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#### **Addiction and Crimes in Iran**

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Abstract: Illicit drug abuse continues to be a growing problem worldwide and a serious hazard to humanity. The crimes associated with drug abuse include sale or possession of drugs; property crimes or prostitution to support drug habits; and violent crimes reflecting out-of-control behavior. In fact, an offender drug use is involved in more than half of all violent crimes and in 60 to 80 percent of child abuse and neglect cases. Iran is one of the most polluted countries to drug and has one of the highest rates of addiction to substances. The main question in this paper was how much of occurred crimes are related to addiction and which crimes are related to addiction more than others? To answer these questions, we studied the criminal events of accidents page in the Iran newspaper. We analyzed 1420 criminal events in 284 numbers of the Iran newspaper from 2008-1-1 to 2009-1-1. The findings of the research showed that the most important crimes were murder (45.8%), robbery (25.4%), defraud (14.8%) and drug trafficking (12%). 26 percent of economic crimes were related to addiction and drug trafficking. The men had committed more than 70 percent of the crimes and the most of crimes had occurred in Tehran and the towns of around of Tehran. The most of murders had occurred in home and the most of crimes had designed already. The young, unemployed and married offenders had the highest frequency among others. The highest rate of crimes had occurred in December, October and November. The rate of offenders with the origin of rural is low and the most of murders and abducts had occurred before the noon and the most of robberies in the night.

Keywords: Addiction, crime, murder, violent crime, drug trafficking and robbery

# Introduction

One of the growing problems worldwide is addiction and illicit drug abuse that is a serious hazard to humanity. There are a variety of reasons why one person becomes addicted and another does not but everybody can be vulnerable to drug abuse. No single cause for addictions exists; rather, a combination of factors is usually involved. Family history, genetic predisposition, neurochemistry, trauma, life stress, and other emotional and physical problems contribute. People may have genetic predispositions for addiction, but if they choose not to abuse the drug, they will not become addiction. The same is true for alcohol addictions. If somebody never smokes cocaine or heroin, he or she will never become an addict (Richardson 2008).

As human beings, we can find different ways for to decrease our emotional, physical, and spiritual pain. Some people use alcohol and other drugs to ease the pain and frustrations. Others use compulsive behaviors such as gambling, spending, or sexual addictions. Millions of people are suffering from addiction despite it is a treatable, preventable disease. Even those who do not suffer from addiction still suffer from its financial impact; it is the painful of addiction. Beyond the decline in health and lifestyle of the individual addict, the financial effects, both personally and socially, are devastating as well. Friends and family are left to deal with debt and medical bills while taxpayers end up working out money for health care, welfare and treatment programs. Addicts despite knowing that it is habit-forming and dangerous, they rationally choose their poison.

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Particularly during the teen years, drug abuse can lead to depression, thoughts of suicide and schizophrenia. Studies in the world indicate that drug abuse have harmful consequences for both society and individuals. A recent study in the UK estimated cost of an individual drug addict to society over the course of his or her lifetime. The average abuser costs taxpayers over £800,000 or \$1.4 million in crime prevention, heath care, jail and prison accommodation and treatment. Interestingly, they also estimated that this could be reduced to under one out of ten of the cost when treatment is provided before the age of 21(Kouimtsidis.at al. 2011). In the U.S.A statistics show increasing drug abuse and its negative consequences. During the 19th century, in the U.S substances such as cocaine and opiates were regarded as medications and freely sold in grocery stores, drugstores and traveling medicine shows in the form of pharmaceutical products. The primary consumers of these medicines were upperand middle-class women, and the other major drug user group was Chinese immigrant railroad workers who smoked opium (Musto 1991). The result of a national survey indicates that "In the United States there are 6 million cocaine addicts and 14.9 million who abuse other substances"(CDCP 2001). Clearly, this problem is not going away on its own. There are many experienced professionals ready and willing to assist addicts, but very few are willing to utilize this resource on their own. It is nearly impossible to calculate the details and the full financial risk of an addiction to drugs, but it is obvious that addiction is expensive.

According to statistics of Drug Combat Staff of Iran; there are 2,000,000 substances addicts in Iran and according to UN statistics; Iran has the highest rates of substances addiction in the world. This is a fixed rate since 1998 till now. Addiction prevalence rate in Iran is 2.8 percent (Maleki 2009). Not only addicts lose their financial security, but they also damage to productivity. Substance abuse is heavily associated with absenteeism from work, which obviously results in decreasing chance of promotion and an increasing risk of unemployment. When an addict loses his/her job, he/she is more likely to involve in illegal activities for supporting cost of their addiction. Substance addiction problems not only take time off away from normal life with friends and family, but it is also dangerous for your health.

According to statistics of Kashan's police in 50 percent of current year murders was observed trace of addiction (Kashan's police department 2011). According to statements of Prisons Organization Chief of Iran, the most of crimes of prisoners in 2010 were related to drugs. Currently, women form 3.5 percent of prisoners in Iran that the highest rate of committed crimes by them at the first time is drug crimes then theft (Esmaeeli 2010). The governments suffer costs of abuse of drugs, addiction crimes, lost productivity, health problems, premature death, underemployment, and family stability, additional alcohol-related costs include: healthcare expenditures, property and administrative costs of alcohol-related motor vehicle crashes, and criminal justice system, costs of alcohol-related crime. In the USA cigarette smoking costs about \$158 billion a year; illicit drug use alone accounts for \$181 billion in crime, productivity loss, healthcare, incarceration, and drug enforcement (NIDA 2007).

Iran has a wide border with Afghanistan and this country is one of the biggest opium producers in the world. Produced opium in Afghanistan is translated to European country through Iran's Eastern borders and despite controlling borders by Iran's Police Forces; some of this opium has being taken to inside of Iran. Some of crimes of related to drug trafficking are human trafficking, poor people abuse, murder, big thefts and corruption. Annual opium assumption in Iran is 1,400,000 KG that is equal to one third of Afghanistan's opium production. Daily Per Capita of drug expenditure of an Iranian addict is equal to two-thirds of income total of every Iranian (Maleki 2009). In Iran every hour 30 addicts and drug traffickers were arrested by police, so that, 201,500 drug offenders were arrested by police during first nine months 2011, said Moayedi, Police Chief of combating against drug (Moayedi 2012). Given that there are different paths into drug use and crime, and hence, different subgroups of criminals and drug users, the nature of the drug-crime relationship varies, depending on which subgroup is analyzed. Iran is one of most polluted countries to drug and has one of highest rates of addiction to substance .According to above suggestions, the main question in this research was how much crimes occurred that were related to addiction? Which crimes were related to addiction more than others?

### **Previous Studies**

Drug abuse and the criminal activity often are accompanies. The Pew study reveals that addiction is as firmly criminalized as ever. The compressed essence of the war on drugs is simply to put as many people in jail as possible. Obviously, long prison terms will not cure addicts of their condition; any more than long prison terms for diabetics would cure that condition. While many people with drug and alcohol problems do not commit crimes there is a clear link between crime and the use of alcohol and other drugs: At the time of arrest.....data from 35 sites across the country show that in most sites more than 60 percent of those arrested tested positive for at least one illegal drug (PEW 2008).

Iran has the world's highest per capita execution rate, rights group said. For drug related offences alone, it put 488 people to death in 2011, from 172 executions recorded last year and 166 in 2009. "To try to contain their immense drug problem, the Iranian authorities have carried out a killing spree of staggering proportions, when there is no evidence that execution prevents drug smuggling any more effectively than imprisonment," said Ann Harrison, a senior Amnesty official for the Middle East and North Africa. Iran has the fourth highest rate of drug-related deaths in the world, at 91 per million people aged 15-64, and is a major international transit route for drug smuggling. Much of the narcotics come from neighboring Afghanistan (Reuters 2011).

People under supervision of the criminal justice system...60 to 80 percent of prison and jail inmates, parolees, probationers, and arrestees were either under the influence of drugs or alcohol during the commission of their offense, committed the offense to support a drug addiction, were charged with a drug- or alcohol-related crime, or persist long after drug use ceases, they may return to drug-taking even though they no longer have physical withdrawal symptoms. Relapse triggers can include stress and associations with peers and social situations linked to drug use. In addition, lack of safe housing and adequate employment opportunities can also contribute to recurrence of drug use. Relapse does not mean people will not recover; some individuals with severe addiction histories may require multiple episodes of treatment to achieve long-term abstinence and fully restored functioning, but many do recover. In fact, relapse rates for treatment of alcohol, uploads, and cocaine are lower than those for hypertension and asthma, and equivalent to those for diabetes, all of which are chronic conditions (CDCP 2001).

Studies in the U.S. showed drug use declined throughout the 1940s and 1950s, although organized crime began to import large quantities of heroin into the United States during the latter decade. A number of drug epidemics affected major urban centers during this time as well (Musto 1991; Rouse and Johnson 1991). Among the general population and in academic circles, drug use was largely considered a marginal activity. This, of course, changed in the late 1960s and 1970s when use of drugs became more commonplace among American youth. During the 1960s, the proportion of the population reporting having used marijuana increased from 4 to 24 percent, and the heroin addict population grew from 50,000 to 500,000 (DuPont 1978). At the same time, rates of both property and violent crime began to rise dramatically. As powder cocaine and crack cocaine became popular in the 1980s, the nature of the drug-crime relationship changed. Rates of violent crimes, especially those related to drug distribution and marketing, increased markedly and the term "systemic violence" was applied to this new type of drug-related crime (Goldstein 1985). At the same time possibly due to the lower cost of crack compared with heroin and powder cocaine and the higher profit in drug dealing, rates for property crime decreased. Recent data from the Arrestee Drug Abuse Monitoring program (U.S. DOJ, National Institute of Justice [NIJ] 1998) indicate that cocaine use among arrestees is dropping for younger cohorts and suggest a gradual aging out of the cocaineusing population. Hence, the question becomes whether these recent changes in patterns of drug use will again lead to changes in the drug-crime relationship. Opium has deep cultural roots in Iran. It has long been considered an effective painkiller, and its use is socially acceptable. Many addicts start by smoking opium occasionally, and move on to heroin and other opium-based narcotics after becoming dependent. Drug abuse is even more common outside Tehran and other large cities, particularly in the provinces along the drug-trafficking routes that run from Iran's long eastern border with Afghanistan, where opium poppies are grown, to the northwest, where it is transported to Turkey and Europe. More than 93 percent of the opium produced for the world's illicit narcotics markets comes from Afghanistan, according to the United Nations Office on Drugs and Crime, and Iran is the main trafficking route for nearly 60 percent of the opium grown in Afghanistan. Iranian security forces are frequently involved in deadly shootouts in the region with drug-traffickers who use Iran as a transit point to bring drugs from Afghanistan into Europe. More than 6.5 tons of opium was produced last year in Afghanistan. Afghanistan produces 95 percent of the world's heroin (NIDA 2007).

Iran government has encouraged and financed a vast expansion in the number of drug treatment centers to help users confront their addictions and to combat the spread of HIV, the virus that causes AIDS, through shared needles. Iran's government, trying to curb addiction's huge social costs, has been more supportive of drug treatment than any other government in the Islamic world, according to the United Nations Office on Drugs and Crime (ATOF 2008). It was not always this way. After the 1979 revolution, the government tried a more traditional approach: arresting drug users and putting them in jail. But two decades later, it recognized that this approach had failed. A sharp increase in the crime rate and the number of people infected with HIV, both directly linked to a surge in narcotics use, persuaded the government to shift strategies. Addict is a social reality which coordinates the government's efforts to fight drug addiction and trafficking.

Still, plenty gets through, and drug abuse remains widespread. The drugs have been getting stronger, too. Four years ago, dealers introduced a further refinement of heroin known here as crack. Unrelated to crack cocaine, the

drug is mostly smoked, is vastly more powerful than raw opium and has caught on rapidly. Four years ago, 54 percent of addicts in Iran used opium, according to a survey by the Committee Combating Drugs. Only 30 percent of addicts now use opium, the survey found, with many having switched to crack (CDCP 2001).

According to the statistics of Iranian government, and some estimates more than a million Iranians are addicted to some form of opium, heroin or other opium derivative. No one knows for certain just how widespread addiction is. The official estimate is 1.1 million people, according to the chief of the security forces. But some experts put the number much higher. As the literatures show, we have no exact statistics about addicts and crimes that are related to addiction. It is resulted in weakness of studies in this field that is due to numerous causes. Statistics of reported crimes in newspapers aren't extensible but can be a step for accurate studies in the future.

## Methodology

With regard to lack of accessing to real statistics of crimes of related to addiction, to answer research questions, we studied the criminal events that recorded in accidents page of Iran Newspaper. The method of research was documentary and data gathering technique was content analysis. The analysis unit was each criminal event. The main items were addiction, drug abuse; drug trafficking, robbery and murder and background variables were age, sex, education level, job status before committing the crime, married status and geographical origin We analyzed 1420 criminal events in 284 numbers of Iran newspaper from01/01/2008 to 01/01/2009.

#### Results

Policymakers assume that an important connection exists between drug abuse and crime (Watters.at. al 1985), yet the precise nature of the relationship remains elusive. Moreover, policymakers working within different areas of government have different opinions about how to respond to crime and drug abuse. Law enforcement officials typically favor punishment and deterrence, whereas health and social welfare officials favor prevention and treatment. When crime and drug use decline, proponents of both approaches readily take credit; when either or both increase, those same groups point to the deficits of their opponents and argue that more funding for their favored strategies is required. As will become apparent in the review that follows, the paths into crime and drug abuse are numerous and varied; as such, less dogmatism and greater pragmatism and eclecticism would help us respond to these problems more appropriately. In addition, we should recognize that demand for drugs emanates from the tastes and preferences of millions of individuals and families and those aspects of life are largely beyond the control of government (Caulkins and Reuter 1997).

In this research we studied the crimes that were related to abuse drug such as murder, robbery, drug trafficking, defraud. The findings of the research showed that murder has the highest rate. This crime by allocating 45.8 percent of total crimes of related to drug abuse is the most important crimes. The robbery has been located at the second ranking with 25.4 percent, defraud is the third crime with 14.8 percent. The rate of drug trafficking is 12 percent. Economic crimes related to addiction and drug trafficking are include robbery, defraud and spoof that formed 26 percent of total crimes. 32 percent of offenders were addicts who abused some kind of substances. Another important and serious crime was domestic murder that include first, killing a spouse, then killing a sister or brother and finally killing a child. The main stimulus of the other murders was economic factor and the major cause of violent crimes such murders, group conflict, and sex offences were the drinking of alcohol and substance abuse (45%). According to the data the highest rate of the murders was related to the murders along with the rape (33.3%), then the murders of with the stimulus of economic. 31 percent of murders , 27.3 percent of abducts ,18.8 percent defrauds were related to the drug trafficking . Men had committed more than 70 percent of crimes and 23.9 percent of murders. They also had been committed 26 percent drug trafficking and 22.9 percent of robberies. 29.1 percent abducts, 21.1 percent of defrauds and 22.2 percent of persecution of children had occurred by the addicts.

The finding of research also showed that the most of crimes had occurred in Tehran and the towns of around of Tehran. Statistics of murder shows 51.7 percent of murders have been occurred in Tehran and 21.5 percent in town of around of Tehran. Drug trafficking data indicate that 56.5 percent drug trafficking in Tehran and 25.5 percent in the margin area of Tehran. Abducts and persecution of children were another crimes in Tehran (55.6%) and 22.2 percent in marginal towns of Tehran. According to data 48.2 percent of defrauds and 49.3 percent of robberies occurred in Tehran and 22.9 percent of defrauds and 24.5 percent of robberies occurred in towns of the margin of Tehran city. According data the most of murders had occurred in home and the most of crimes had already designed. Statistics indicate that 66.1 percent of murders, 70.1 percent of abducts, 63.9 percent of robberies and 59.2 percent of defrauds have occurred in home and offenders already designed them.

Young offenders who were unemployed and married formed the highest frequency among others. In educational, the most of criminals had finished secondary school or high school levels. The rate of crimes in regard to months of year showed that: the highest rates of crimes have occurred in December, October and November. According to data 37.7 percent of murders, 42 percent of crimes of persecution of children, 35.8 percent of drug trafficking, 37.3 percent of robberies, 31 percent of abducts and 39.4 percent of defrauds has occurred during these three months. The rate of offenders with rural origin is low and more than 70 percent of crimes have occurred by the offenders with the urban origin. According to the time, data showed that: the most of murders and abducts had occurred before the noon and the most of robberies had occurred in night. We also studied arresting frequency of criminals. Data indicate that 13.9 percent of murderers and 20 percent of abductors have been arrested 1-3 times by the police for committing the crimes.

#### Conclusion

Not surprisingly, the relationship between drug use and criminal behavior is a source of concern for policymakers and researchers, as well as the general public. Researchers probing the links between drug use and crime for the past half century have produced an abundance of contradictory findings. These disparities have paved an erratic course for social policy. Antidrug and anticrime policies and programs have been developed and have received public funding, political endorsement, and popular support in the absence of any scientific evidence demonstrating their efficacy (Buchanan and Wallack 1998; Gorman 1998; Reinarman and Levine 1989; Reuter 1997). Conversely, other policies and interventions languish due to their unpopularity among politicians and the general public despite research that indicates their net benefits outweigh their costs.

Nearly two decades of research, represented by hundreds of studies, finds that substance abuse treatment, especially when it incorporates evidence-based practices, results in clinically significant reductions in alcohol and drug use and crime, and improves health and social function for many patients. Extensive evidence from evaluations of drug courts and other diversion programs, prison-based treatment, and treatment in the community after release from incarceration demonstrates that criminal justice-based treatment significantly reduces drug use and crime, as well as health and social problems. Addiction treatment has been shown to cut drug abuse in half, drastically decrease criminal activity, and significantly reduce arrests.

A drug addict is much more likely to be arrested for the kinds of crimes. Families with addicted members have higher incidents of physical and verbal abuse. Some parents of addicted children suffer from Post-traumatic Stress Disorder (PTSD). PTSD symptoms include anxiety, depression, sleep disturbances, hyper-vigilance and reexperiencing of the trauma (CDCP 2001). There is a link between addiction and suicide. Numbers of suicides of linked to any of the drugs alarmingly high. 2.1 more people for every 1,000 on the medications exhibited suicidal thoughts or behavior, compared with every 1,000 on placebo. Note of discussable is not an increased risk of suicide, but rather an increased risk of suicidal thoughts or feelings. This is called "suicidal ideation (Rosling 2012).

The costs of addict's delinquents in all of countries are very high. For the first time in American history, according to a study released by the Pew Center on the States, more than one in every 99.1 adult men and women are now in prison or in jail. States spent a total of \$49 billion on prisons in 2007, compared to \$11 billion 20 years ago. The United States incarcerates a larger percentage of its population than any other country. China ranks second. The costs to society of drug and alcohol addiction in lives and resources are staggering. In 2005, more than 35 million Americans had used illegal drugs in the past year. In the same year nearly 7 million suffered from drug dependence or abuse, and over18 million suffered from alcohol abuse or dependence. Since the early 1980s, drug related deaths have more than doubled. Drug and alcohol addiction and misuse account for more deaths, illness, and disabilities than any other preventable condition (PEW 2008).

Addiction treatment improves employment prospects. In addition to reducing drug use and crime and increasing employment, addiction treatment reduces expenses related to criminal justice and public health systems. The cost of addiction treatment is many times less than the cost of incarcerating a person for a drug related crime. The investment in treatment results in the savings with the largest savings coming from reductions in crime . Experiencing of the fallout from high rates of drug-related crime and limited access to addiction treatment. More effective approaches to reducing criminal activity, such as increased use of drug and alcohol treatment (NIDA 2007).

Recent scientific research provides overwhelming evidence that not only do drugs interfere with normal brain functioning, creating powerful feelings of pleasure, but they also have long-term effects on brain metabolism and activity. People addicted to drugs suffer from a compulsion to seek and use drugs, and many cannot quit by

themselves. Quality treatment of an appropriate length, followed by a continuum of care, typically is necessary to achieve recovery (Inciardi 1993). Lack of knowledge about best practices and lack of cohesion among key stakeholders have been the most prevalent barriers in many jurisdictions.

How can we battle against addiction? -"Just Say No!" may sound simple, but if it was that simple we would not have millions of children, adolescents, and adults using drugs every day. For some their biological and emotional attraction to drugs is so powerful, that they cannot conceptualize the risks of self-medication. This is especially true for the person who may have an affinity for risky, stimulating experiences. This also applies to the person who is physically and emotionally suffering from untreated addiction restlessness, impulsiveness, low energy, shame, attention and organization problems, and a wide range of social pain18. It is very difficult to say no to drugs when you have difficulties controlling your impulses, concentrating, and are tormented by a restless brain or body.

- Supporting individuals decisions to take medication or not (in time they may realize on their own that medication is an essential part of their recovery).
- Drug addiction is a treatable disease. As with diabetes or heart disease, people in treatment for drug addiction learn how to make behavioral changes and may be prescribed medications as part of their treatment regimen. Through Sustained treatment that incorporates research based components shown to be effective, patients can learn to live normal, productive lives.
- Treatment can not only effectively reduce drug and alcohol use but also can decrease criminal activity and mitigate a host of other health and social problems by increasing employment and productivity, promoting social stability and community well-being and saving both the public and private sectors enormous amounts of money (SAMHSA 2006).
  - Medications can help suppress the withdrawal symptoms and drug cravings associated with the addiction, thereby helping to reduce drug use and improve an individual's chances of staying in treatment. Medications have also been shown to help normalize brain function (Marlow 2003).
  - Research has shown that maintenance therapy reduces criminal activity and the spread of HIV in the
    treated population. The overall death rate is also significantly reduced. Programs that provide
    comprehensive services, including counseling, therapy, and medical care, along with medication,
    generally garner better results than programs that provide minimal services.
  - Combining criminal justice sanctions with drug treatment can be effective in decreasing drug use and related crime. Public Policy Solutions:
  - Studies demonstrate that incarceration without access to the continuum of addiction treatment services has not been successful in deterring people with alcohol and drug problems from engaging in future criminal activity or alcohol and drug use. As a chronic, untreated disease, addiction is likely to result in continued contact with the criminal justice system and a greater likelihood of re-incarceration. In fact, a recent study indicated that 85 percent of drug-abusing offenders returned to drug use within one year of release from prison, and 95 percent returned to drug use within three years (Valentine 2007). Unless we greatly improve the provision of drug treatment and other effective interventions to the criminal justice population, recidivism rates will remain high, and the courts and correctional systems will expend copious resources on substance involved individuals.
  - While the criminal justice system is not the answer to preventing or treating addiction to drugs and people with drug problems should not have to get arrested to obtain care—much research demonstrates that being arrested can be a catalyst for the delivery of effective addiction treatment and recovery support. All facets of the criminal justice system—judges, prosecutors and defense bar, corrections, and parole and probation—can play a role in reducing drug and alcohol abuse and addiction and criminal activity, and can help promote successful community reentry. To do so, they must implement effective, evidence-based approaches and work well with each other and with the treatment system. 40 researches has demonstrated that the most effective approaches to addressing addiction in the criminal justice system are those that integrate criminal
  - Justice Supervision and the full range of effective addiction treatment and recovery support services (ONDCP 2004).

In truly integrated programs, the criminal justice system retains ultimate jurisdiction or authority over individuals. Programs that jointly allocate responsibility to criminal justice and addiction treatment professionals are in the best position to adjust their efforts, depending upon the person's progress in the program. This arrangement

provides maximum flexibility and access to resources for handling an often impaired and potentially resistant population.

- An assessment process that integrates treatment and criminal justice information.
- A comprehensive treatment plan that is designed to reduce the risk of recidivism and the frequency and consumption of alcohol and other drugs.
- Treatment that stabilizes the person and helps them becomes a more productive member of society.
- Behavioral management techniques that leverage rewards and consequences to increase compliance and improve overall outcomes.
- Treatment that recognizes addiction as chronic, relapsing condition, and provides clinically appropriate responses to relapse.

#### References

- 1. Asia Team Online Forums (ATOF). 2008. Iran Fight Scourge of Addiction in Plain View: Waldteufel.
- 2. Buchanan, David R., and Lawrence Wallack. 1998. This is the Partnership for a Drug Free America: Any questions? Journal of Drug Issues 28:329–356.
- 3. Carpenter, C., Barry Glassner, Bruce D. Johnson, and J. Loughlin. 1988. Kids, drugs, and crime. Lexington, Massachusetts: Lexington Books.
- 4. Caulkins, Jonathan P., and Peter Reuter. 1997. Setting goals for drug policy: Harm reduction or use reduction. Addiction 92 (September): 1143–1150.
- 5. Centers for Disease Control and Prevention (CDCP). Drug use, HIV and the criminal Justice system. Fact sheet series, August 2001. Available at: http://www.cdc.gov/idu/facts/druguse.htm.
- 6. Centers for Disease Control and Prevention (CDCP), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, U.S. Department of Health and Human Services. Best Practices for Comprehensive Tobacco Control Programs—2007. Available at:
- 7. DuPont, Robert L. 1978. The drug abuse decade. Journal of Drug Issues 8 (spring): 173-187.
- 8. EMCDDA. 2008. A cannabis reader: global issues and local experiences, Monograph series 8, Volume 1, European Monitoring Centre for Drugs and Drug Addiction, Lisbon. Available at: http://www.emcdda.europa.eu/publications/monographs/cannabis
- 9. Esmaeeli, . 2010. Sciences and Research Seminar in Judicial Sciences Fculty, September 26, 2010. Available at:
- 10. Goldstein, Paul J. 1985. The drugs/violence nexus: A tripartite conceptual framework. Journal of Drug Issues 15 (fall): 493–506.
- 11. Gorman, Dennis M. 1998. The irrelevance of evidence in the development of school based drug prevention policy, 1986–1996. Evaluation Review 22:118–146.
- 12. http://www.cdc.gov/tobacco/stateandcommunity/best\_practices/pdfs/2007/bestpractices\_complete.pdf (PDF 1.4MB)
- 13. http://www.ksabz.net/fullnews.aspx?id=fdcd2390-1503-43a5-b37e-36ab9d71a627
- 14. Inciardi, James A. 1993. Drug-involved Offenders. Volume 73, Issues 3-4 of Prison. Sage Periodical Press, Available at: http://www.cor.state.pa.us/doc/lib/stats/RIR
- 15. Kashan's police department. 2011. Addiction situation Report in Iran. Available at: http://www.magiran.com/npview.asp?ID=2290189
- 16. Kouimtsidis C., Reynolds M., Coulton. S. et al. 2011. Drugs: Education, Prevention and Policy. Early online publication.
- 17. Maleki, Fadahosein. 2009. Addiction Statistics in country. Drug Combat Staff of Iran, Available at: http://www.aftabnews.ir/vdciyza3.t1aru2bcct.ht
- 18. Marlowe, D.B. 2003. Integrating substance abuse treatment and criminal justice supervision. Philadelphia, PA: University of Pennsylvania, Treatment Research Institute. Downloaded December 13, 2005. available at: http://www.nida.nih.gov/PDF/Perspectives/vol2no1/02
- 19. Mieczkowski, Tom. 1994. The experiences of women who sell crack: Some descriptive data from the Detroit crack ethnography project. Journal of Drug Issues 24:227–248.
- 20. Moayedi,-. 2012. Statistics of drugs in Iran. Available at: http://www.hamshahrionline.ir/news-156184.aspx
- 21. Musto, David F. 1991. Opium, cocaine, and marijuana in American history. Scientific American (July): 40–47.
- 22. National Institute of Drug Abuse (NIDA). (2007).Drugs, Brain, and Behavior: The Science of Drug Abuse (NIH Publication No. 07-5605). Available online: http://www.nida.nih.gov/scienceofaddiction/sciofaddiction.pdf

- 23. National Prison Organization /Iranian National Centre for Addiction Studies (INCAS), Iran. 2009. Available at: http://www.unodc.org/treatnet
- 24. Office of National Drug Control Policy (ONDCP) (2004). The Economic Costs of Drug Abuse in the United States, 1992-2002. Washington, DC: Executive Office of the President (Publication No. 207303). Available at: www.ncjrs.gov/ondcppubs/publications/pdf/economic\_costs.pdf (PDF, 2.4MB)
- 25. Reinarman, Craig and Harry Levine. 1989. Crack in context: Politics and media in the making of a drug scare. Contemporary Drug Problems 16 (winter): 535–577.
- 26. Reuter, Peter. 1997. Why can't we make prohibition work better? Some consequences of ignoring the unattractive. Proceedings of the American Philosophical Society 141:262–275.
- 27. Reuters. 2011. Executions for drug crimes surge in Iran: Amnesty. http://www.reuters.com
- 28. Richardson, W. (n.d.). ADD and addiction. Retrieved May 14, 2008. Available at: http://www.addandaddiction.com/articles.htm
- 29. Rosling, Claire. "Lysergic Acid Diethylamide LSD." School of Chemistry, University of Bristol. Web. 26 Jan. 2012. Available at: http://www.chm.bris.ac.uk/motm/serotonin/LSD.HTM
- 30. Rouse, John J., and Bruce D. Johnson. 1991. Hidden paradigms of morality in debates about drugs: Historical and policy shifts in British and American drug policies. In The drug legalization debate, edited by James A. Inciardi. Thousand Oaks, California: Sage Publications.
- 31. Stark, Rodney. 1987. Deviant places: A theory of the ecology of crime. Criminology 25 (November): 893–909.
- 32. Substance Abuse and Mental Health Service Administration (SAMHSA). 2006. Table 1.67a Nonmedical use of pain relievers in lifetime, past year, and past month among persons aged 18 or older, by demographic characteristic: number in thousands, 2004 and 2005," Office of Applied Studies, Substance Abuse and Mental Health Administration. Online available: http://oas.samhsa.gov/NSDUH/2k5nsduh/tabs/sect1peTabs67to132.htm (accessed December 17, 2008).
- 33. The PEW Center on the States. 2008. One in 100 behind Bars in America. Washington D.C. The Pew Charitable Trusts
- 34. U.S. Department of Justice (USDJ), National Institute of Justice. 1998. Arrestee Drug Abuse Monitoring program: 1997 annual report on adult and juvenile arrestees. Research Report, NCJ 171672. Washington, D.C.
- 35. Valentine, P., White, W., & Taylor, P. 2007. The recovery community organization: Toward a definition. Posted at: http://www.facesandvoicesofrecovery.org/pdf/valentine\_white\_taylor\_2007.pdf
- 36. Watters, John K., Craig Reinarman and Jeffrey Fagan. 1985. Causality, context, and contingency relationships between drug abuse and delinquency. Contemporary Drug Problems 12:351–373.