

Abstract

Objective: Addiction and drug abuse are among the most important problems of the present age that have been expanded globally. The consequences of these problems including mental, psychological, familial, cultural, economic, and social disorders have prevailed all social and cultural boundaries and threatened human health. Due to the effectiveness of social factors in the process of addiction withdrawal, this study aims to examine addicts' experiences of social and family supports as facilitators to addiction abstinence.

Method: This qualitative study was conducted on 17 addicts under drug abstinence in Tabriz using in-depth interviews. The results of these interviews were analyzed by using a phenomenological approach and Colaizzi's method. **Results:** The results of this study indicated that the following were involved in addiction relapse: three major themes, namely expectations of society, the expectations of family, and social causes; and nine sub-themes including the need for employment, attitudes towards addicts, emotional support, lack of trust in the community, community awareness, emotional support from family, negative attitudes of family towards addiction, family problems, and bad friends.

Conclusion: The results of this study suggest that addicts need financial, emotional, and social support from family and society and, thereby, the attitude of people in society towards addiction and addicts should be changed.

Keywords: addiction, treatment, social needs, emotional support

Exploring the Experiences of Addicts regarding Social and Family Supports as Facilitators to Addiction Abstinence: A Qualitative Study

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Introduction

Substance dependence and drug abuse are among the most important problems of the present age that have been expanded globally and the annual report of the World Health Organization in 2005 indicates that there are about 200 million people addicted to opiates worldwide and it is added to the number of victims of drug use every day. According to the statement of the Director General of the Department of Research and Education, Drug Control Headquarters, the number of one million and 325 thousand Iranians was addicted to narcotic drug in 2012 (Sadeghi, Kazemi & Hasani, 2013). In consequence, the complications of this issue (mental, physical, familial, cultural, economic, and social disorders) prevail all social and cultural boundaries and threaten human health (Templeton, Zohhadi & Vellman, 2007).

Substance abuse and addiction impose serious social, economic, political, and cultural, health-related damages on the communities; for example, one may refer to physical infectious ailments, such as hepatitis and AIDS as well as psychosocial problems, such as increase in crime associated with addiction, robbery, murder, self-burn, unemployment, domestic violence, child abuse, increased divorce rate, and academic failure of children with addicted parents (West, 2008). Drug addiction is a mental relapsing and chronic illness that is characterized by severe motivational disorders and loss of behavioral control (Dallas, David & Julie, 2010) and various social factors, such as family, educational, economic, political, cultural, mental, natural or physical factors which contribute to the development of addiction (Orang, 1988).

One of the important aspects of addiction that has been disclosed during specified preventive efforts is the return to drug use after a period of drug use abstinence. For this reason, some experts have used the term "chronic and relapsing disorder" to describe addiction (Ching, Hung, Liao & CunYu, 2007). Now this question is raised why there is relapse and relapse in addiction despite the will of addiction withdrawal and the success of withdrawals. In this regard, some scholars take a structural pressures approach and argue that addiction relapse is rooted in the persistence of the conditions in the society that have brought about the initial incidence of addiction. They believe that these conditions, such as poverty, unemployment, social unrest and disorder, and the like will still prevail the society after withdrawal and cause relapse.

In Iran, substance abuse disorders take the fourth rank in terms of severity and importance after accidents, cardiovascular diseases, and depression. The main burdens and costs of drug use dependence are deaths, HIV and hepatitis C transmission, healthcare costs, legal costs, security costs, and less obvious costs, such as family rupture, and the loss of productive ability. Drug use dependence and the abuse of illegal drugs are associated with health problems, poverty, violence, criminal behavior, and social exclusion. Abbasi & Mohammadkhani (2016) have referred to relation with partner, parenting styles, and family turmoil

as the factors related to the person's involvement in the addictive process. In recent years, the bio-psycho-social model has found drug dependence a multifaceted problem that requires expertise in different fields. Efforts to treat and prevent substance abuse through the imposition of strict penalties for drug users will not be successful because these approaches do not assign any credit to the neurological changes that are created by drug abuse on nerve pathways of motivation. The aim of addiction treatment is to enable patients to stop drug use, return to the drug-free lifestyle, and demonstrate his/her function in the family, workplace, and community. Addictions is treatable, but its treatment is not an easy task and requires attention to personal, social, and biological aspects, simultaneously (Noroozi, Saberi & Gilanifar, 2014).

A community-based response to drug use and drug dependence can support behavioral changes and encourage behavioral changes in the community. Such a response can be provided as a result of the paradigm shift from the delivery of dictating service to collaborative service delivery in which the conditions will be provided for active involvement of local stakeholders (governmental and nongovernmental organizations, the private sector, community leaders, etc.), community members (families), and necessary target populations so that a sense of belonging and networks of community-based health care services can be created. In this regard, it is necessary to pay attention to the following components.

Active participation of the patient and patient's family: This promotes a sense of belonging and responsibility, changes one's behavior, improves the quality, and encourages the use of health services. Community-based interventions: It can increase the social support for people entrapped in substance abuse problems and promote the public supportive view and health policies. Information and empowerment of communities can help to reduce discrimination and social exclusion. Stigmatization of drug dependent people has a major role in the improvement of access to treatment and reintegration into society. Links: The establishment of a link between drug dependence treatment services and hospital services, such as emergency department, infectious ward, and internal ward; and social specialist services, such as housing, job training, and employment have a key role. Non-governmental organizations: This factor can play a significant role in providing services for patients with drug dependency in harmony with the public health system. They can facilitate the upgrading process of treatment and rehabilitation and reintegration into society (Principles of Drug Dependence Treatment, 2009).

In general strain theory, Robert Agnew believes that there are three general sources: 1- The inability to achieve positively valued goals from the community perspective, the incidence of socially big effective events, such as the loss of relatives, divorced parents, being fired from job or expelled from school. 2. The experience of negative events in terms of social values, such as sexual abuse of children, victimization in a criminal incident, verbal or physical punishment.

Agnew believes that these pressures create the tendency to distort behaviors in the person (Momtaz, 2002).

Nye (1985), as the first theorist of social control, focused on the relationship between family and criminal acts and obtained a significant relationship between family variables, such as parent-child relationships by indicators such as the adoption of children by parents, parental methods to behave towards children, and punishment (Ahmadi, 2005). Nye believes that if a family is full of tensions and conflicts, it can provide the conditions for juvenile deviance. Therefore, a broken family is less important than a family wherein there are tensions and conflicts since adolescents in these families will not show consistent behavior towards the family with the community (Momtaz, 2002). Nye believes that family strengthens social bonds via four factors as follows: 1- internal supervision, 2- indirect supervision, 3- direct supervision, and 4-satisfaction of needs.

There are a variety of addiction treatment methods, such as maintenance treatment of methadone and Buprenorphine and opium sap, detoxification treatment with methadone and Buprenorphine, ultra rapid opioid detoxification (UROD), prolonged hospitalization, residential treatment in camps, congress 60, community-based therapy, and narcotics anonymous (NA). However, the majority of therapists believe that these treatment methods will be efficient when the patient can be reunited to the heart of the society and family. Hence, the social problems of these people can be identified both during the treatment and after the treatment and convert these challenges and threats into opportunities. Considering the effectiveness of social factors in treatment process (Erfanian, Esmaeali & Salehpour, 2005; Suter, 2005, Behravan & Miranoori, 2010, Cockerham, 2007), the current study was aimed at investigating the addicts' experiences on social and family support as the factors facilitating addiction abstinence.

Method

Population, sample, and sampling method

This qualitative study was conducted through a phenomenological approach to perceive the basic structure of the experienced human phenomena by analyzing the participants' verbal description. Phenomenology is both an approach in qualitative research and an approach in the face of the surrounding world. It is noteworthy that different methodologies have been proposed for data collection and data analysis in line with the phenomenology movement and based on philosophical views (Dowling, 2007). Considering the fact that the phenomenon of social factors associated with the preservation of recovered addicts is a cultural phenomenon, Benner's interpretive phenomenological approach has been used in this study (1994).

Sampling in phenomenological studies is performed in a selective and purposive method. The researcher must determine and select the individuals with information in specific fields. The samples selection process continues until no new data appear in the flow of information and, in a word, the data reach saturation. In this study, the participants were selected by purposive sampling method among the treated drug addicts in Tabriz.

The data were collected by unstructured interviews based on the main research question. The interview was recorded with the participants' permission (in the interview process, a number of treated addicts stated that they would be more relaxed if the interview was not recorded. For this reason, a number of interviews were transcribed by the researcher immediately). In fact, the interview texts were transcribed following the conduct of the interview.

In this study, as the nature of qualitative studies suggest, data collection and sampling were conducted on 17 recovered addicts in the city of Tabriz up to the point of saturation. As well, data collection methods included unstructured and deep interviews along with verbal and nonverbal speculation. Interviews with each of the participants were done in one round between 30 to 60 minutes. During the interview, the researcher used several techniques in order to achieve more and purer information. The creation of a relaxed atmosphere, provision of feedback to participants, request for more explanation, provision of questions once more, speculation, and the use of non-verbal language were some examples of this method. In addition to note-taking of the interviews, the interviewer recorded the interviews in cases where the interviewee allowed the voice recording. Credibility method was used to obtain the reliability and validity of the data. In this way, after the implementation and content arrangement, the interview texts were delivered to the recovered addicts in order to specify whether or not the descriptions reflect their experiences. Due to the nature of the phenomenon under study, Colaizzi's 7-stage method was selected for data analysis (1999).

Results

The obtained data were analyzed using Colaizzi's method and the following steps were performed: 1- The interviews were first studied in general to gain a general understanding; 2- The important statements were extracted; 3- The important statements were arranged based on subject; 4- The developed meanings were organized by themes or contents; 5- For each of the themes, a description was written; 6- The main themes were structured; 7- Finally, for validation, the obtained results were evaluated to see whether the results are consistent with the similar experiences.

It is noteworthy that not all the interviewees' statements have been mentioned and only some of them are mentioned.

Theme 1 (expectations of society): Undoubtedly, the addiction treatment and relapse prevention in addicts are not one-dimensional, in addition, it is necessary to take into consideration biological, individual, and social aspects in the field of support and protection of treated addicts. Based on the studies conducted in this area, if the society is not supportive and the prevailing paradigm of the society is not positive to treated addicts are more likely to relapse into addiction.

Sub-theme 1 (the need for employment): Based on the interviews conducted with the majority of treated addicts, employment can facilitate the treatment process in many ways and postpone the relapse process. Employment can give individuals a sense of self-esteem and self-confidence and leads people to feel engaged in their lives and social settings in addition to meeting financial needs. This is an important principle in treatment process and social supports given to the treated individuals. One of the treated addicts in this regard stated that "Given that addiction has deprived us of social opportunities, we expect governmental institutions to provide us with loans and job." Or another addict in this regard stated that "we expect, they consider loans or facilities for our employment because the institutions elsewhere do not help us."

Sub-theme 2 (attitudes towards addicts): It is clear that everyone in society behaves according to his/her attitudes and assumptions. It seems that attitude towards the phenomenon of addiction has been modified in society at present. However, considering the interviews conducted on treated addicts, it appears that attitudes towards addicts have not changed yet. Therefore, a paradigm shift in the society is required to be practiced through informational and educational programs. In this regard, one of the sample units stated that "In the society, we are viewed as criminals and we expect to look as us as patients." Or another subject stated that "In the society, there is no confidence in addicts and even the addicts who have stopped drug use. The individuals in the society are more rejecters."

Sub-theme 3 (emotional support): One of the important psychological issues in addiction is the lack of family ties and social relations among addicts. The absence of relations and ties come true for two reasons. First, an increase in medical tolerance in patients will bring some changes in their appearance and consequently in their self-concept. Gradually, the lack of family ties and social relations can also be attributed to the views of the community towards addicts that addicts are criminals and should be excluded. The statements made by the treated addicts confirm this claim; for example, one of them said, "People should treat use well and encourage us to quit addiction." Or another one said, "We would like people to accept use and not to have a negative attitude towards us."

Sub-theme 4 (lack of trust in the community): Sometimes, the process and paradigm dominant in the society go ahead in such a situation that addicts not only do not receive any emotional support from the community, but also receive negative feedback. Accordingly, they extend this negative affect and negative feedback to the whole society via conditioning. In this regard, one of the

participants stated "We do not have certain expectations of the society and we just want people to leave us alone." Or another subject stated that "I do not have any certain expectations of the society because we have hurt the society by our actions."

Sub-theme 5 (community awareness): In the socialization process of addiction treatment and social protection of the treated people, governmental and non-governmental organizations and agencies have a decisive role in financial and social support and enrichment of awareness. According to interviews with treated addicts, most of their problems after the withdrawal of addiction pertained to occupation, social acceptance, the society attitudes to them, family problems, family rejection, and lack of cooperation and sympathy of family members. In this regard, the relevant organizations and institutes can greatly help them tackle these problems. The participants stated that the assignment of awareness to the community and, especially, families about addiction and characteristics of addicts can greatly contribute to the treatment of addicts. For example, one of the subjects stated that "It is possible to change the society attitudes by producing films about the treatment process and the addicts' needs."

Theme 2 (expectations of family): Family is the most important social institution in which individuals do activity and has a great influence on social deviance of members, such as addiction. As family disputes and disturbances provide the grounds for addiction, the family can also provide a basis for the treatment and support of the addicted members. The addicted individuals expect family support, on the one hand, and have a feeling of guilt towards their family in that they have annoyed their family members, on the other hand. Sub-theme 1 (emotional support from family): Familial emotional support can create a desired internal model in addicts that helps them in the treatment process. Most of the addicts feel an emotional void in their lives and, thereby, turn to addiction to fill this emotional gap. If the person gets involved in the treatment process with such an emotional void that is more concerned with the lack of family attention or family exclusion, the chance of successful treatment will be naturally reduced and, thereby, there will be even the possibility of relapse. In this regard, one of the subjects stated "I expect my family members, especially my wife to treat me with love and to support me so that I can pass this period well." Another sample members said "I love my wife hit me good and the treatment I learn to be less disagreement in the family." Another subject, in this regard, stated that "I like my wife to treat me well and to learn how to behave towards me so that the conflicts at home can be minimized." In addition, another participant said "My wife and children's behaviors increase my motivation for treatment and addiction abstinence." Another interviewee stated that "In the worst situation that all people left me alone, my wife did not leave me and I never forget it and this increases my motivation for abstinence."

Sub-theme 2 (negative attitudes of family towards addiction): When the family attitude towards one of the family members changes, their behavior towards

him/her will certainly change consistent with their changed attitudes. When a person feels that family members' attitude towards him/her has changed and they rebuke him/her, s/he will attempt to get distant from family. This distance from family will make the treatment process difficult and will increase the probability of relapse. In this regard, one of the sample members stated that "My family always blame me, but I can do nothing not and I cannot communicate with them", or another sample unit said "I want them to look at me as a patient and exercise empathy and sympathy with me."

Theme 3 (social causes of addiction relapse): When the addict embarks on addiction withdrawal for any reason and relapse into addiction later on, personal and social causes as well as biological and neurological problems are certainly at play and the review of these factors can be effective in the relapse prevention via an optimal treatment and support process. In this research, the majority of participants emphasized the available threats in the social environment, such as bad friends and family factors.

Sub-theme 1 (bad friends): Most of the participants stated in the interviews that bad friends have stimulated them to return to addiction again while economic, mental, and familial factors have not been ineffective. For example, one of the subjects stated, "When we are unwell in psychological and mental aspects and family issues will also be added to them and there are also bad friends at hand, the individual will get re-triggered to reuse drugs."

Sub-theme 2 (family problems): Most of the interviewees believed that family problems and issues are among the main factors contributing to addiction relapse. Family is the most reliable shelter for individuals after withdrawal because the already-treated individuals do not enjoy an appropriate social status and, thereby, the main hope of the person lies inside the context of family. When the family is rejecter, the person will seek relaxing activities to ease the strain. In this state, based on the trajectory that addiction has already traced in the person's mind will trigger him/her to reuse drugs and receive the same previous relaxation and pleasure from drug use. In this regard, one of the subjects who had the relapse experience recurrence also stated that "My family was the main faulty entity in my addiction relapse by creating family disputes."

Discussion and Conclusion

Addiction is an important social ills that is rooted in social and psychological factors and affects the individual and the community's psyche. In other words, there is a triple relationship between the individual, society, and addiction. Different approaches have been proposed to explain why people become drug dependent. The first approach is focused on the of neuro-biological effects and explains drug dependency in terms of biological factors. The second approach is psychological and its explanation is concentrated around behavioral patterns and individual differences. The final one is a socio-cultural approach and its

explanations are centered on cultural and environmental factors that increase the likelihood of drug dependency. Sociological theories assess social structures and social behaviors; therefore, they study drug use within a social fabric. The sociological perspective often sees drug use as the product of social affairs and relations that cause frustration, despair, disappointment, and a general sense of alienation among the vulnerable segments of the population (Sohrabzadeh, 2009). In this regard, the current study was also conducted in direction with the socialization of treatment process and social protection of treated addicts. The analysis of the qualitative interviews indicated the existence of a number of main themes in the interviews. One of the main themes was expectations of society and society members, which included some sub-themes, namely the need for employment, attitudes towards addicts, emotional support, lack of trust in the community, and community awareness.

In this regard, Amini, Amini, Afshar Moghadam & Mahyar Azar (2000) reached the conclusion that the interaction with addicted and deviated friends, unemployment, and poverty were respectively the most important interpersonal, occupational, and economic factors in addiction relapse from the perspective of addicts. In addition, the most important family factors associated with relapse were the inappropriate treatment of family members for single people and the bad treatment of wife and children for married people. In the same way, Shiri (2013) reported that unemployed people are less likely to return to drug addiction and relapse compared to the unemployed ones. In addition, single people are more likely to experience relapse into drug use compared to their married counterparts. Among economic factors, poverty was identified as the most important factor in relapse of drug addicts. Indeed, poverty has been introduced as an important factor bringing corruption in the society. Behravan & Miranoori (2010) referred to social labels, age, perceived discrimination, positive attitude to addiction, social satisfaction, family belonging, and success in life goals as the social factors that influence the number of relapses. Moreover, Rahimi Movaghar, Malayerikhah Langroodi, Delbarpour Ahmadi & Amin Esmaeili (2011) carried out a study to assess the women' needs for addiction treatment and reported that the majority of women referred to social stigma, humiliation and rejection from family and community, and extreme poverty as their most fundamental problem. More than a quarter of them were homeless and more than half of them had experienced physical or sexual abuse. The insufficient number of female physicians, lack of counseling and health education, unsecure environment, and inappropriate health and safety conditions were the major limitations. In addition, the lack of socio-psychological services, including shelters for the protection of addicted women, job creation, and maintenance and support of children were among the effective needs and factors in addiction abstinence.

One of the other main themes was expectations of family that involves a number of sub-themes, including emotional support from family and negative

attitudes of family towards addiction Abbasi & Mohammadkhani (2016) also introduced family relations and chaos as the factors that influence a person's engagement in addiction. Family plays a fundamental role in children's tendency or reluctance to drug use in different ways (Bannon, Beharie, Olshtain-Mann, McKay, Goldstein, Cavaleri & Lawrence, 2012). In this regard, Khademian & Ghana'atian (2008) concluded that the breakdown of couple relations, the separation of parental families, the poor relationships between couples, the availability of drugs, and addiction of family members have adverse effects on female drug addicts. Similarly, Nastizayi (2007) carried out a study to investigate the family factors for the addiction relapse from the lens of the self-referred drug abusers in rehabilitation centers in Zahedan city, and they arrived at the conclusion that the inappropriate control method of family (strictness or leniency towards the actions and behavior of children under abstinence), practice of discrimination, especially the comparison of children, the existence of family disputes and conflicts, family inattention to religious issues, and the non-acceptance of the treated individual contribute to the addiction relapse. The main elements of family undergo stress and anxiety as a result of addiction and, thereby, the main item in the addiction treatment is to reduce the tensions available in the family, in fact, no action will be possible to do for treatment as long as the intensity of these tensions is not eased (Kirby, Dugush, Benishek & Harrington, 2005). Therefore, family support, family health, and family compatibility should be improved in order to facilitate the treatment process for substance users (Copello, Richard & Templeton, 2005).

One of the concepts that is at play in the discussion of community and family as well as in the expectations of treated addicts is the negative attitudes of society and family members to these individuals and, in general, to addiction; indeed, this attitude can may have been caused by labeling. In theoretical terms, the labeling process can have its own negative effects; obviously, the labeled person accepts a role in which the label has been attributed to him/her. In other words, if a person is officially labeled as addict, it may lead the person to behave towards the label appropriately (White, 2004). After the withdrawal, an addicted person cannot find a job for being labeled as an addict, but even s/he is treated as a criminal and delinquent person and loses his/her social acceptability because s/he is defined as a deviant person. Accordingly, s/he is most likely to re-commit drug use or turn to other diversions (Ahmadi, 2005). This finding is consistent with other findings (Anne, 2008; Elsheikh, 2008; and Kirchner, 2008).

One of the other main themes obtained in this research is social causes of addiction relapse which contains several sub-themes, such as bad friends and family problems. In a study, entitled "Comparison of Social Support and Deprivation in Narcotics and Psychoactive Drugs Addicts and Normal Personal", Tayebi, Abolghasemi & Mahmoud Alilou (2012) found that addicted to psychotropic drugs enjoyed lower levels of social support compared to drug addicts and normal individuals; and drug addicts benefited from less social

support compared to normal individuals. Multivariate regression analysis also showed that low social support predicts social deprivation in addicts. These findings indicate that social deprivation is a risk factor for substance abuse.

In general, one of the reasons for addiction relapse is the rejection of drug addicts by the society, their continued isolation, the sense of exclusion, and the innuendo hearing from the people around (Ahmadvand, 1998; Keller, 1997). The involvement of important people in one's life in the treatment and rehabilitation process leads to the formation of a support network in which their role has also been proven in the prevention of addiction relapse (Levinson, Ruiz, Millman & Langrod, 1997; Keller, 1997).

According to the current results, it can be concluded that social factors and community members, including families of addicts, ordinary members of the community, government agencies, NGOs, and the charity communities can help with the protection of treated addicts and their families both in terms of financial and mental aspects. In this regard, the following recommendations are suggested.

Health insurance should be issued for the addicts under withdrawal and detoxification stages because the majority of addicts believe that health insurance can reduce the stress caused by treatment. Individuals in camps should spend \$ 100 for treatment cost while not all these people can afford it. In addition, they spend an amount higher than one dollar for the daily preparation of methadone and other drugs; therefore, they are not that much willing to continue treatment since they are unemployed and their mental health is threatened. For this reason, some of them leave the camps before the completion of their treatment. It is likely that one of the factors of success in controlling drug abuse in Narcotics Anonymous groups is that it is attempted to use opium syrup instead of the above drugs, which is a more efficient way. In terms of giving awareness to the community about the treatment process and social protection of the addicts and their families, the Radio and Television system can do a wide range of activities. One of these activities can be the design of some clips about the process, specifications, and properties of treatment, such as physical, psychological, and social needs so that both individuals and family members and the society can be aware of these needs. Obviously, when this awareness is high, individuals and members of families and communities will act based on this understanding and awareness; create virtual networks with regard to necessary training for prevention, treatment, and social therapies; and provide the grounds for the participation of the families with addicted member(s) in cultural and educational activities.

Reference

- Abasi, I.; Mohammadkhani, P. (2016). Family Risk Factors among Women with Addiction-Related Problems: An Integrative Review. *International Journal of High Risk Behavior and Addiction*, 5(2), 270-75.
- Ahmadi, H. (2005). *Sociology of Deviations*. Tehran, SAMT Publication.

- Ahmadvand, M. (1998). *Addiction (Etiology and Treatment)*. Tehran. Payame Noor University Press.
- Amini, K., Amini, D., Afshar Moghadam, F. & Azar, M. (2000). A STUDY ON SOCIAL AND ENVIRONMENTAL FACTORS WHICH MADE ADDICTS TO RELAPSE INTO DRUG ABUSE IN HAMEDAN. *Journal of Zanjan University of Medical Sciences and Health Services*, 45, 41-47.
- Anne, W. (2008). *Effects of Length of Time in Treatment and Criminal Classification Level on Recidivism Following Residential Treatment Programs for Drug Offenders*, Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University in partial fulfillment of the requirements for the degree of Master of Science in Sociology.
- Bannon, J.W.M.; Beharie, N.; Olshtain-Mann, O.; McKay, M.M.; Goldstein, L.; Cavaleri, M.A.; Lawrence, R. (2012). Youth substance use in a context of family homelessness. *Children and Youth Services Review*, 34(1), 1-7.
- Behravan, H. & Miranoori, A. (2010). A Sociological Analysis of Drug Addict's Relapse in the Therapeutic Community of Mashhad, Iran. *Journal of Social Problems of Iran*, 1 (1), 45-78.
- Benner, P. (1994). *Interpretive Phenomenology: Embodiment, Caring and Ethics in Health and Illness*. Thousand Oaks: Sage publications. Boston: Williams & Wilkins.
- Cho, T.CH; Hong, J.L.; Fu-Cun, Y. (2007). A Study on Factors Affecting the Abstention of Drug Abuse in Private Rehabilitation Institutes in Taiwan — Operation Dawn Taiwan as an Example, *Flinders Journal of Law Reform*, 5(3), 1-22.
- Cockerham, W.C. (2007). *Social Causes of Health and Disease*, Cambridge, Polity Press.
- Colaizzi, P. (1999). *Psychological research as the phenomenologist views it*. In R.S. Valle, & M. King (eds), *Existential phenomenological alternatives for psychology*, Oxford University Press, New York.
- Copello, A.; Richard D.; Templeton L. (2005). Family intervention in the treatment of alcohol and drug problems. *Drug and alcohol review*, 24(8), 369-85.
- Dallas, T.X.; David, W.; & Julie, K. (2010). Staley Behavioral Neuroscience of Drug Addiction. *Biosocieties*, 39, 22-6.
- Dowling, M. (2007). From Husserl to van manen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44 (1), 131-42, DOI: 10.1016/j.ijnurstu.2005.11.026.
- Elsheikh, S. (2008). Factors Affecting Long-term Abstinence from Substances Use. *International Journal of Mental Health and Addiction* 6(3), 306-15.
- Erfanian, M., Esmaeali, H. & Salehpour, H. (2005). The quantitative and qualitative assessment of addicts and their spouses' marital satisfaction among the clients referring to Drammen addiction clinic. *Journal of Fundamentals of Mental Health*, 7 (28), 115-121.
- Keller, D.S.; Galanter, M.; Weinberg, S. (1997). Validation of scale for network therapy. *American Journal of Drug and Alcohol Abuse*, 23(4), 115-27.
- Khademian, T. & Ghana'atian, Z. (2008). Examining the social factors affecting female drug addiction in rehabilitation centers and harm reduction of women in Tehran (Rebirth Center and House of the Sun Center). *Journal of Social Sciences*, 2 (4), 59-85.

- Kirby, C.; Dugush, K.; Benishek, L.; Harrington, V. (2005). The significant other checklist: measuring the problems experienced by family members of drug users. *Addictive behaviors*, 30(10), 29-47.
- Kirchner, V. (2008). *Relapse Dynamics during Smoking Cessation: Recurrent Abstinence Violation Effects and Lapse-Relapse Progression*. University of Wyoming, Department of Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy" University of Pittsburgh.
- Levinson, J.H.; Ruiz, P.; Millman, R.B.; Langrod, J.G. (1997). *Substance Abuse (A Comprehensive Text Book)*, 3th ed.
- Montaz, F. (2002). *Social Deviations, Theories and Perspectives*. Tehran: Corporation Publication Co., 1st Print.
- Nastizayi, N. (2007). SThe Study of Family Factors for Recurred Addiction from the View of Self-Introduced Addicts to the Addiction Abandonment Centers of Zahedan. *Journal of Yazd School of Public Health*, 6 (2), 17-24.
- Noroozi, A., Saberi, M. & Gilanifar, M. (2014). *Guide to the Treatment of Inpatient Substance Abuse*, Sepid Barg Publication.
- Orang, J. (1988). *Research on Addiction*, Tehran: Printing & Publishing Organization of the Ministry of Culture and Islamic Guidance.
- Principles of Drug Dependence Treatment* (2009). Translated by Alireza Noroozi (2011). World Health Organization, New York.
- Rahimi Movaghar, A., Malayerikhah Langroodi, Z., Delbarpour Ahmadi, S. & Amin Esmaili, M. (2011). Qualitative study of women's needs for addiction treatment. *Iranian Journal of Psychiatry and Clinical Psychology*, 17 (2), 116-125.
- Sadeghi, M., Kazemi, M. & Hasani, J. (2013). *The relationship of self-efficacy, emotional intelligence, and stress coping strategies with drug abuse potential in university students*. M.A. thesis, Faculty of Humanities, University of Zanjan.
- Shiri, M. (2013). Social factors influencing relapse into drug use. *Knowledge Journal of East Tehran Police*, 1 (1), 63-80.
- Sohrabzadeh, M. (2009). *Strategic Report on the prevention and control of drug addiction phenomenon and provision of solutions: an urban management approach*. Drug Combat Committee. Secretary of the Expediency Council.
- Suter, L. (2005). *The role of religion in predicting recidivism: considering element of social networking, social capital and social learning theory*. Thesis for degree of Doctor of Philosophy in College of Bowling Green State University.
- Tayebi, K., Abolghasemi, A. & Mahmoud Alilou, M. (2012). Comparison of Social Support and Deprivation in Narcotics and Psychoactive Drugs Addicts and Normal Personal, *Knowledge & Research in Applied Psychology*, 13 (2), 54-62.
- Templeton, L.; Zohhadi, S.; Vellman, R. (2007). Working with family members in specialist drug and alcohol services: findings from a feasibility study drugs: education, prevention and policy. *Journal of Addiction*, 14(2), 15-23.
- West, R. (2008). *Theory of Addiction*, Blackwell publishing, oxford.
- White, R. (2004). *Crime and Criminology*, Qom, Institute of Universities and Seminaries.