

# Paradigmatic Model for Preventing Drug Use in Orzuiyeh County of Kerman

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## Abstract

**Background:** Drug use is one of the most serious challenges in rural communities, and it is often accompanied by many economic and social problems. Orzuiyeh county is facing increased drug use because of the lack of job opportunities and changes in social values. The current study aimed to present a paradigmatic model for preventing drug use in the villages of this county.

**Methods:** This is a qualitative study using Strauss and Corbin's grounded theory. The research population included rural citizens, and data were collected using semi-structured interviews. Sampling continued until data saturation, which was achieved after ten interviews. Validity was confirmed through data stratification, and reliability was confirmed with an agreement coefficient of 0.72.

**Results:** Data analysis produced 164 open codes divided into 21 contextual factors, 11 intervening factors, 21 strategies, and nine consequences. The central phenomenon of this study was drug use epidemic among rural youth. The essential contextual factors included economic conditions, unemployment, and changes in social values. The intervening factors included social-cultural conformity to using drugs and psychological effects. The most important consequences of prevention negligence are youth migration and broken homes. Major recommended strategies were youth empowerment, establishing a supportive environment, and fortifying social integrity.

**Conclusion:** The addiction prevention model in rural areas can help to reduce the addiction rate by focusing on empowering the youth, assessing their needs, and establishing a supportive environment. Improving life skills and social integrity increases hope and self-confidence among the youth. Constantly monitoring the programs provides an opportunity to optimize them and facilitates the improvement of the quality of life in these communities.

**Keywords:** Prevention, Substance-related disorders, Economic conditions, Sociocultural conformity, Rural health, Psychological effects

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## Introduction

Drug addiction is a major social and health challenge worldwide (1). Global statistics show that over 275 million use narcotics and psychotropic drugs and the drug use prevalence rate among 15 to 65-year-olds has reached 7% (2). UN reports show that over 36 million people are affected by drug abuse disorders worldwide (3). These numbers indicate a constant increase in drug use and its related problems in Iran and worldwide. The addiction situation in Kerman province is more critical, and the addiction prevalence rate is higher than the national average (4).

In Iran, and especially in rural areas, drug use is accompanied by social and structural changes. In recent decades, rural life has experienced drastic changes, resulting in increased social problems such as addiction (5). Migration to cities, changes in life patterns, and

increased contact with urban cultures have been among the reasons for the increase in drug use among Iran's rural population. Easy access to drugs and collapsed local means of livelihood have intensified this problem in these areas and the cultural background of using drugs as medicine for many conditions adds to the problem (6). Other researchers point to family disputes, dependence on family, and feelings of social anomie as important correlations in drug abuse among the rural population (7). The high prevalence rate of addiction in Kerman province, especially in Orzuiyeh county, in which more than 20% of the villages have been declared critical areas (8), makes it more necessary to prevent addiction in these areas. Previous studies have indicated several factors contributing to the return and spread of addiction in urban and rural areas. Social and cultural factors, such as encouragement by friends to use drugs again, unhealthy



hobbies, and local subcultures (9), can be considered. In addition to that, Safari's and Haghi's studies have emphasized that psychological and social factors, such as economic poverty, social poverty, and psychological problems, are effective in the tendency to drug use (10). Afshani et al. have pointed to the significance of the family's acceptance of using hookah and generally, the family's influence in spreading this problem (11). On the other hand, international studies such as Hochstetler and Peters (8) and Akbar et al (10) have shown that substance abuse-related challenges in rural and urban areas depend on the local and cultural characteristics of these communities, so specific and targeted regional policies are required to deal with them (12).

However, despite this number of studies about addiction's causal and intervening factors, the absence of studies on addiction prevention, especially in the rural areas in the region, is apparent. Moreover, most of these studies are quantitative. The need to conduct qualitative studies using methods such as the grounded theory still exists, especially because the local specifics of different villages and the social and cultural factors specific to each area could require local preventive policies (11), so attention to the addiction problem and the necessity of prevention in rural areas is essential. This study aims to present a model for preventing drug abuse in Orzuiyeh County villages, using which practical steps can be taken to reduce addiction and its harmful outcomes.

## Methods

This is a qualitative study using Strauss and Corbin's grounded theory. The codification process involved open, axial, and selective coding, identifying several themes and categories. Grounded theory was chosen because it can generate theories based on gathered data and deeply understand people's experiences. It allows researchers to form new theories based on accurate data and analyze different aspects of the subject.

The research population included prominent rural people, such as municipal and council members and villagers. The data was gathered until a saturation point was reached with ten participants. Purposeful and snowball sampling were used as follows: when we required involved people, we used villagers' guidance for snowball sampling, and to choose municipal members we used purposeful sampling. These people were selected as key informed persons because of their essential social roles and their knowledge of social and cultural issues associated with drug addiction. Besides, the participation of different people from all walks of life, including those who have an addiction, helped us achieve diverse views and a more comprehensive understanding of the situation. The exclusion criteria included unwillingness, tiredness, mental pressure, and ambiguity about the purpose of the interviews. The researcher ended or postponed the

interview in any of the above cases.

The applied tool for this study was semi-structured interviews. The interviews began with the village's council members. The questions were as follows:

- In your view, what factors increase drug use in this village?
- Do these factors include social, economic, and cultural factors, or are there other factors?
- Can you talk about your personal experiences or others' experiences about the effects of drug use on the local community?
- What do you suggest to reduce drug use and increase awareness?
- Do the villagers seek programs to prevent drug use?
- What experiences do you have in preventing drug abuse in other places that can be implemented here?
- Do the village's culture and values play a role in resisting drug use?

To assess the data, first, the voice tracks were recorded with high quality. Then, these files were transcribed via speech-to-text software or by the researcher or research assistants. Then, the elicited findings were assessed in three coding stages, including open, axial, and selective coding, and the data gathered from the interviews were processed via MAXQDA ver. 20. The validity of the information was confirmed by the confirmation of the results by the involved people and data stratification. The reliability was established by the agreement coefficient of 0.72, and after two experts coded them again, acceptable reliability was achieved.

All ethical standards were followed in this study. During data gathering, participants were treated respectfully. Written informed consent was obtained from each participant. Confidentiality was observed, and there was no public access to personal data at any stage. All the gathered data were used solely for research purposes, and the information was not used for commercial purposes. The interviews were conducted at different places and dates, including rural council offices and public places in the village. On average, the interview duration was between 30 and 60 minutes, depending on the circumstances and the participant's willingness. The researcher conducted the interviews to guarantee accuracy and thoroughness. A female interviewer who had majored in sociology interviewed one female participant.

## Results

Overall, 10 individuals participated in this study. Of these participants, 80% (eight individuals) were members of the village council, and 20% (two individuals) had drug addiction. Nine were male, and one was female. Half of the participants (five individuals), 50%, had associate degrees (Table 1).

Data analysis revealed 164 open codes divided into 21 contextual factors, 11 intervening factors, 21 strategies,

and nine consequences.

### Contextual factors

As presented in Table 2, contextual factors that make it difficult to prevent drug use include six major items: cultural, social, economic, mental, family, and previous trauma. Cultural factors included problems such as fear of drug withdrawal, incorrect values and beliefs about consumption, low age of marriage, addiction in the family, lack of education, drug use as a form of recreation, and even a way to treat underlying diseases have been raised. One interviewee said: *“Many fear quitting because they think their bodies cannot tolerate it and it might even kill them”* (Interviewee 1). *“Some people think that drug use is a kind of entertainment and do not know how dangerous it is”* (Interviewee 2). Among major social factors were despair, drug use as a way to escape social and economic realities, social stressors, fear of the community, unemployment, and the village being on a transit route of drugs. One participant said: *“When there is no work, young people become idle and resort to drugs”* (Interviewee 6). Economically, poverty and unemployment were presented as major factors. One participant said: *“When you have no money, you cannot even afford treatment”* (Interviewee 7). The situation of the village on the drug transit route was said to be an economic and social factor: *“Our village is*

*on a drug trafficking route, and this makes it easy to access drugs”* (Interviewee 8). In the mental aspect, mental stress, fear of the community, and despair were mentioned as driving factors for drug use. One participant stated: *“Some use drugs to relieve life stress and pressure”* (Interviewee 9). Another participant said: *“I am afraid of people and drugs are the only things that calm me”* (Interviewee 10). Concerning family, underage marriage and one family member being addicted were mentioned as factors in a tendency to use drugs, as noted by one participant: *“When your father or brother is addicted to drugs, you will be drawn to drugs”* (Interviewee 1), and also, *“underage marriage makes our kids incapable of managing their lives and makes them turn to drugs”* (Interviewee 2). The last item in this category was having bitter experiences in life. One participant said: *“I lived a life filled with failures, and only drugs calm me”* (Interviewee 3), and another said: *“After my father’s passing, everything lost meaning for me, and I turned to drugs”* (Interviewee 4).

### Intervening factors

The intervening factors for drug use prevention include a wide range of psychological, social, cultural, and structural problems. Psychological problems such as hopelessness about the future, having no motivation to quit, and feeling lonely and isolated are among these factors.

*“Young people say that we have no future, so why make it hard for ourselves?”* (Interviewee 4)

Also, social and cultural conformity with drug use was mentioned as an intervening factor.

*“Some think drug use is a kind of entertainment and do not know how dangerous it is.”* (Interviewee 2)

On the other hand, officials’ lack of planning for the youth and workforce in our villages and a lack of organizational support and resources due to governmental policy-making are among the structural barriers that make drug use prevention difficult.

*“When there is no work for young people, they will turn to drugs.”* (Interviewee 6)

**Table 1.** The interviewed characteristics

		Frequency	Percent
Organization name	Village council members	8	80
	People with drug addiction	2	20
Gender	Male	9	90
	Female	1	10
Level of education	Middle school diploma	1	10
	High school diploma	1	10
	Associate degree	5	50
	Bachelor's degree	3	30
Total		10	100

**Table 2.** Axial and selective codes

Axial codes	Selective codes
Socioeconomic conditions: Social stressors, unemployment, lack of drug distribution monitoring, community fear, escapism, and location on a drug transit route	Contextual factors
Cultural conditions: Family history of addiction, underage marriage in girls, lack of educational opportunities, shifting values, and beliefs that favor drug use, recreational drug use, fear of withdrawal, and medicinal drug use	
Family conditions: History of trauma	
Mental Health conditions	
Psychological conditions: hopelessness about the future, lack of motivation to quit, feelings of loneliness and isolation, social and cultural acceptance of drug use, inadequate planning by officials, resource scarcity due to government policies, and gender-based discrimination	Intervening factors
Youth empowerment, strengthening social cohesion, shifting beliefs and values surrounding drug use (e.g., through treatment and recreational activities), developing village-level policies and plans, providing social support, raising awareness, education, job creation, program evaluation, focusing on economic development, strengthening physical and mental health services, official planning initiatives, creating economic opportunities, and community and group education	Strategies
The spread of unrealistic beliefs about life's challenges, youth migration, family separations, an increase in non-normative relationships, moral decline, inability to form families, unemployment, family estrangement, theft, and rising suicide rates	Consequences
Drug use epidemic in villages	Central phenomenon

Besides, the level of drug distribution monitoring is not enough.

*“Our village is on the transit route of drugs, so there is easy access to drugs”* (Interviewee 8).

Gender discrimination and differences were other mentioned intervening factors. For example, due to social and cultural restrictions, women may seek treatment less than men and feel more isolated.

*“I am afraid of people, and only drugs calm me.”* (Interviewee 10)

Overall, these intervening factors showed the need for a comprehensive prevention approach that considers psychological and individual issues as well as social and structural challenges.

### Strategies

According to the most repeated answers, the suggested strategies for preventing drug use in villages included:

#### Empowering the youth

Implementing programs to increase individual, social, and work skills so people can resist negative pressures and imagine a bright future for themselves.

*“Young people should know that they can lead a good life without drugs.”* (Interviewee 1)

#### Increasing social integrity

Strengthening social relationships and solidarity in a rural community where everyone feels supported and belongs more.

*“When people help each other, they rarely turn to drugs.”* (Interviewee 2)

#### Establishing a supportive environment

Establishing safe and supportive spaces such as mental counseling and support centers for endangered people.

*“People must know that there is a place where help is provided if needed.”* (Interviewee 3)

#### Changing incorrect beliefs and values about drug use

Informing the public about the dangers of drugs and changing their incorrect beliefs, such as using drugs for recreation or treatment.

*“We should show people that using drugs is neither treatment nor entertainment.”* (Interviewee 4)

#### Working policy-making for planning in villages

Officials' planning for rural development and creating social and economic opportunities for residents.

*“If the government pays attention to the villages, young people turn less to drugs.”* (Interviewee 5)

#### Social support

Creating support networks for vulnerable people such as family, friends, and local communities.

*“When one knows that they are not alone, they turn less*

*to drugs.”* (Interviewee 6)

#### Awareness and education

Offering workshops and educational programs about drug harm and its prevention methods.

*“Children must be educated about how much drug use is dangerous.”* (Interviewee 7)

#### Creating job and work opportunities

Creating sustainable jobs for young people so they can avoid unemployment and hopelessness.

*“Young people do not get close to drugs if there is work.”* (Interviewee 8)

#### Following the programs to ensure effectiveness

Constant monitoring and assessing prevention and treatment programs to guarantee that they work.

*“Programs must be constantly supervised so we can know what is working.”* (Interviewee 9)

#### Attention to the economic development of the villages

Investing in the villages' economic infrastructure to improve living conditions and reduce poverty.

*“If the villages become developed, there will be fewer problems.”* (Interviewee 10)

#### Strengthening mental and physical health

Implementing health-based programs to improve mental and physical conditions in society.

*“The first step toward avoiding drugs is mental and physical health.”* (Interviewee 11)

#### Community and group education

holding educational courses and group workshops to increase awareness and participation of the local community.

*“It is more effective when everyone receives education together.”* (Interviewee 12)

#### Consequences

The consequences of neglecting drug use prevention in villages are numerous and worrying. Not only addicted individuals but also their families and society will suffer from these consequences. Some of the important consequences are as follows:

#### Spread of unrealistic beliefs about real-life problems

using drugs takes people further away from life's realities so they cannot deal with issues in a healthy way.

*“Addicted people cannot see realities and always live in their worlds.”* (Interviewee 1)

#### Youth migration

Hopelessness about the future and the lack of job and education opportunities in the villages make many young



people migrate to the cities.

*“Young people say they do not have any future here and are forced to go to the cities.”* (Interviewee 2)

#### *Family separations*

Drug addiction drives the individual out of the family and weakens their social and emotional relationships.

*“When someone becomes addicted to drugs, they no longer see their family and will become lonely.”* (Interviewee 3)

#### *The spread of non-normative relationships and moral issues*

Drug habits can lead to behaviors against social and moral norms.

*“Some turn to immoral behavior to get drugs.”* (Interviewee 4)

#### *Inability to create a family*

Drug addiction makes people incapable of assuming family responsibilities.

*“The addicted cannot marry or create a family.”* (Interviewee 5)

#### *Unemployment*

Addiction destroys people's ability to work or run a business and leads them to unemployment and poverty.

*“When someone develops a drug habit, they no longer can work.”* (Interviewee 6)

#### *Family rejection*

Many addicted individuals become rejected by their families due to the behaviors resulting from their habits.

*“Some addicts make so much trouble that their families throw them out of the house.”* (Interviewee 7)

#### *Increase in theft and other crimes*

Many addicted people turn to theft and other crimes to supply drugs.

*“Some have to steal to get drugs.”* (Interviewee 8)

#### *Increased number of suicides*

Hopelessness and pressures resulting from addiction can increase suicide among the addicted.

*“Some feel so hopeless that they commit suicide.”* (Interviewee 9)

#### *The paradigmatic model*

The paradigmatic Model is a key tool for qualitative study methodology, especially in grounded theory. This model helps the researcher organize data systematically and grasp the relationships between concepts and categories. This model consists of five major parts: causal conditions, central phenomenon, context, intervening conditions,

strategies, and consequences, which are demonstrated in Figure 1, Figure 2.

#### **Discussion**

Data analysis elicited 164 open codes, divided into 21 contextual factors, 11 intervening factors, 21 strategies, and nine consequences. As illustrated in Figure 1, there are complicated factors contributing to drug use and its spreading in rural areas. Social stressors can be pointed out among the major contextual factors interfering with drug use prevention. Participants noted that having an addicted family member was among the cultural factors that affect young people's perception of drug use,

This study showed that because of the multifaceted nature of social, economic, and cultural factors, drug use in Iran's rural areas is a serious problem. Research has shown that having no opportunity for employment and education, social pressures, and stress arising from living conditions are among the most important reasons for increased drug use in these areas. Also, these factors interacting with each other has led to negative attitudes toward drug addiction. The family has been identified as another effective factor. Having a person with an addiction in the family can affect the behaviors and attitudes of other members and increase the chance of drug use in the next generation. Moreover, social environment and friends contribute to forming drug use behaviors.

This study's findings are consistent with the findings of Davasaz et al (13) and Lotfi et al (14), which have shown that to address this challenge, social interventions, and educational plans are needed to change the attitudes and fortify relationships in society and family. Empowering the youth by implementing educational programs and creating new jobs can reduce drug use and increase the quality of life in rural communities. These interventions should be designed to encourage young people to participate in society and increase their sense of belonging and feeling of responsibility. Also, improving the current situation can be attainable by assuming effective strategies with people's participation. The findings of this study have an essential role in understanding the contributing factors for the addiction epidemic in rural societies. The central phenomenon of this study, i.e., “addiction epidemic,” which is the result of hopelessness and lack of social and economic opportunities in the villages, is indicative of more profound aspects of this social problem. These findings not only emphasize psychological effects such as hopelessness, loneliness, and unemployment but also identify broken social relationships and family problems as facilitating factors in drug use in these areas. An important point is that officials' lack of suitable planning and a change in social and cultural values intensify this crisis. In other words, these factors, along with a lack of social opportunities and support, create a cycle of problems in rural communities that leads to the spread of

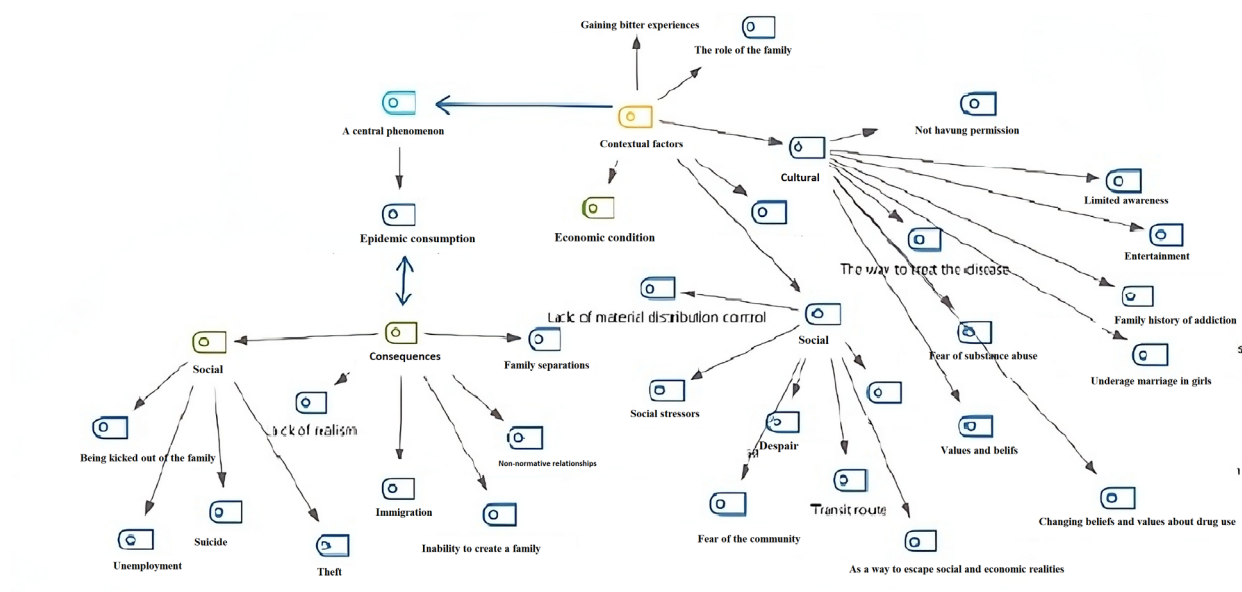


Figure 1. Paradigmatic model of drug use prevention in Orzuiyeh county

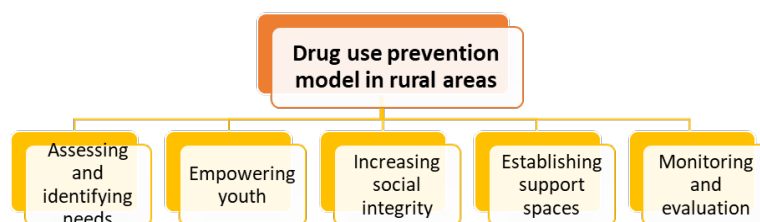


Figure 2. Drug use prevention model in rural areas

drug use and addiction.

This study's limitations included the participation of relatively few individuals in the interviews and limited access to the information, which can limit the generalizability of the results. Therefore, further studies should be conducted to confirm them.

It is worth mentioning that this study's findings can be a foundation for future policy-making and fieldwork. By identifying contextual and causal factors of addiction in villages, such as poverty, unemployment, cultural unawareness, and easy access to drugs, this study can help policy-makers and planners to better understand the roots of the problem and offer more effective strategies. Preventive and medical actions might be ineffective without closely understanding these factors.

This study recommends various practical actions, such as empowering the youth, increasing social integrity, establishing a supportive environment, and changing incorrect ideas about drug use to prevent and reduce drug addiction. These strategies can be a practical framework for governmental and non-governmental organizations to reduce the prevalence of addiction and improve the quality of life in villages.

Also, the findings point to intervening and contextual factors such as the lack of social support, incorrect policy-

making, and gender discrimination in spreading addiction. It shows the importance of attention to environmental and structural conditions in planning, without which even the best strategies might fail. This study also warns about the consequences of inattention to addiction, including broken families, increased crime rate, unemployment, and suicide. These consequences show the necessity to act seriously and immediately. This knowledge can motivate the implementation of preventive and treatment programs. In addition, using the paradigmatic model in this study has provided a more comprehensive and systematic understanding of drug addiction. This model reveals the relationships between these factors, which can be used as an analytical framework for future studies.

Moreover, the findings emphasize the importance of the local community and people's participation in preventing drug addiction and show that strengthening social integrity and active participation can increase the chances of success in programs. Without people's participation, realizing the plans will be difficult. Ultimately, this study offers valuable information to policy-makers by suggesting reliable data and deep analyses.

These data can be used as a basis for designing national and local policies and protocols and help evidence-based policy-making. Overall, this study's findings not only

help us better understand drug addiction but also present practical strategies to fight this problem. These data can also be used as a reference for future planning and to increase public awareness.

### Conclusion

Based on the findings, it can be concluded that drug use epidemic among the youth in villages is the result of a combination of contextual and intervening factors. Unfavorable economic conditions and unemployment, along with changes in social values, deeply affect drug use habits. Besides that, social-cultural conformity with using drugs and mental effects such as feeling hopeless and isolated are among the intervening factors in the spread of this problem. The consequences of inattention to prevention, including youth migration to cities and broken families, are warnings to local communities. Therefore, to prevent this crisis, it is necessary to implement various programs such as empowering the youth, establishing supportive environments, and increasing social integrity.

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### Authors' Contribution

**Conceptualization:** Ahmad Firouzi, Kamal Javanmard, Majid Radfar.

**Data curation:** Ahmad Firouzi.

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### Competing Interests

The authors declare that they have no conflict of interest.

### Ethical Approval

This article was extracted from the thesis of the first author and approved by the Islamic Azad University, Tehran Branch, with the ethical code IR.IAU.TEHRAN.1402.127.

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### References

1. Babaei M, Najafi Asl Z. Study of the causes of rural youth tendency to drug abuse (case study: villages of Delfan district in Lorestan province). *J Iran Soc Stud*. 2018;12(1):7-28. [Persian].
2. Safari H, Haghi N. Qualitative study of social factors of drug addiction, case study: Kleibar city drug addicts. *J Sociol Stud*. 2021;14(50):89-104. doi: 10.30495/jss.2020.1910670.1240. [Persian].
3. Kiani F, Moradi S, Sadegh M. Cultural factors of relapse to addiction among self-referred addicts in Andimeshk county. *J Sociol Stud*. 2022;15(51):68-79. [Persian].
4. Mohseni-Tabrizi A, Sharafat S. Study of factors influencing rural people's inclination toward drugs. In: *Drug Research and Education Office, Drug Control Headquarters, ed. Proceedings of the Drug Research Conference*; 2011. p. 101-20.
5. Mohseni-Tabrizi A, Jazayeri A, Babaei N. Factors affecting substance abuse in Iran: a meta-analysis of 49 psychosocial studies. *J Soc Prob Iran*. 2010;1(1):175-200. [Persian].
6. Zavvar T, Habibi R, Hasanvand M. Content analysis of educational packages of addiction prevention pertaining to welfare organization. *Scientific Quarterly Research on Addiction*. 2016;10(39):45-62. [Persian].
7. Mohammadpoor Lima H, Mohseni-Tabrizi A. A sociological explanation of effective factors on tendency toward risky behavior in the rural areas of Guilan province (case study: drug abuse and addiction in the Eshkevar rural areas, Rahimabad district of Rudsar). *J Soc Prob Iran*. 2018;8(2):191-207. doi: 10.22059/ijsp.2018.65059. [Persian].
8. Hochstetler A, Peters DJ. Geography of poly-substance drug mortality. *J Crim Justice*. 2023;86:102044. doi: 10.1016/j.jcrimjus.2023.102044.
9. Afshani A, Rohani A, Ebrahiminia S. Analysis of contexts and consequences of hookah socialization among youth. *J Soc Prob Iran*. 2021;12(1):369-97. doi: 10.22059/ijsp.2021.84976.
10. Akbar MF, Ikram A, Naeem A. Increasing trends in abuse of gabapentin in drug addicts in rural population of Punjab. *J Coll Physicians Surg Pak*. 2023;33(1):120. doi: 10.29271/jcpsp.2023.01.120.
11. Liu TH, De Li S, Xiong R. The drug addiction treatment system in China: promises and controversies. *Asian Journal on Addictions*. 2023;1(1):12. doi: 10.58896/aja.v1i1.5.
12. Motiee Langroodi SH, Farhadi S, Zare Z. The reasons for spread of addiction in rural regions (case study: choardoli's rural district in Ghorveh county). *Human Geography Research*. 2013;45(1):65-85. doi: 10.22059/jhgr.2013.30039.
13. Davasaz Irani R, Ahmadi R, Norouzi S, Ghazanfari A. Comparing the effectiveness of cognitive-behavioral therapy and brief intervention on relapse prevention among drug users. *Addict Health*. 2022;14(4):263-7. doi: 10.34172/ahj.2022.1342.
14. Lotfi Z, Gheirati E, Tajik F, Tavakoli Z, Mahmoodi M, Holakouie Naieni K. Estimation of the population of drug abusers using the network expansion method for assessment of the community in the Golhesar village, Tehran. *Journal of School of Public Health & Institute of Public Health Research*. 2016;14(3):29-43. [Persian].