

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]

14. Sarvela PD, McClendon EJ. Indicators of rural youth drug use. Journal of Youth and Adolescence. 1988;17(4):335-47.
15.Taylor RB. Crime and small-scale places: What we know, what we can prevent, and what else we need to know. At: Crime and place: Plenary Papers of the 1997 Conference on Criminal Justice Research and Evaluation; 1997 Jul; Washington, DC. National Institute of Justice; 1998: 3.
16. Felson M, Ronald WY. Opportunity and delinquency: Practical approach for the prevention of delinquency. 1th ed. Zanjan: Publishing of Danesh; 2009. P: 15.
17. Sherman LW, Gartin PR, Buerger ME. Hot spots of predatory crime: Routine activities and the criminology of place. Criminology. 1989;27(1):27-56. http://doi.org/10.1111/j.1745-9125.1989.tb00862.x
18. Braga AA. Hot spots policing and crime prevention: A systematic review of randomized controlled trials. Journal of Experimental Criminology. 2005;1(3):317-42.
19. Gonzales AR, Schofield RB, Hart SV,et al. Available at: URL: https://www.ncjrs.gov/pdffiles1/nij/209393.pdf. Accessed Oct 25, 2017.
20. Majlesi M, Mardani H. Ambience detection and analysis of crime centers of bag theft, picking pockets, robbery in Zanjan township. Danesh e Entezami. 2012;4(57):91-115.
21.Kashaniju Kh. Recognizing of theoretical trends in relation to urban public spaces. Hoviatshahr. 2010;4(6):95-106.
22. Carmona M. Heath T, Oc T, Tiesdell S. Public places-urban spaces: The dimensions of urban design. 1th ed. Boston, MA: Architectural Press; 2003. P: 112.
23. Center for Statistics of Iran. Results of population and housing public census 2011. Available at: URL: https://nnt.sci.org.ir/sites/nnt/SitePages/report_90/ostani/ostani_population_report_final_permision.aspx. Accessed March 30, 2015.
24. Moazami T. Basic biostatistics. Available at: URL: http://stat.bpums.ac.ir/Fa/Article-643.htm. November 1, 2014.
25. Levy PS, Lemeshow S. Sampling of populations: Methods and applications. 1th ed. Tehran: Statistics Institute; 2002. P: 300.
26. Hakim Zadeh H. Sampling, sampling conference. Available at: URL: http://www.raveshtahqiq.blogsky.com/1385/03/27/post-5. Accessed June 12, 2006.
27. Mehraein M. Research method and statistics. 1st ed. Tehran: Publication of Sociologists; 2010. P: 75.
28.Nazari MA. The role of advertising in Attitude change of students toward addiction of Region 16 in Tehran [MS Thesis]. Tehran: Faculty of psychology, University of Social Welfare and Rehabilitation Sciences; 2000.
29. Barouni Sh, Mehrdad R, Akbari E. A survey of ecstasy use among 15-25 year-olds in five areas of TEHRAN. Tehran University Medical Journal. 2008;65(11):49-54.
30. Ismail Pour N, Hazeri M, Dasta F. investigation of spatial distribution of police offices and its relationship with mass depression in Yazd. Journal of Geography and Environmental Studies. 2015;3(11):36-23.

[Downloaded from sbrh.ssu.ac.ir on 2026-11-20]

[DOR: 20.1001.1.27832104.2017.1.2.1.9]