

# Presenting a Social Integration Model Based on Reducing High-Risk Behaviors of Women Recovering From Addiction in Tehran

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## Abstract

**Objective:** Addiction recovery among women is often accompanied by challenges in social reintegration and a high risk of relapse. Addressing high-risk behaviors during rehabilitation plays a crucial role in achieving sustainable recovery and social acceptance. This study aims to present a social integration model focused on reducing high-risk behaviors among women recovering from addiction in Tehran.

**Materials and methods:** The research was applied in terms of purpose and descriptive-survey in nature. The statistical population consisted of 12 treatment and rehabilitation centers and 22 harm reduction centers specializing in women's addiction recovery in Tehran, totaling approximately 305 individuals. Using the Cochran formula, a sample of 170 participants was selected through one-stage cluster sampling. Data were collected with a researcher-made questionnaire and analyzed using SPSS and PLS software.

**Results:** Findings indicated that all path coefficients, except those from regular monitoring and follow-up to physical health support and social acceptance, and from life skills training to social acceptance, had t-statistic values greater than 1.96 and were significant at the 95% confidence level. Therefore, most hypotheses were confirmed. The obtained GOF value of 0.622 demonstrates a strong overall fit of the proposed model.

**Conclusion:** The results confirm that the proposed social integration model effectively explains the reduction of high-risk behaviors among women recovering from addiction. This highlights the importance of social acceptance, family support, and economic empowerment in promoting sustainable rehabilitation outcomes.

**Keywords:** Social Integration; Social Exclusion; Family Support; Social Acceptance; Economic Empowerment

## Introduction

Most people in society think that drug addiction and abuse are a male phenomenon. In other words, it is

believed that women are much less likely to become addicted than men; especially in our country, even smoking by women and girl's surprises those around them. According to some studies, 9.6 percent of addicts in the country are women. Statistics from the Ministry of Health also show that for every eight addicted men, there is one addicted woman. On the

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other hand, according to the country's prison officials, currently 50 percent of female prisoners are in prison for drug-related and addiction-related crimes, and this figure has increased in recent years (1). Being infected with this devastating disease causes a person to break away from society and social isolation, which is accompanied by rejection and humiliation from relatives and family members. Especially in the case of women, due to their lack of access to financial resources and their resorting to risky behaviors such as unconventional sexual relations, becoming drug dealers, etc., the process of social exclusion intensifies. Social exclusion is defined as being deprived of participation in social institutions and violating human and civil rights, and in another definition, it means the process of separation and disconnection from the labor market, communities, and social organizations (2).

Social exclusion is considered a dynamic process through which some people from social groups are deprived of participation in various economic, political, social, or cultural aspects of society and are exposed to harm. In the same vein, social integration also means the return of the injured and their participation in society. This requires measures that address structural problems and enable excluded groups to participate as an essential part of society (3). According to analyses derived from the social exclusion approach, some of the practices and institutional practices that exclude are formal and legal; therefore, it is the duty of the government and the authorities to identify and reform discriminatory laws and regulations, with the aim of equal and free access to social rights, resources and opportunities for the general public; but a large part of the social exclusion process usually takes place informally within the framework of social structures and institutions and cultural stereotypes. Reforming these structures also requires, first of all, increasing the knowledge and critical awareness of society about the discriminatory functioning of some existing social institutions, and then changing the general discourse of society aimed at establishing social justice and rejecting privilege and exclusivism. However, it should be noted that simply removing barriers to participation and freeing up public access to resources and opportunities in society does not mean the end of the work and the achievement of social integration; rather, at least for the poor classes and excluded groups, in addition to removing barriers to participation, this requires increasing knowledge and

acquiring the necessary ability to participate in society and benefit from its resources and facilities in various fields (4).

One of the factors affecting the social exclusion of an individual by society is the label of crime, the society's mentality about crime and criminals is not an appropriate mentality, and society has tried to exclude criminals. Not cooperating and thinking along with a criminal, not accepting him in society, not accepting him in a job, etc. These are among the factors that cause the criminal to be excluded from the social environment and create the basis for committing a crime again (5). According to research evidence, perception of risk, sense of belonging, and social exclusion from peers are positively related to the desire to change risky behaviors. This can help in more comprehensive planning for the prevention and treatment of affected individuals (6).

Social exclusion of individuals will make it difficult for women with addiction to return to society even after they have quit and recovered. Rebuilding social relationships and preparing society for the return of such individuals occurs during the process of social integration (the opposite concept of social exclusion). It seems that if these individuals re-enter the social space, the likelihood of them engaging in risky behavior is lower; therefore, paying attention to the social integration of these social groups will be of particular importance. The process of social integration requires adopting policies that are appropriate to the social and cultural capacities existing in the local community, the network of relationships of the target individuals, and the legal capacities of the society under study. For this purpose, it is necessary to examine and deeply understand the existing capacities and fields and to formulate them in the form of a systematic and structured model appropriate to the local model. Therefore, considering the above points, the researcher is trying to address the main question of what is the social integration model based on reducing high-risk behaviors of women recovering from addiction in Tehran?

## **Materials and methods**

**Social Integration:** According to Cameron (7), the concept of social integration means the involvement and participation of individuals and social groups in various areas of society. Similarly, in the field of

policy-making, it is an effort to remove obstacles and create conditions to facilitate the participation of excluded individuals and groups in economic, political, social and cultural areas, etc. (7). Social integration, as the growth of a sense of belonging and participation in various areas of society, is not measured only by economic and political indicators, but also includes areas related to the public space. Accordingly, social integration is a process by which excluded individuals and groups are integrated into the community of ordinary people and develop and sustain a network of social relations based on trust and mutual respect for each other (8). Cameron (7) also believes that the concept of social inclusion has gained meaning and has found an objective manifestation as a problem in the intersection with the concept of social exclusion and within the framework of its literature; therefore, social exclusion, as one of the most widely used concepts of social sciences in recent times, is a new approach and approach in the field of social policy to the issue of poverty, deprivation and inequality in society. This concept, which has now become a main and inseparable part of the social policy flow in many developed countries, is known as a strategic and more comprehensive concept than the concept of poverty in the analysis and interpretation of the dimensions of social exclusion (4). Unlike the concept of poverty, the concept of exclusion reflects the necessity and importance of people's full participation in all areas of social life, and not necessarily the economy, and while accepting and emphasizing support programs and increasing the ability of the deprived and poor classes of society, it also pays attention to facilitating and removing structural obstacles in the process of social participation and economic benefit of individuals. In fact, social experts and policymakers used the concept of social exclusion as an alternative to the concept of poverty in order to cover a wider range of social issues and problems under a stronger analytical structure (4).

**Research Background:** Wairuri and Kimari (9) reviewed the Kenya Youth Employment and Opportunities Project for Violence Prevention in their study. This research report, produced by CHRIPS, shares the perspectives of multiple stakeholders on the extent to which the Kenya Youth Employment and Opportunities Project (KYEOP) has contributed to the social and economic integration of youth, as well as violence prevention. It also provides several recommendations related to these goals.

Agahi et al. (2019) in their study analyzed national longitudinal data on Swedish older men and women aged 65 years and older from 2010/2011 to 2014 (n = 1048) (10). The findings showed that men consumed more alcohol than women, but the most common frequency of drinking among both men and women was monthly or less. Drinking habits were generally stable over time. Individuals with high social activity at baseline were more likely to have stable daily or weekly drinking frequency or increased drinking frequency during the four-year follow-up period, especially women. Individuals with low levels of social contacts and/or social activity were less likely to have stable daily or weekly drinking frequency compared to individuals in the low and stable drinking group. The results of this study showed that alcohol consumption is embedded in a social context, older adults drink in social situations, and social integration predicts continued drinking patterns. Talebpour (11) examined the sociological explanation of the effect of social exclusion on the tendency to use drugs among women referred to addiction treatment and rehabilitation centers in Tehran. The results of the study showed that; the independent variables of the study explained and explained about 37 percent of the changes in the dependent variable, namely the tendency to use drugs, and about 60 percent of the changes in the dependent variable of the study were evaluated outside the researcher's hypothetical model. Also, based on the results of the study, the seven variables; non-face-to-face social relations, face-to-face social relations, associational participation, intergroup support, intragroup support, and non-associational participation, respectively, had the greatest negative effect on the tendency to use drugs, while the independent variable of exclusion from the labor market had a positive effect on the tendency of the studied individuals to use drugs. In other words, the variables; Face-to-face social relationships, non-face-to-face social relationships, associational participation and intergroup support, and intragroup support and non-associational participation have had a reducing effect on the tendency to use drugs, but exclusion from the labor market has had an increasing effect. The path analysis test also confirmed the results of the multivariate regression analysis.

Another study was conducted with in-depth interviews on 36 drug abusers by Khedri et al. in 2020 (12). It was shown that unhealthy socializing,

recreational use, internal stimuli, mutual rejection, institutional inequality, multiple poverty, a defective welfare system, disgust with the status quo, emotional-behavioral duality and conflict, norm-breaking, psychological and social collapse, and the formation of a secondary community were among the most important categories of the research. As a result, substance abuse is accompanied by "behavioral-emotional divergence and convergence" and "social withdrawal"; that is, the substance abuser faces a kind of distancing (separation) from society during their substance-dependent lifestyle. Babaei Fard and Habibi Rad in a study which was conducted with a qualitative method on 31 recovered women referring to women's addiction treatment camps, extracted five main categories or themes (13). The themes included: frequent referrals to different centers for employment, incorrect judgment and stigmatization, lack of delegation of responsibility at work, and lack of allocation of employment quotas to recovered women under the category of "double gender discrimination in social relations"; contemptuous looks from friends and failure to participate in family meetings under the category of "blame and humiliation"; Refusing to accept the role of mother and child in the family was categorized under the category of "breaking the communication network of family and relatives"; distrust of friends and relatives was categorized under the category of "breaking the communication network of friends and neighborhood groups"; and changing residence, creating an unreal past was categorized under the category of "hiding".

**Research Methodology:** The research method is applied in terms of its purpose; it is descriptive-survey in terms of its nature and research method. The statistical population of this study includes 12

treatment and rehabilitation centers and 22 harm reduction centers in Tehran specializing in the treatment of women's addiction, with a sample size of about 305 people, and 170 people were selected as samples based on the Cochran formula, and a questionnaire was distributed among them, and the cluster sampling method was one-stage. The research collection tool is a researcher-made questionnaire. In order to examine the relationships between the factors of the social integration model based on reducing high-risk behaviors of women recovered from addiction, and also to confirm the relationships between variables and factors, confirmatory factor analysis and PLS modeling technique were used using Smart PLS3 software, which is a variance-based path modeling technique, and the possibility of examining the theory and measures simultaneously was provided.

## Results

First, we will examine the normality of the data. The Kolmogorov-Smirnov test was used to examine the normality of the data distribution. The results of this test are given in table 1. Given that the sig of the variables of life skills training, physical health support, regular monitoring and follow-up, vocational and technical training, access to psychological services and support groups and self-help is less than 0.05, it can be said that the distribution of the variables of life skills training, physical health support, regular monitoring and follow-up, vocational and technical training, access to psychological services and support groups and self-help is not normal and the other variables are normal.

Also, confirmatory factor analysis method was used to measure validity. The results of confirmatory factor analysis of variables are given in table 2.

**Table 1:** Results of the Kolmogorov-Smirnov normality test

Variable	Number of responses	Test statistic	P Values
Life skills training	170	1/36	0/049
Creating a sense of identity and personal worth	170	1/14	0/149
Support and participation of non-governmental organizations	170	0/833	0/492
Economic empowerment	170	1/278	0/076
Physical health support	170	1/716	0/006
Regular monitoring and follow-up	170	1/361	0/049
Family support	170	1/010	0/260
Career and technical training	170	1/577	0/014
Government support programs	170	1/355	0/051
Access to psychological services	170	1/731	0/005
Support and self-help groups	170	1/401	0/039
Social acceptance	170	0/995	0/276

**Table 2:** Result of confirmatory factor analysis of variables

Variable	Item	Factor Loading	t-statistic	P Values
Life skills training	Q1	0.847	34.742	0.000
	Q2	0.873	38.453	0.000
	Q3	0.886	39.157	0.000
	Q4	0.867	42.898	0.000
Creating a sense of identity and personal worth	Q5	0.785	25.045	0.000
	Q6	0.835	41.069	0.000
	Q7	0.809	27.770	0.000
	Q8	0.752	18.513	0.000
	Q9	0.845	39.376	0.000
Support and participation of non-governmental organizations	Q10	0.833	40.076	0.000
	Q11	0.774	22.328	0.000
	Q12	0.855	39.605	0.000
	Q13	0.808	24.624	0.000
	Q14	0.741	15.102	0.000
Economic empowerment	Q15	0.885	47.885	0.000
	Q16	0.868	39.197	0.000
	Q17	0.904	54.704	0.000
	Q18	0.883	45.000	0.000
Supporting physical health	Q19	0.912	63.312	0.000
	Q20	0.918	79.449	0.000
	Q21	0.910	74.079	0.000
Regular monitoring and follow-up	Q22	0.847	33.567	0.000
	Q23	0.832	31.624	0.000
	Q24	0.895	51.528	0.000
	Q25	0.872	44.896	0.000
	Q26	0.812	27.044	0.000
Family support	Q27	0.819	28.820	0.000
	Q28	0.817	25.622	0.000
	Q29	0.829	25.334	0.000
	Q30	0.788	23.409	0.000
	Q31	0.788	23.712	0.000
Vocational and technical training	Q32	0.885	49.336	0.000
	Q33	0.903	51.764	0.000
	Q34	0.912	55.852	0.000
	Q35	0.885	47.664	0.000
Government support programs	Q36	0.824	33.795	0.000
	Q37	0.849	37.136	0.000
	Q38	0.872	43.574	0.000
	Q39	0.787	17.687	0.000
Access to psychological services	Q40	0.907	60.119	0.000
	Q41	0.921	82.100	0.000
	Q42	0.904	63.075	0.000
	Q43	0.886	58.936	0.000
Support and self-help groups	Q44	0.839	32.360	0.000
	Q45	0.849	25.360	0.000
	Q46	0.859	36.700	0.000
Social acceptance	Q47	0.828	27.592	0.000
	Q48	0.825	19.060	0.000
	Q49	0.829	28.262	0.000
	Q50	0.838	36.581	0.000
	Q51	0.813	29.587	0.000

As can be seen in Table 2, all relationships are significant because the absolute value of their significance test statistic is greater than 1.96. Also, since all factor loadings in table (2) are greater than 0.4, this indicates that the items explain the construct well (14) and the constructs (variables) have good factor validity.

**Internal model test (structural model):** In the internal model, hypotheses were examined and the path of the structural model was evaluated. Each path corresponds to one of the model hypotheses. Each hypothesis is tested by examining the sign, size, and statistical significance of the path coefficient (beta)

between each latent variable and the dependent variable. The higher the path coefficient, the greater the predictive effect of the latent variable on the dependent variable.

Considering the results of examining the relationships between the independent and dependent variables using the relevant coefficient, the significance of the effects between the research variables can be examined. In order to examine the significance of the path coefficient, or beta, the significance of the t-value for each path coefficient must be considered, which is why the bootstrapping method was used (Table 3).

**Table 3:** Direct effects of the role of research variables in the main model

Path	Path coefficient	SE	t-statistic	P Values
Career and technical education → Building a sense of identity and personal worth	0.174	0.064	2.743	0.006
Vocational and technical education → Economic empowerment	0.187	0.066	2.849	0.004
Vocational and technical education → Physical health support	0.149	0.073	2.024	0.043
Vocational and technical education → Social acceptance	0.251	0.099	2.541	0.011
Family support → Vocational and technical education	0.37	0.071	5.23	0.000
Family support → Support and participation of non-governmental organizations	0.424	0.059	7.148	0.000
Family support → Regular monitoring and follow-up	0.531	0.059	9.029	0.000
Family Support → Life Skills Training	0.413	0.076	5.398	0.000
Family support → Access to psychological services	0.229	0.073	3.117	0.002
Support and participation of non-governmental organizations → Creating a sense of identity and personal value	0.198	0.082	2.421	0.016
Support and participation of non-governmental organizations → Economic empowerment	0.291	0.07	4.154	0.000
Support and participation of non-governmental organizations → Supporting physical health	0.312	0.074	4.207	0.000
Support and participation of non-governmental organizations → Social acceptance	0.215	0.099	2.17	0.030
Regular monitoring and follow-up → Creating a sense of identity and personal value	0.308	0.077	4.001	0.000
Regular monitoring and follow-up → Economic empowerment	0.182	0.089	2.039	0.041
Regular monitoring and follow-up → Supporting physical health	0.054	0.099	0.542	0.588
Regular monitoring and follow-up → Social acceptance	0.012	0.097	0.12	0.904
Support and self-help groups → Vocational and technical training	0.394	0.066	5.962	0.000
Support and self-help groups → Support and participation of non-governmental organizations	0.443	0.059	7.483	0.000
Support and self-help groups → Regular monitoring and follow-up	0.386	0.061	6.368	0.000
Support and self-help groups → Life skills training	0.33	0.079	4.202	0.000
Support and self-help groups → Access to psychological services	0.455	0.07	6.482	0.000
Life skills training → Building a sense of identity and personal worth	0.129	0.057	2.273	0.023
Life Skills Training → Economic Empowerment	0.142	0.06	2.374	0.018
Life skills training → Supporting physical health	0.197	0.058	3.388	0.001
Life skills training → Social acceptance	0.156	0.091	1.713	0.087
Access to psychological services → Building a sense of identity and personal worth	0.187	0.061	3.077	0.002
Access to psychological services → Economic empowerment	0.219	0.076	2.876	0.004
Access to psychological services → Support for physical health	0.285	0.07	4.08	0.000
Access to psychological services → Social acceptance	0.203	0.084	2.414	0.016
Government support programs → Family support	0.643	0.055	11.58	0.000
Government support programs → Support and self-help groups	0.581	0.054	10.674	0.000

According to the t-statistic and P-values for all paths except the regular monitoring and follow-up paths to physical health support and social acceptance and the life skills training path to social acceptance, the t-statistic is greater than 1.96 and the P-values are less than 0.05, which indicates that at the 95% confidence level, all paths except the regular monitoring and follow-up paths to physical health support and social acceptance and the life skills training path to social acceptance had a significant effect.

**Outputs of the main model (path coefficients and t-statistics):** Using the internal model, the hypotheses can be examined. By comparing the calculated t-value for each path coefficient, the research hypothesis can be confirmed or rejected. Thus, if the absolute value of the t-statistic is greater than 1.96, the path coefficient is significant at a 95% confidence level, and if the t-statistic is greater than 2.58, the path coefficient is significant at a 99% confidence level. The results of the conceptual model test of the research in the case of coefficients being significant are shown in Figures 1 and 2.

The numbers on the paths indicate the t-value for each path. To examine the significance of the path

coefficients, it is necessary for the t-value of each path to be higher than 1.96. In this analysis, the t-statistic value for all paths, except for the regular monitoring and follow-up paths to support physical health and social acceptance and the life skills training path to social acceptance, is higher than 1.96 and, as a result, they are significant at the 95% confidence level.

The numbers written on the lines are actually the beta coefficients from the regression equation between the variables, which is the path coefficient. The numbers inside each circle indicate the R<sup>2</sup> value of the model whose predictor variables are entered into that circle via arrows.

#### Overall Model Fit (GOF)

The GOF is used to fit the overall model. The calculation of this measure is as follows:

$$GOF = \sqrt{(\text{Communalities} \times R^2)}$$

Communalities values are the same as the commonalities values specified in table 4.

As introduced by Davari and Rezazadeh for the structural model, due to its greater explanatory power, we calculate this criterion (14).

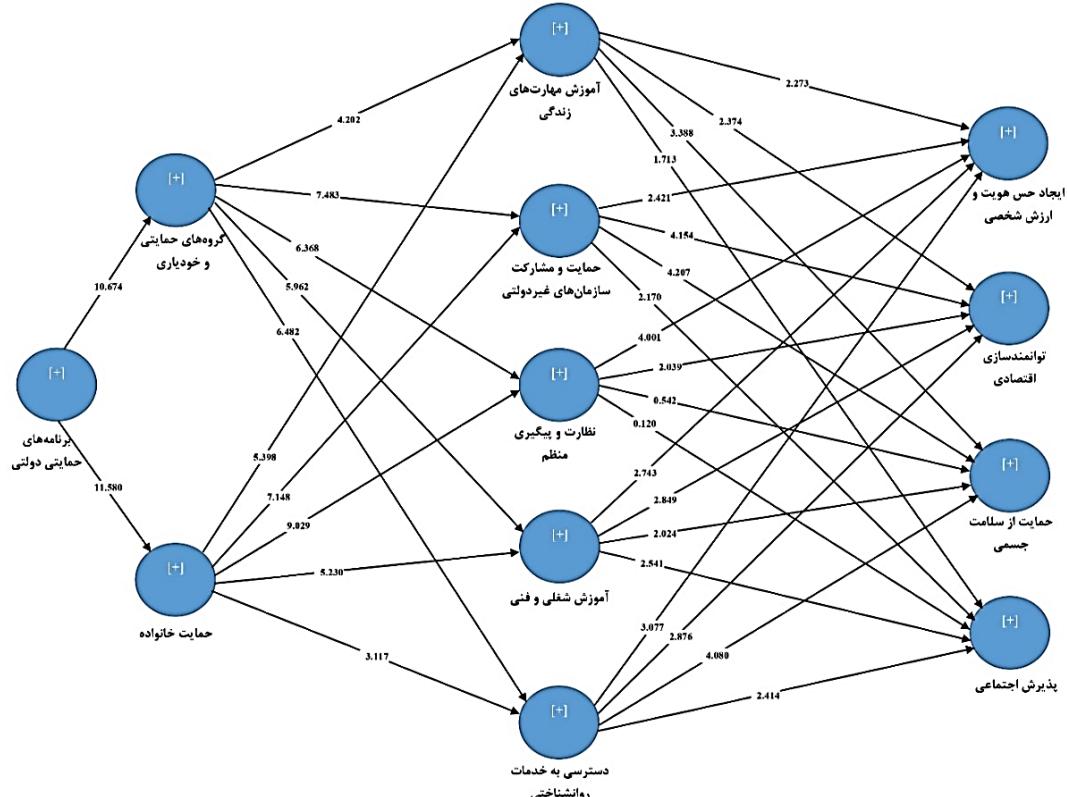


Figure 1: The original model in the case of significant numbers (t-value)

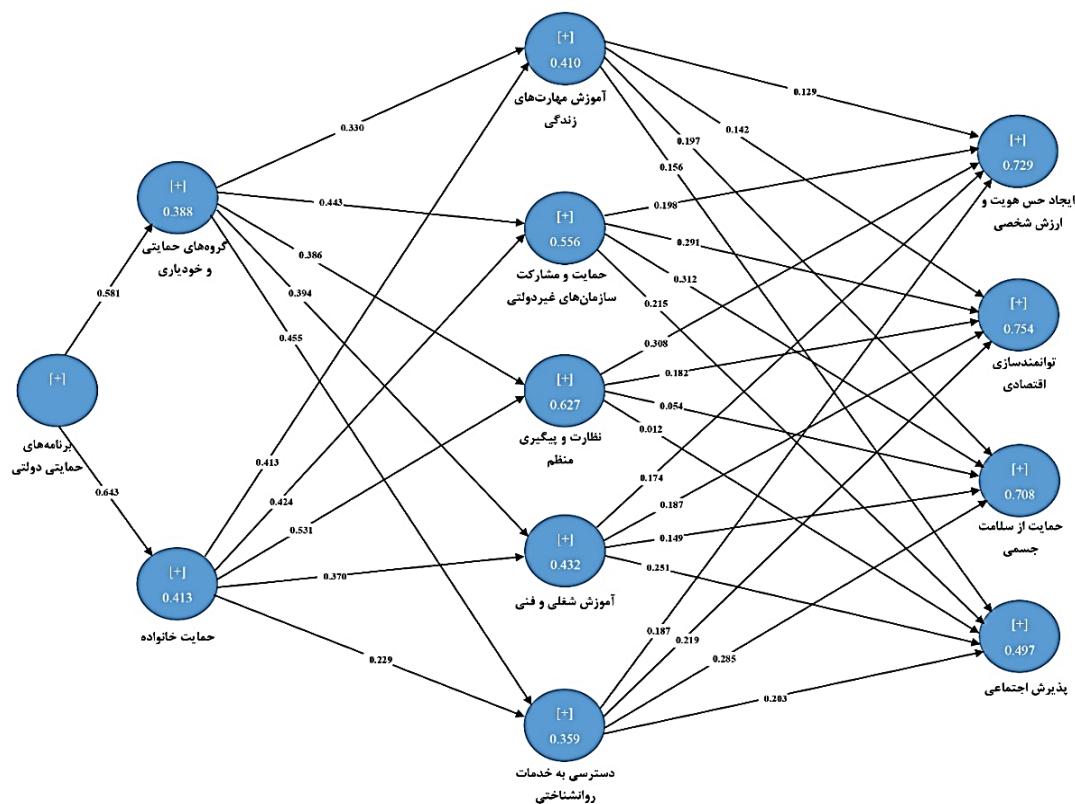


Figure 2: Original model in path coefficients mode

Table 4: Shared values for structures

Structure	Average shared values
Vocational and technical training	0.804
Family support	0.654
Creating a sense of identity and personal worth	0.65
Economic empowerment	0.783
NGO support and participation	0.645
Physical health support	0.834
Regular monitoring and follow-up	0.726
Support and self-help groups	0.721
Life skills training	0.754
Social acceptance	0.683
Access to psychological services	0.818
Government support programs	0.695

The average of the Communalities values is equal to 0.731 and the average R<sup>2</sup>, which is the product of the average of the endogenous latent variables, both first and second order, is equal to 0.529. Now, we insert the numbers into the relevant formula.

$$GOF = \sqrt{0.731 * 0.529} = 0.622$$

Considering the three values of 0.01, 0.25, and

0.36 as weak, medium, and strong values for this criterion and obtaining the number 0.622, the research model has a strong fit.

## Discussion

There is no doubt about the importance of the need for family and community support for women addicts after recovery. Most of them are subjected to unkindness, rejection by their families, and in some cases, rejection by society after quitting because of their past behaviors during addiction, which stemmed from the disease of addiction. In order to clarify the scope of support, their needs, conditions, and mindsets should be understood after recovery. Now that they have abused drugs for various reasons and have quit using drugs due to fatigue and helplessness, they should be supported so that they can return to the embrace of society and family with new hopes. Experience has shown that if women are not given comprehensive support after quitting addiction and there is no job, legal, social, economic, and housing support for them, there is always a risk of them falling, so that they do not feel satisfied with their new life. Unfavorable economic conditions cause the

centers to have fewer supporters and, as a result, support fewer people. This is while these economic conditions have caused more people to refer to the centers for help, meaning that on the one hand, their supporters have decreased and on the other hand, the number of clients has increased. Therefore, support in its various dimensions, such as emotional support, instrumental support, and self-esteem support, informational support, and social network support, is the best way to prevent relapse in recovered addicts. This support can come from the family and proximity to close relatives and family and social support networks, as well as from governmental and non-governmental institutions. Emotional support can also create a basis for self-support in those who have recovered; therefore, various types of social support can act as a glue to provide access, participation, replacement, and protection for those who have recovered. It is essential that the way society views these individuals is also changed so that they do not become disillusioned among the layers of society.

The results showed that the t-statistic value for all paths except the regular monitoring and follow-up paths to physical health support and social acceptance and the life skills training path to social acceptance was higher than 1.96 and as a result, they were significant at the 95% confidence level and as a result, the hypotheses were confirmed. The value obtained for GOF was 0.622, which indicates that the research model has a strong fit. This finding is consistent with the findings of the research of Wairuri and Kimari (9), Aghahi (10), Kitzman (15), Talebpour (11), Khedari et al. (12), Babaei Fard and Habibi Rad (13). Talebpour (12) showed; the independent variables of the study explained and explained about 37 percent of the changes in the dependent variable, namely the tendency to use drugs, and about 60 percent of the changes in the dependent variable of the study were evaluated outside the researcher's hypothetical model. Also, based on the results of the study, the seven variables; non-face-to-face social relations, face-to-face social relations, associational participation, intergroup support, intragroup support, and non-associational participation, respectively, had the greatest negative effect on the tendency to use drugs, while the independent variable of exclusion from the labor market had a positive effect on the tendency of the studied individuals to use drugs. In other words, the variables; Face-to-face social relationships, non-face-to-face social relationships, associational

participation and intergroup support, intragroup support, and non-associational participation had a reducing effect on the tendency to use drugs, but exclusion from the labor market had an increasing effect. The path analysis test also confirmed the results of the multivariate regression analysis. Babaei Fard and Habibi Rad (15) conducted a qualitative study on 31 recovered women who referred to women's addiction treatment camps and extracted five main categories or themes: frequent visits to different centers for employment, incorrect judgment and stigmatization, lack of delegation of responsibility at work, and lack of allocation of employment quota to recovered women under the category of "double gender discrimination in social relations"; contemptuous looks from friends and failure to participate in family meetings under the category of "blame and humiliation"; Refusing to accept the role of mother and child in the family was categorized under the category of "breaking the communication network of family and relatives"; distrust of friends and relatives was categorized under the category of "breaking the communication network of friends and neighborhood groups"; and changing residence, creating an unreal past was categorized under the category of "hiding".

## Conclusion

According to the results of the research, it is recommended:

- In collaboration with the responsible national and provincial institutions, the necessary platforms should be provided to help addicted women and their return to society, and special attention should be paid to the issue of harm to women with an approach to entrepreneurship and job creation for women who are heads of households or have recovered from addiction, most of whom are trapped in such situations due to poverty, at the planning and policy-making level.

- Creating halfway houses is one of the solutions for empowering recovered addicts. By building these houses, recovered addicts can live in these houses after leaving camps and treatment centers until they find a job, shelter, and earn an income, and by following up on legal and legal problems, because otherwise, recovered addicts will return to the centers of harm and the recovery process will fail.

- In cooperation with the University of Welfare and Rehabilitation Sciences, support should be given to holding congresses and conferences with an

emphasis on women's addiction. The municipality should pay attention to centers for women recovering from addiction

- Appropriate jobs should be created based on their job skills, because this will not only prevent their re-addiction, but also provide the basis for their empowerment and return to the family and community.

- Setting up a social support network for women recovering from addiction by encouraging and persuading non-governmental organizations active in this field, which will lead to an increase in the quality of service provided by these organizations.

- Forming an advisory working group in each province consisting of relevant agencies and institutions such as the general welfare and health departments, managers of residential, transit and night shelters in the province, managers of prominent treatment clinics in the province, as well as key and knowledgeable individuals in the field of women's addiction in the province are also among the measures taken to operationalize this inter-agency program.

- Preparing a database of women who have recovered from addiction is one of the most important measures that helps identify the situation of women across the country. In this regard, the Deputy for Women and Family Affairs, in cooperation with the National Counter-Narcotics Headquarters, supports the creation of a comprehensive database of women who have recovered from addiction, to identify women who have recovered from addiction and create a database that includes their status and essential needs.

- Another action of this deputy with the National Counter-Narcotics Headquarters is to research, study, and design a desirable model for the type and method of providing services to women who have recovered from addiction, in order to maintain their health and freedom from drugs.

## **Conflict of Interests**

Authors declare no conflict of interests.

## **Acknowledgments**

None.

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