Shahid Sadoughi University of Medical Sciences School of Public Health

Social Behavior Research & Health

Social Behavior Research & Health

Social Determinants of Health Research Center

Pathology of Industrial Drug Abuse Tendency in Gorgan

Danial Bagheri [a*], Mahmoudreza Arefi [b], Farnoosh Rafei [c]

[a] Social Determinants of Health Research Center, Golestan University of Medical Sciences, Gorgan, Iran.
[b] Mental Health Center, Welfare Administration, Gorgan, Iran.
[c] Pcycology Department, Islamic Azad University, Tehran Center Branch, Tehran, Iran.

ARTICLEINFO

ORIGINAL ARTICLE

Article History:
Received: 16 Dec 2017
Revised: 11 May 2018
Accepted: 14 Apr 2018

***Corresponding Author:**
Danial Bagheri

Email:
danielbagherii@gmail.com

Tel: +98 9112712575

Citation: Bagheri D, Arefi M, Rafei F. Pathology of Industrial Drug Abuse Tendency in Gorgan. Social Behavior Research & Health (SBRH). 2018; 2(1): 189-198.

ABSTRACT

Background: Industrial Drug addiction is considered as one of the most serious social problems in Iran. It has various aspects of sociology, psychology, law, and politics. This study was conducted with the aim of pathology of the most important factors influencing the tendency of people to industrial drug in Gorgan.
Methods: This cross-sectional study was performed on 400 addicts in Gorgan. The statistical population of this study was people aged 15 - 60 years old who were consuming industrial drugs in Gorgan, as well as addicts in Addiction Retreat Camps in Gorgan. The sample size was 386 using Cochran's formula, which was promoted to 400 people for certainty. The samples were selected by stratified random sampling method. The data gathering tool was a researcher-made questionnaire whose reliability was determined after calculating 0.87. Data were collected by field method and then analyzed using SPSS software.
Results: The findings of the research showed that the age group of 15 - 25 years old with 43.2% had the highest tendency to industrial drug abuse. The variables of individual factors, family role and status, relationship with friends and peers have a significant and direct relationship with the tendency towards industrial drug abuse However, educational level and economic status variables did not have a significant relationship with the tendency towards industrial drug abuse. The results of statistical tests indicate that communication with friends and peers has had the greatest impact on the tendency of people who have been subjected to industrial drug abuse.
Conclusion: Considering that nearly half of the subjects (43.2%) were about 20 years old and 49.3% were single and unemployed, they could control the tendency towards industrial drugs by creating educational and employment programs in the province.

Keywords: Addiction, Industrial Drug, Gorgan

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

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

Drug addiction and drug abuse are among the most important issues in the field of social harm.[1] The increasing growth of drug addicts and consumers on one hand, and the diversification and proliferation of industrial drugs, on the other hand, seriously threaten the health of the social system.[2] In addition, reducing the age of drug use has provided major concerns for families and social planners. From the perspective of social pathology, drugs are strategic and multifaceted threats that, according to the requirements and conditions of the community, reveal one or more aspects of their properties in ways that are contrary to social norms and structures.[3] In this regard, it should be noted that the tendency of mankind to gain maximum pleasure and stream of pleasure-seeking in human societies has caused people to exhibit a lot of tendency to any substance in which it delivers great pleasure or takes him away from everyday realities.[2] Addiction means the physical, psychological, and nervous attachment of a person to drugs that it is impossible or very difficult to quit or escape.[4] From the pharmacological point of view, addiction is the acquired resistence state resulting from the long-term use of the drug in the body such that the repeated use of the drug reduces the gradual effects and after a period of time, the person can tolerate toxic substances in the body without discomfort, and if the drug does not reach into the body it causes physical and mental disorder known as deprivation syndrome.[5]

In our country, given the age structure of the population, this phenomenon has a special status. The proximity of Iran with two major drug-producing countries, namely, Afghanistan and Pakistan, and changing of the pattern of drug use, have created difficult conditions for the authorities and agents for fighting against drugs. This threat not only threatens individual security but also the ontological or existential security of the community. Addiction reduces one's orientation to moral, spiritual, and social values, as social pathologists consider addiction to be "domestic chemical warfare" and "war without borders." The World Health Organization has considered the issue of narcotics, including production, transmission, distribution and consumption, along with three other global issues, namely the production and stockpiling and mass destruction weapons, environmental pollution, and poverty and class divisions which poses a serious threat to human being in the social, economic, cultural and political dimensions of the global arena.[6] The necessity of understanding the dimensions and levels of this social issue is understood more deeply when it comes to the fact that the phenomenon of addiction is influenced by the development of communication and computer technologies and the mafia bands and the hidden hands. And it is of such complexity that the United Nations has considered it to be an organized crime and has issued various conventions and protocols to deal with it. The vast volume of trade and financial turnover associated with drug trafficking globally and the role of the regional and global mafia has been considerably controversial.[7]

In Iran, at the time of the second decade of the 2000, the phenomenon of change in drug consumption pattern was suddenly developed and spread in a short period of time as new phenomena at the head of social injuries. The direct and indirect economic and social damages of narcotics and trafficking in the country are estimated at 1,000,000 USD annually.[8] According to reports in 2011, the age of the onset of drug use in Iran has become 13-15 years old, and the number of addicts increases 10% annually. In this regard, the successor to the Counter Narcotics has declared Opium, Shirah, crack, heroin, cannabis and glass as the most consuming drug and psychotropic drug in the country, and has warned against the sudden outbreak of AIDS due to the use of brushed glass in the country.[9] The material and spiritual losses and the creation of disabled and addicted people and the flow of social capital are the four categories of anti-cultural and social costs that are caused by drug trafficking. Industrial drug

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

consumers are rapidly expelled from the production cycle and social capital and are among the threats to the social system. Due to their extremely hazardous chemical compounds, these materials destroy the ability of society to organize and preserve existing order and cause a structural change in the economic, social, political and cultural system of society. Industrial drugs, due to their chemical compounds, stimulate the central nerves and cause intense pleasure in the consumer. Therefore, it faces a wide range of consumers. Many teenagers and young people have begun their first experiment with industrial drugs, and due to the trends in industrial injuries on the body cause disorders that affect the individual and social functions of the consumer.[10]

In Gorgan, industrial drug, in the face of a social problem, has affected a large number of adolescents and young people, and even drug addicts, and has become a threat to the foundation and a deconstruction. Lack of strategic planning and strategic management and lack of an institutional model for dealing with high-risk addiction as well as lack of a comprehensive and consistent approach based on the "search for various causes and factors" of this phenomenon in Gorgan resulted in the fact that tactics used to deal with this threat has not been successful and the growth and depth of the destructive effects of industrial drugs is increasing. Accordingly, dealing with this phenomenon requires the recognition of all its dimensions. Furthermore, it is necessary to study programs of the accountable and interventional agencies in the prevention, control and reduction of addiction, study weaknesses and executive challenges, identify the factors influencing the occurrence, emergence and prevalence of the phenomenon of changing drug pattern, the main strategies for controlling and reducing the harm caused by drug addiction was found and presented. Another necessity of this research is the importance of the health status of the social system in the series of topics related to the comprehensive development of the province, in order to enable the realization of the slogan "healthy city - healthy citizen" and "quality society for all" in the province. Considering the emergence of the phenomenon of industrial drug abuse, this study intends to further studies and adoption of plans based on accurate statistics in Gorgan.

Theoretical Fundamentals of the Research

So far, psychologists, psychiatrists, sociologists, researchers and specialists have presented various views on the phenomenon of addiction. One group believes that mental fitness, abnormal personality, painful illness, and physical illness are the main causes of addiction. Some others consider abnormalities in the family and socializing with deviant friends (peer group) as the main cause of addiction. Others are looking for the causes of addiction in the community and considered the main cause of drug addiction due to social crises and social degradation. Reviews of each of the groups are mentioned here briefly.

Psychological and medical theories of addiction

Psychologists divide psychological and personality disorders into three categories for the description of different types of deviancy:

- Mental impairment or mental retardation.
- Psychosis or insanity.
- Disturbances of a kind of depression or neuroticism.[11]

Psychological explanations emphasize individuals' differences in the way of thinking and feeling about their behavior; differences that can appear in the form of subtle and minor differences in individuals' behavior with normal people or even in the form of severe personality disorders, and some people, due to factors such as increased anger and anger, a little dependency and belonging to each other, or tendency to risk and enjoyment are more prone to commit abusive behaviors.[12]

One of the psychological explanations emphasizing personality deficits is Freud's explanation. Freud considers the personality structure to be three layers of "entity," "ego," and "super-ego." The "entity" is the same soul and source of the emotional power that does not recognize any constraint. "Ego" is the core of the personality and is the subject of education and

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

learning of the facts of life. This section is a link between "entity" and "super-ego" and the so-called goalkeeper of personality. "Ego" includes moral and conscientious values of the individual, which gradually develops through education and the influence of environmental factors. Freud believes that in the realm of human life, the scene of his struggle is the two forces of the "entity" and "super-ego". When there is a deviant behavior, the "entity" wins the struggle against its "super-ego".[13]

Another psychological explanation is Bamirand's parenting styles which names the three basic styles of authoritarian, easy-reaching, and authoritarian effective in the development of behavioral deviations. Similarly, Simonds also regards these dimensions as accepting-rejection and dominant-submissive, and Shefer considers love-hostility-control as dimensions of parenting styles. Jean Bérébeux categorizes drug addicts personally and mentally to addicts with the structure of "psychosis", "neuroticism "and "depressed". But in general, there is another division that most psychologists hold, and it is the division of the addicted people into the "neurotic", "psychotic" and "unorganized".[14] The "neurotic" addicts are self-inflicted and harassed and interrupted by emotional and familial relationships. Psychologically, these people should be treated with interviewing and confrontation, and through empathy, trust and reassurance. Psychotic addicts are reality escape; the psychoanalysis of this group and the control of aggression in them are the best way to treat this group. Addicts with "unorganized" behaviors are not able to communicate with the facts, and their failures are considered by the social and family environment of their childhood, and they are highly imaginative. This group is also treated through individual and group psychoanalysis.[15]

It can be concluded that whenever a person's mental development does not occur in parallel with his physical growth and that the personality does not evolve, the person is exposed to and attacks mental illnesses and disorders and becomes an impotent, indulged person and anxious person. At this time, there is a risk of deviations, which addiction is one of them.

Sociological Explanations

Theories of sociology examine social structures and social behaviors; therefore, they study drug use in a social context. A sociological point of view often considers the consumption of drugs as the product of social conditions and situations that cause frustration, failure, deprivation and general feeling of alienation among the vulnerable sections of the population. Sociological theories focus on the important and underlying role of social environment in shaping the deviance phenomenon and in paying attention to how shaping deviant behaviors is in the community scene. They primarily focus on reasons that expose groups or parts of community to deviance.

Meron's Anomy Theory

For many sociologists, deviation is the result of inadequacies in the culture and social structure of a society. Each society has not only cultural goals but also socially accepted instruments for achieving these goals. If these devices are not available to the individual, the person is likely to tolerate deviant behavior.[16] In an approach to social disruption, Merton does not just refer to social structure and culture (not the deviations or his failures) as the source of deviance, but also to the perception of why individuals committed some abusive practices, especially financial crimes. This approach discusses both individual distortion and group bias, and many of the deviant behaviors. Anomalies that are referred to as non-normality or indecency are the grounds for abuseness and social deviation; since anomalies arise when cultural expectations are not compatible with social reality. Merton has tried to relate anomalies to social deviations.[17]

Theory of social control

The theory of social control has long history and the belief that "the formation of deviant behavior by young people" is the cause of the lack of some social control has been generally accepted

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

for a while. This theory considers the consistency as the result of the existence of social connections between the people of the society and the application of various kinds of control by the community, and considers the dissonance as a result of the disruption of personal ties to the conventional order of society. Hirshish's social control theory is based on the assumption that, if we want to prevent the tendencies of deviant behavior, all individuals, whether young or adult, must be controlled. According to this theory, deviant behavior is general and epidemic and it is the result of poor functioning of social control mechanisms. This theory emphasizes two types of personal control and social control. Personal control systems include individual and psychological factors. Self-confidence is recognized as a basic psychological factor in personal control. Social control factors include dependence and attachment to fundamental social institutions such as family, religion, politics, and education.[17]

Another hypothesis of social control theory is that there is a general consensus on common norms, values, and beliefs in society, and social control is based on this social consensus. Another important point of departure is Sutherland's Differential Theory, which emphasizes that close relatives and people at the same age range that have offensive behaviors have a great influence on the formation and strengthening of the offensive attitudes of the perpetrators and pushing the person to the violation. Different socialization theory considers the social content of delinquency and considers the offender in his social position in terms of his relationship with family, neighborhood, comrades, and associates.[18]

Steven Gold's cheerful control theory has also faced addicts from another perspective. According to this theory, personal styles of consumers' attitudes to the pharmacological effects of drugs are important. In this theory, the cognitive status of a person is considered as the axis that determines the movement from the entertainment consumption to full addiction.[19]

Label theory

Labeling is one of the main theories in explaining the phenomenon of top addicts. This theory considers the repetition of addiction and the reluctance to leave due to the receipt of the label from society. In the label theory, initial deviation and judgments of individuals cause secondary deviations (Drake, 2009: 100). Label theorists have analyzed the secondary deviant behavior (repeated deviation) and referred to the label as "a stabilizing pattern of professional or chained deviant behavior."

The stigma theory and social identity

The stigma is a hallmark and devaluator of the social identity that addicts face in their everyday lives. Using this theory and integrating it with the label theory, we will find out how the stigma is created in the interaction between healthy people and addicted people and destroys the social identity of addicted individuals who have been injured.[3]

Exclusion mechanisms

Social exclusion is a long-term deprivation which leads to a separation from the mainstream of society; a process which results in exclusion and marginalization of certain individuals and social groups from the community. Therefore, exclusion is a multifaceted deprivation. According to Walker, the concept of poverty is reduced economic deficits, while the concept of social exclusion is used to understand and measure the relationship of individuals with different areas of society. Exclusion, as a more comprehensive formulation, refers to the dynamic process of preventing a complete or partial entry into any social, economic, political or cultural system that determines the social cohesion of a person in society.[21]

Methods

This cross-sectional study was performed on 400 citizens of Gorgan. Samples were selected from addicts based in short term, long term, and

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

middle term addiction leaving camps in Gorgan. Since the sample was divided into two male and female groups, random sampling method was used to select the samples. The data gathering tool was a questionnaire. Due to the lack of a standard questionnaire adapted to the goals and questions of the research, based on the information obtained and related resources, a researcher-made questionnaire was set up. In order to determine the reliability of the questionnaire, the technique of face validity, which is one of the most important types of content validity, was used. Firstly, a questionnaire was designed for the attention of 20 experts from the field of social studies, and they were asked to determine their relevance in relation to the ability of the tool to measure the variables in relation to the objectives of the research. After receiving the recommendations of the experts, the proposed amendments were completed and a modified questionnaire was provided to the samples. Furthermore, in this study, the reliability of the questionnaire was performed using Cronbach alpha method and the calculated value was 0.87.

The questionnaire consisted of 4 sections. In the first section, the demographic characteristics of the subjects were recorded without mentioning the respondent's name. Then, a questionnaire on the variables of individual tendency, family role and relationship with friends and peers was provided to samples. The scores assigned to the questions were based on the Likert scale of 5, and the score higher than 75 was high tendency, 50-75 was average tendency and less than 50 was low tendency. The data were analyzed using descriptive statistics, after determining distribution and central and indices shown in descriptive tables. In these tables, while referring to the types of abundances, proportional to the level of measurements of variables, the central index was also presented. Since in the inferential analysis the researcher intends to answer the research questions, in this study, the correlation tests (Pearson and X-Two) have been used to test the hypotheses of the research. In descriptive statistics tables, indicators such as mean and standard deviation were used to describe demographic characteristics such as gender. The confidence coefficient of the study was 95%.

Results

In this study, 65.5% of the samples were male and 34.5% of them were female. 46% were single, 42.8% were married and 11.2% were divorced. 43.2% of the subjects were aged 15-25 years old. The lowest and highest age of participants was 15 and 61 years. The level of education for 44% of the participants was diploma and lower than diploma. 49%were employed and 51%unemployed. 13.3% of the studied families had monthly income less than 150 thousand Tomans, and 37.4%of the monthly income was more than 600 thousand USD. 86.5% were residents of the city and 13.5% of the residents were in the village. In assessing the location of the residence, 346 inhabitants of the city were 10.6% living in the upper parts of the city, 32% of the downtown, 38.4% of lower part of the city and 18.7% of the suburbs.

The results of this study showed that the most common cause of the tendency of people to drug abuse was relationship with friends and peers 65.2%, individual mental beliefs about industrial drugs was 61% and role and place of family was 61.5% (P-value < 0.05). However, there was no meaningful relationship between educational level (44%) and economic status (37.4%).

60.5% preferred to spend more time with their friends and 67.1% had friends who used drugs. 67.3% stated they spoke in friendly circles about industrial drugs. 55.3%believed that new drugs were not of good quality, so they were forced to use more drugs, 34%considered industrial drug access easier than traditional drugs, and 38%considered industrial drugs more economical. 36.3% believed that the possibility of treating some of the diseases with industrial drugs, 50.5% of the people who considered the drug industry as a force for sexual enhancement. Regarding the knowledge of people about industrial drugs, the level of knowledge of 56.6% was poor, 43.5% were average and none of them had high knowledge

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

(Table1). The mean knowledge score was 9.86% of 22 grades (with standard deviation of 3.8.) 47.8% believed that members of the family did not pay attention to their opinions, 41.8% of the family's atmosphere was not considered to be suitable for expressing the problems, 57.8% believed that the members of the family had less time for each other and 64.1% considered lack of emotional needs to be effective in their tendency toward drug use.

Mmultiple correlation coefficients, coefficient of determination, modified coefficient, estimation error (correlation error), coefficient F and its significant level (Table 2).

According to this table, it can be concluded that there is no coincidence or linearity between the independent variables under study. Therefore, the correlation between the independent variables is not seen relative to each other. These two indices show that the correlation between independent variables is not more than their correlation with the dependent variable. Knowing this kind of information helps the analyst to find out how independent the variables for independent prediction of the dependent variable (the tendency towards industrial drug abuse) have been observed in the selection of independent variables.

For regression equation, ANOVA was calculated, and the value of F was 15.1968 and F was significant (P-value = 0.000), which indicated that the tendency towards industrial drug abuse had a direct linear relationship with independent variables. It is natural that the probability of random getting of F ratio is zero. Therefore, the relationship between independent variables and the tendency towards industrial drug abuse can not be accidental. Multi-variable (multiple) correlation coefficient is equal to R = 0.774. This coefficient represents the high-level relationship between independent variables with the tendency toward industrial drug abuse. The coefficient of determination in this regression equation is equal to R = 0. 599. This coefficient shows that independent variables can explain changes in the tendency toward industrial drug abuse. The adjusted coefficient of determination in this regression equation is 0.561 and shows that independent variables alone account for 33.3% of the changes related to the tendency towards industrial drug abuse.

Table 1. Demographic characteristics of the samples

Variable	Situation	Number	Percent
Gender	Female	118	34.5
	Male	262	65.5
Age	15 – 25	173	2.43
	26 – 40	150	5.37
	41 – 55	62	5.15
	Over 50	15	8.13
Marital status	Single	184	46
	Married	171	42.8
	Divorced	45	11.2
Level of education	Illiterate	46	5.11
	Diploma and less than Diploma	272	0.44
	Undergraduate and Bachelor	78	5.19
	Master's degree and higher	4	0.1

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

Table 2. Results of multivariate regression analysis in the style of entry to predict the tendency toward industrial drug abuse through individual and social variables

Predicting variables	B	SE	Beta	T	P
Constant amount	23.608	-	4.250	5.554	0.000
Same age group	0.401	0.395	0.073	5.459	0.000
Family atmosphere	-0.350	-0.276	0.075	-4.692	0.000
Gender	0.388	-0.034	0.657	-0.590	0.556
Age	-0.180	-0.428	0.027	-6.630	0.000
Level of Education	1.109	0.265	0.304	3.654	0.000
marital status	2.152	0.276	0.507	4.249	0.000
Housing situation	0.397	0.092	0.260	1.528	0.128
Family size	0.138	0.042	0.185	0.743	0.458
Family income	0.226	0.185	0.000	2.098	0.037
Address	-3.252	-0.141	1.223	-2.660	0.009

Notice: 0.774 = R R Square = 0.599 ADJ.R2 = 0.561

Discussion

Drug addiction is an important and contemplative issue for the society, which has been studied as a research subject in many scientific disciplines such as social sciences, medicine, psychology and law, and in different periods of time, it has covered an important part of the field of research for these sciences. However, given the nature of the problem of addiction and its widespread dimensions, no satisfactory, comprehensive, and comprehensive explanation of the cause of addiction at individual and collective levels has been presented so far. It may be said that the difference in the knowledge levels the studied methods in the various branches of science has led, instead of creating a comprehensive explanation and treatment for this multifaceted problem, or having an integrated knowledge map, at present, that we have more to do with a knowledge map Sphere of concern in the area of issues related to this important social issue.[22] In addition in addressing the issue of addiction, factors such as unemployment, economic disadvantages, gender, and education level of addicts have a significant relationship with drug tendency; however,this study showed that psychological and psychological concerns of individuals and the role of peers in forgetting life failures are important variables that have been neglected in social research. People who are not under the direct supervision of a family who live alone or alongside peers are more at risk of getting abusive patterns. Such places of residence are converted into friendly hospitality, and improper behaviors increase collectively. This study showed that communication with friends and peers has the greatest role in the tendency of people to be subjected to drug abuse. This finding is consistent with the results of the Yarmohammadi Vasel and Ghanadi (2010), Vahdat Shariat Panahi and Shahbazi (2010) and Dakof (2001).[12, 23, 24] However, it is different from the results of the Siyam (2007) that the addiction of friends and family (39.14) is the most important factor in drug use tendency.[15] It seems that this difference is related to how the study is conducted; since the role of the peer group and the persuasion of the individual by friends were consistent with the results of other similar studies in the same field. In the study by Razzaghi (2006) it was found that the mean age of addicts was 26.3 years and about 80% had started using drugs before the age of 30. In this study, a significant proportion of consumers were young people.[25]

In the present study, 61% of the people had a false mental belief in the use of industrial drugs. 56.6% of addicts had very little information about the harms of industrial drugs. 65%of the people believed that the use of industrial drugs would

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

strengthen sexual power. 36.3% believed psychoactive substances to facilitate treatment of some diseases. This finding is consistent with the results of the study of Yekkehfallah (2009), Pauly (2010) and Moasheri (2006).[4, 5, 26] In this study, the role and place of family (56.5) was related to drug abuse, which in some previous studies was an effective factor in drug abuse. This finding is consistent with the results of Abassi (2006) and Holman (2004) studies.[27, 28]

Conclusion

It seems that the trend of drug abuse is increasing in Iran and consequently in Gorgan. Industrial and psychotropic drugs such as crack, cannabis, glass and ecstasy have met with considerable interest among young drug users. Based on the results of this study and other similar studies in the country, and due to the increasing risk of drug intake and changing the pattern of consumption, providing the most accurate programs for preventing, controlling and reducing the harm caused by addiction and rehabilitation of addicts, preventing young people tendency to industrial drugs can be made.

Conflicts of Interest

In this study, did not report any potential conflicts of interest with the authors.

Acknowledgments

This manuscript is based on a master's thesis. Accordingly, all the students who participated in the research, their parents, and the officials of the education and selected schools are appreciated. The research contract number with the Welfare Organizationm is 933/97/11/1365. According to the same agreement, it was permitted to enter camps, complete the questionnaire and carry out in-depth interviews.

Authors' Contribtion

Conceptualization, D.B., M.A. and F.R.; Methodology, D.B. and F.R.; Investigation, F.R. and M.A.; Writing – Original Draft, D.B.; Writing – Review & Editing, D.B. and F.R.

Refrences

1. Ahmadi J, Hasani M. Prevalence of substance use among Iranian high school students. Addictive behaviors. 2003;28(2):375-379.
2. Dehghani K, Zare A, Dehghani H, Sedghi H, Poormovahed Z. Drug abuse prevalence and risk factors in students of Shaheed Sadoughi University of Medical Sciences, Yazd. SSU Journals. 2010;18 (3):164-169.
3. Thege BK, Colman I, Elguebaly N, et al. Social judgments of behavioral versus substance related addictions: A population based study. Addictive Behaviors. 2015;42(2):24-31.
4. Yekkehfallah L, Momeni A, Torkashvand A, Jahani Hashemi H. Factors Associated with Ecstasy Use in Students of Qazvin University of Medical Sciences. Journal of Hayat. 2009;15(2):73-80.
5. Pauly V, Frauger E, Rouby F, et al. Analysis of addictive behaviours among new prisoners in France using the OPPIDUM program. L'Encephale. 2010;36(2):122-131.
6. Sarrami H, Ghorbami M, Taghavi M. The survey two decades of prevalence studies among Iran university students. Research on Addiction. 2012;7(27):36-39.
7. Norgard LS, Laursen MK, Lassen S. Knowledge, attitudes, behavior and polydrug use among ecstasy users Alondon study. Journal of Social and Administrative Pharmacy. 2001;18(2):51-58.
8. Rakhshani F, Sepehri Z, Keikha M, Rakhshani T, Ebrahimi MR. Associated Factors of Paan Use in Southeast Iran. Iranian Red Crescent Medical Journal. 2011;13(9):659-663.
9. Bakhshipour A, Bagherian khosroshahi S. Psychometric properties of Eysenck Personality Questionnaire Revised - Short Form (EPQ-RS). Contemporary Psychology Journal. 2007;1(2):3-12.
10. Taheri F, Yaraghi A, Sabzghabaee AM, et al. Methadone toxicity in a poisoning referral center. Journal of Research in Pharmacy Practice. 2013;2(3):130-134.

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]

11. Sekhavat J. Drug addiction and trafficking. 2nd ed. Tehran: Agah Publishing; 2002
12. Yarmohammadi Vasel M, Ghanadi F. Study of the transition from non-injection to injection in heroin users. Scientific Journal of Hamadan University of Medical Sciences. 2010;17(2):50-56.
13. Sabahy AR, Divsalar K, Bahreinifar S, Marzban M, Nakhaee N. Waterpipe tobacco use among Iranian university students: Correlates and perceived reasons for use. The International Journal of Tuberculosis and Lung Disease. 2011;15(6):844–847.
14. Chiang SC, Chen SJ, Sun HJ, Chan HY, Chen WJ. Heroin use among youths incarcerated for illicit drug use: Psychosocial environment, substance use history, psychiatric comorbidity, and route of administration. The American journal on addictions. 2006;15(3):233-241.
15. Siyam Sh. Drug abuse prevalence between male students of different universities in Rasht in 2005. Zahedan Journal of Research in Medical Sciences. 2007;8(4):279-285.
16. Cohen BJ, Orbuch TL. Introduction to sociology. 1st ed. College Book Series McGraw-Hill's, college review books series; 1990.
17. Ritzer G. Sociological Theory. New York: McGraw-Hill; 1992
18. Giddens A, Sutton P. Sociology. 7th ed. Cambridge: Polity Press; 2013.
19. Abadinsky H. Drug use and abuse: A comprehensive introduction. 8th ed. Cengage Learning; 2005. P:154.
20. Drake R. Dual diagnosis and integrated treatment of mental illness and substance abuse disorder. Psychiatric Services. 2003;41:328-335.
21. Farnaghi F, Jafari N, Mehregan FF. Methadone poisoning among children referred to Loghman-Hakim hospital in 2009. Pajoohandeh Journal. 2012;16(6):299-303.
22. Chen, J. Revisiting early sociological studies on addiction: Interactions with collectives, History of the Human Sciences. 2014;27(5):111-125.
23. Vahdat Shariat Panahi SM, Shahbazi S. The pattern of drug abuse in anonymous adidcts. Archives of Rehabilitation. 2010;11(1).
24. Dakof GA, Tejeda M, Liddle HA. Predictors of engagement in adolescent drug abuse treatment. Journal of the American Academy of Child & Adolescent Psychiatry. 2001;40(3):274-281.
25. Razzaghi EM, Movaghar AR, Green TC, Khoshnood K. Profiles of risk: A qualitative study of injecting drug users in Tehran, Iran. Harm Reduction Journal. 2006;3:12.
26. Moasheri N, Miri MR, Mashreghi MH, Eslami MR. A study of Birjand University students' knowledge and attitude towards taking Ecstasy pills. Journal of Birjand University of Medical Sciences. 2006;13(4):9-15.
27. Abassi A, Taziki S, Moradi A. The Protype of Drug mis abused of Opioids in the Self-Introduced Addicts in Gorgan. Journal of Gorgan University of Medical Sciences. 2006;8(17):22-7.
28. Holman Rc. Emotion and motive effects on druy related cognition, Hand book of addictive disorders apractical Guide to diahnosis and treatment. USA: Published John Wiley & Sons, New Jery; 2004.

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

[DOR: 20.1001.1.27832104.2018.2.1.5.8]